Ulnar Nerve Decompression and Anterior Subcutaneous Transposition Using an Intermuscular Septum Sling

Alison Sarokhan¹, Peter Johnston Shaughnessy, Dylan T Lowe, Nader Paksima²
¹Bristol Health Medical Care Center, ²NYU Langone Medical Center
Background

Ulnar neuropathy at the elbow is very common. If nonsurgical treatment fails, patients may benefit from ulnar nerve release. If nerve subluxation is present after release, transposition should be performed.

Purpose

This video provides an overview and case presentation and demonstrates ulnar nerve subcutaneous transposition with the use of a sling from the medial intermuscular septum.

Methods

The indications, nonsurgical management, and surgical management for ulnar neuropathy are reviewed. Various types of anterior transposition of the ulnar nerve, such as subcutaneous and submuscular, and indications for each are discussed. The case presentation of a 51-year-old man with chronic ulnar neuropathy after an elbow dislocation is discussed. After failed nonsurgical treatment, the patient elected to proceed with ulnar nerve decompression. Intraoperative subluxation was observed, and the patient underwent anterior transposition with the use of a sling from the medial intermuscular septum.

Results

Ulnar nerve decompression and anterior transposition were performed with the use of the medial intermuscular septum. Postoperative clinical outcomes showed improved pain and numbness.

Conclusion

This technique is a treatment option for subcutaneous transposition of the ulnar nerve without using the flexor pronator mass fascia.