INTRODUCTION:
- Cubital tunnel syndrome (CuTS) is the second most frequent peripheral nerve compression syndrome in the upper extremity.
- Perineural scarring and lack of nerve gliding is a major cause of recurrent symptoms following primary surgery contributing to incomplete relief of symptoms in 9-22% of cases.

HYPOTHESIS: Use of a vascularised adipose flap to secure an anteriorly transposed ulnar nerve can help reduce nerve adherence and may enhance nerve recovery.

METHODS:
- Retrospective cohort study
- Preliminary chart review
- Patients returned to clinic to undergo a physical examination and answer questionnaires:
  - Disabilities of the Arm, Shoulder, and Hand questionnaire (DASH)
  - Visual analogue scales (VAS)
  - Modified Bishop’s Rating Scale.

RESULTS:
- No significant difference was found between adipose and fascial sling groups for DASH (p=.673), VAS pain (p=.413) and VAS weakness (p=0.362) scores.
- The physical examination showed no significant difference between operated and non-operated extremities for flexion/extension arc (p=0.668), supination/pronation arc (p=0.226) in both groups.
- Lateral pinch strength and grip strength were likewise comparable.
- Based on the Bishop’s Rating Scale, the adipose flap group reported excellent results in 62% of patients and 38% good outcomes versus 59% and 41% in the fascial sling group, respectively.

SUMMARY:
- All patients experienced symptomatic improvement
- There were no statistically significant differences in patient objective outcomes when comparing the two groups.
- The subjective scale reported slightly better results in the adipose flap group, although not significant.
- We believe that the pedicled adipofascial flap provides benefits to the peripheral nerve that include a scar-tissue barrier allowing for nerve gliding and optimal milieu for vascular regeneration.

References: