

PERIPHERAL NERVE SURGERY

This leaflet is intended to provide you with general information. It is not a substitute for advice from your surgeon. Discuss the benefits and risks of treatment with your surgeon. This is an abridged version of the NSA patient education pamphlet: Peripheral nerve surgery – a guide for patients. The complete pamphlet is available from your surgeon.

A peripheral nerve is any nerve that is outside the brain and spinal cord. The most common causes of nerve damage are:

- Entrapment and compression – a peripheral nerve that runs through a narrow area may become trapped and compressed. Symptoms can include pain, tingling, numbness and weakness. Common sites of entrapment and compression include the wrist (carpal tunnel syndrome), elbow (cubital tunnel syndrome), neck (thoracic outlet syndrome), knee (peroneal nerve syndrome), and ankle (tarsal tunnel syndrome).
- Acute trauma – such as a stretch injury, or a laceration from a knife or other sharp object.
- Tumour – whether benign (non-cancerous) or malignant (cancerous), serious damage to the peripheral nerve may occur.

If a damaged peripheral nerve does not heal well, surgery may be the only effective treatment option.

Your medical history

Your surgeon needs to know your medical history to plan the best treatment for you. Tell your surgeon about any health problems you have. Some may interfere with treatment, surgery, anaesthesia, recovery and ongoing medical treatment following recovery.

A decision to have surgery

As you make the decision whether to have surgery, make sure that you understand the risks, benefits and limitations of surgery. If you do not have surgery, your symptoms and condition may continue to worsen.

Only you can decide if surgery is right for you. If you have any questions, ask your surgeon.

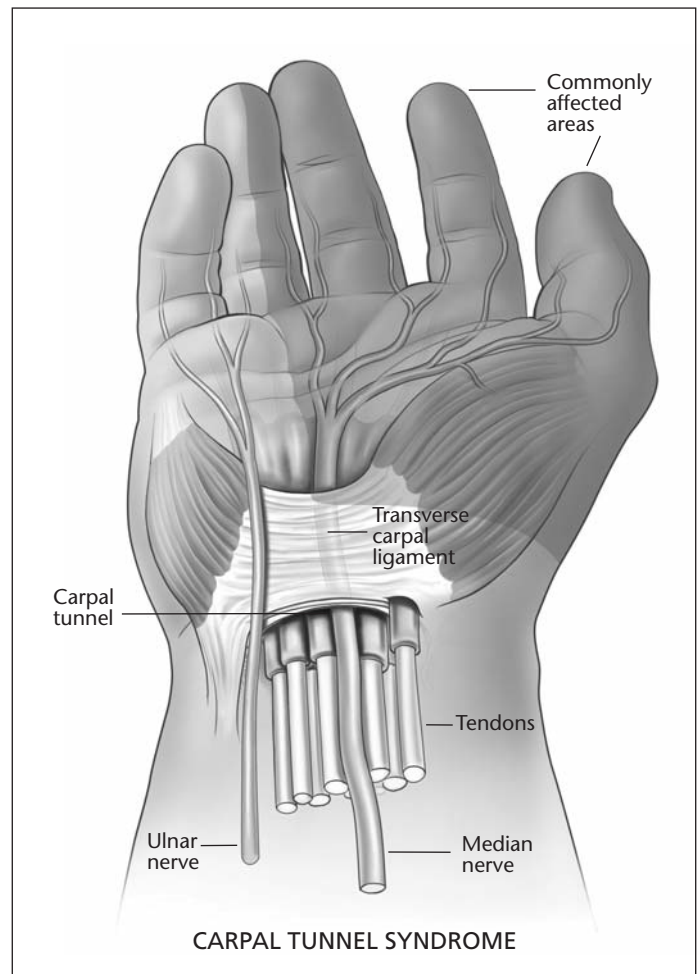
Anaesthesia

Peripheral nerve surgery can be performed under general or local anaesthesia.

Surgical procedures

Depending on the condition and the necessary treatment, surgical procedures include:

- Neurolysis – the surgeon cuts the tissue (usually a ligament, tendon or band of scar tissue) that is compressing the nerve.
- Nerve transposition – the nerve is freed and moved several



centimetres to a nearby site. Transposition can provide the nerve with some slack and decrease compression and stretching.

- Nerve repair – the two ends of a cut nerve are aligned and matched as closely as possible using an operating microscope. The ends are sewn in place. A nerve cuff made from silicon rubber may be sutured over the repair site to protect the nerve junction during healing.
- Nerve graft – if an injury to a nerve is extensive, the gap may be too wide for the nerve's two ends to be pulled together. The gap can be bridged using a graft from another nerve.
- Neuroma resection – a neuroma is an area of diseased nerve that may have abnormal scarring and swelling. If the nerve is dysfunctional or non-functional, it is surgically removed.

Possible risks and complications

Peripheral nerve surgery is safe but does have risks of complications. These are more fully outlined in the complete full-colour NSA patient education pamphlet (published by Mi-tec Medical Publishing) and should be discussed with your surgeon. ©