

Revision Decompression of Ulnar Nerve at the Elbow

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Introduction	Methods	Results	Conclusion
Cubital tunnel syndrome (CuTS) is the second most common nerve entrapment of the upper limb with an incidence of 27.4 per 100,000 in general population. Numerous different surgical methods have been described in the literature for management of CuTS; however up to this date the optimal surgical procedure for treatment of primary CuTS has been controversial. The failure rates up to 80% have been reported in the literature. The treatment for revision cubital tunnel surgery is more complicated and the outcomes have been shown to be less satisfactory. Risk	A retrospective review of all patients undergoing revision cubital tunnel surgery from February 1989 to May 2009 at our institution was performed. Data regarding patients' demographics, age at primary and revision surgeries, handedness, presenting symptoms and its duration, physical examination, electrodiagnostic findings, and McGowan staging were collected. Forty-one randomly selected consecutive patients were selected as controls for comparison to identify risk factors for revision surgery.	Seventeen patients, undergoing 18 revision surgeries, met the inclusion criteria. Sex, handedness, affected side, physical examination findings did not affect the symptomatic improvement, or revision surgery rate. Younger age at presentation (<50 years), a greater static two-point discrimination (>10 mm) and a history of diabetes were associated with greater revision surgery rate.	Solution of the symptoms and a 3.5% revision rate with 88% improvement in symptoms after revision surgery. Sex, McGowan staging, duration of symptoms, and electrodiagnostic findings did not have any association with revision rate. Younger age at index surgery and a postoperative S2PD greater than 6 mm were associated with a higher rate of revision surgery. Diabetes had an odds ratio of 14.2 for revision surgery. While a specific surgical procedure might be symptom relieving in a patient, it could be ineffective in another. Future multicenter
factors for revision surgery have yet to be determined. We sought to review all	Table 1		randomized control trials are recommended to further investigate
the revision surgeries performed in our institution in the past twenty years and to identify risks associated with revision surgery.	Table 1. Desegraphics of Stable Coherts Coarts & Revision Product Cole (Strangling) Display ($\begin{array}{cccccccccccccccccccccccccccccccccccc$	the factors affecting the outcome of primary and revision surgery and to further identify the risk factors contributing to higher complication

vpe of Revision Sur

3.25±0.56 3.43±1.59

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0.704 0.146 0.496*

3.44±1.59 2.86±0.56

and revision surgery.

operative Nerve Conduction (m

Motor Latency Sensory Latence

0.031* 0.049* 0.073 0.122