

***In Situ* Decompression of the Ulnar Nerve and Transposition of the Medial Triceps Insertion for Cubital Tunnel Syndrome: A Retrospective Cohort Study**

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Introduction. There is no consensus on the management of the hypermobile ulnar nerve in the setting of *in situ* ulnar nerve decompression for cubital tunnel syndrome (CubTS). We hypothesized that modifying simple nerve release at the elbow by detaching the medial triceps insertion, transposing it over the ulnar nerve, and reattaching the insertion to the medial epicondyle would simultaneously decompress and stabilize the nerve.

Methods. A retrospective chart review of all patients treated for CubTS using the modified surgical technique from 2010 to 2024 was conducted. Patients who underwent concurrent procedures were excluded. Attempts were made to contact all eligible patients by phone. Those contacted who agreed to participate in our study were administered a questionnaire to assess outcomes including changes in preoperative ulnar paresthesia and hand weakness, overall patient satisfaction, and need for revision surgery.

Results. Of the 79 eligible patients contacted, 19 patients comprised the study cohort. Mean time from procedure to follow-up was 5.1 years (range 1.7 to 10.2). Preoperative ulnar paresthesia was resolved or improved in 16 of 19 patients, unchanged in 3. Preoperative hand weakness was resolved or improved in 12 of 15 patients, no better in 3. Sixteen of 19 were satisfied with the outcome, 2 were neutral, and one was not. No surveyed patients required revision surgery.

Conclusions. Modification of *in situ* decompression of the ulnar nerve by transposing the medial triceps insertion to stabilize the nerve posterior to the medial epicondyle appears to be a viable treatment option for CubTS.