

Introduction

Up to 7% of the US working population can affected by cubital tunnel syndrome (CuTS). Currently, three surgical treatment approaches are available including: in-situ decompression, medial epicondylectomy, or ulnar nerve transposition. All three require large curvilinear incisions and dissections that cross the medial epicondyle. A range of comparative studies have demonstrated similar post-operative outcomes with no current gold standard.

Methods

In order to devise a less invasive and potentially advantageous approach, we present a minimally-invasive tunneling approach using two 2 cm incisions proximal and distal to the medial epicondyle (N=3 Patients). Two patients presented with a pre-operative grade 2 neuropathy on the McGowan scale and one patient with grade 3.

Results

Post-operatively, they respectively had poor, good, and fair outcomes on Messina’s criteria. Of note, at two-week follow-up no patients developed post-operative neuropathies or parasthesias near the incision site.

Conclusions

These findings indicate that a long-term prospective trial may be useful to explore the theoretical benefits of this novel minimally-invasive approach.

Learning Objectives

1. Understand the limitations to current approaches to ulnar nerve decompression
2. Appreciate the difference in technique and surgical outcomes with the minimally invasive tunneling approach

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