



The Triceps Tendon Transfer: A surgical technique in the treatment of cubital tunnel syndrome

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Cubital Tunnel Syndrome:

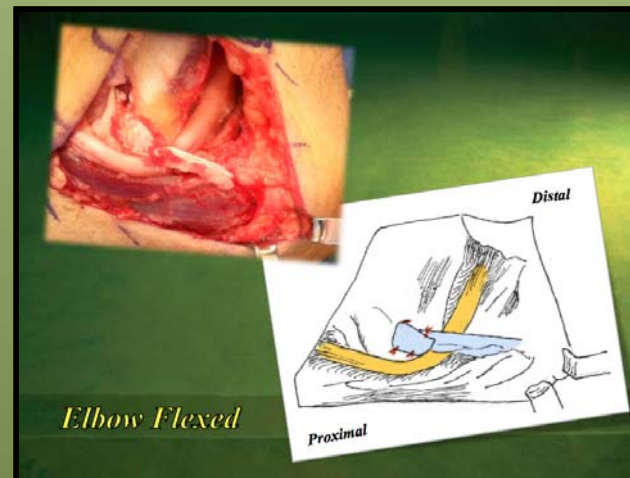
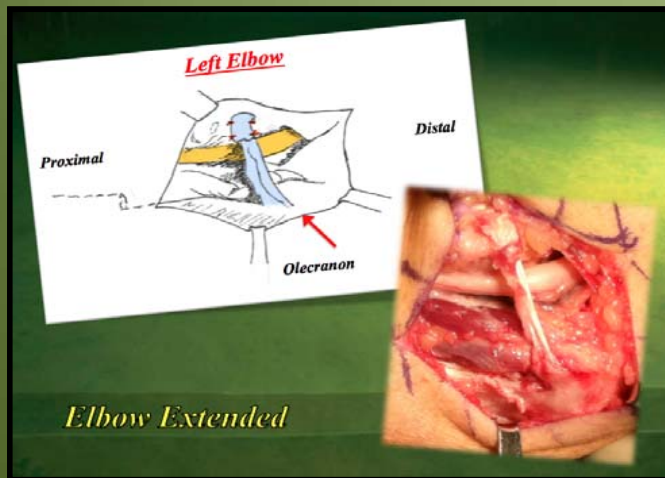
- Historically when Ulnar Nerve Subluxation is noted after decompression, an anterior transposition or medial epicondylectomy is recommended.
- We have found that the nerve is "happier" in its natural position
- The triceps tendon transfer (TTT) is a procedure that produces a restraint in full elbow flexion keeping the nerve in its natural groove.

Surgical Technique:

- At completion of neurolysis, the resting position of the ulnar nerve is assessed in full flexion and extension of the elbow. If the ulnar nerve subluxes volar to the medial epicondyle in flexion and tends to ride up over the epicondyle, a Triceps Tendon Transfer (TTT) may be considered in lieu of anterior transposition.
- The triceps tendon is sectioned longitudinally and used as a "triceps sling"
- A tendon passer is used to create a window in the fascia of the flexor tendon origin anterior to the medial epicondyle.
- Interrupted 5-0 vicryl suture is used to secure the triceps sling to itself in looped fashion
- The key here is that the triceps sling prevents subluxation and becomes tight only in full elbow flexion.

Preliminary Results:

- Our First operation was in 2008
- 22 patients
- To date we have encountered one initial complication that resulted in an elbow with limited range of motion because the Tendon repair was created too tight. We believe that our initial protocol of splinting these elbows for 2 weeks also contributed to post-operative stiffness. We have since changed our protocol to full mobilization immediately post-operatively.
 - Our Results and patient satisfaction thus far have been promising



Post Operative Care

- Bulky dressing for 2 days
- Full use of the arm

