

Remplir Nerve Wrap



A collagen wrap protecting a repaired nerve.

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What you're feeling

You may notice pain or tingling in your elbow, especially when your arm is bent for a long time. This often happens at night when you sleep with your elbow tucked under your pillow. You might wake up with a numb hand or feel like your arm has “fallen asleep” more often than usual.

Daily tasks can become difficult when the nerve is irritated. Reaching behind your back to fasten a bra or tucking in your shirt may cause sharp pain or weakness. Lifting objects or holding your arm out to the side can make the symptoms flare up. You might find it hard to grip things firmly or feel like your hand is clumsy.

Your surgeon may recommend secondary decompression combined with a nerve wrap to help. This approach is safe and effective for patients with recurring symptoms. While the wrap reduces extra scar tissue, it does not change how fast the nerve regenerates or improves function compared to standard repair. You may notice earlier relief with certain graft options, but full recovery takes time.

What's actually happening

Your nerves are like electrical wires wrapped in protective insulation. When a nerve is cut or stretched, the body tries to heal it by forming scar tissue. This scar tissue can block the signals from traveling, leaving you with numbness or weakness. In some cases, like a gap of 3 cm or less, your surgeon might use a special tube made of collagen to bridge the break. This tube acts like a tunnel, guiding the nerve fibers to reconnect without needing to take tissue from another part of your body.

For larger or more complex nerve injuries, your surgeon may use a piece of donor nerve instead. This is considered the best option for restoring movement in larger gaps. While the collagen tubes work well for feeling in your fingers, the donor nerve is often better for restoring muscle strength. Over time, the body wraps these materials in a thin layer, similar to how it wraps a bandage around a cut.

The goal of these repairs is to help your nerve heal smoothly so you can regain function. Sometimes, the body's healing process creates too much scar tissue, which can cause pain or stiffness. In these cases, your surgeon

might use a wrap made from pig tissue to reduce that scarring. This wrap helps the nerve heal without improving the speed of the repair itself, but it keeps the area clean and calm so your body can do its best work.

What we can do about it

Your journey usually starts with self-management and physiotherapy. Your surgeon may recommend exercises to keep your joint moving and reduce stiffness. You will work with a physiotherapist to strengthen the muscles around the nerve. This approach aims to relieve pressure without surgery. You should give this plan a fair chance before considering other steps.

If pain persists, your surgeon might suggest medical management. This can include pain medication or anti-inflammatories to help you feel better. In some cases, injections like cortisone, hyaluronic acid, or PRP may be offered. These injections can reduce swelling and calm the nerve. The relief they provide varies, but they are often used to bridge the gap until healing occurs.

Surgery is considered when conservative care reaches its limit. Your surgeon will discuss this if your symptoms do not improve or if the nerve gap is too large for simple repair. The operation may involve using a nerve wrap or a nerve conduit to bridge a gap in the nerve. These tools help guide the nerve to heal itself when direct repair is not possible.

When to see someone

See your GP if you have persistent pain that does not improve with rest. Ask for a specialist review if you notice weakness or instability in your hand. Contact your surgeon if your joint locks or gives way. Seek help if symptoms interfere with your sleep or work. You should also seek care for any sudden worsening of your condition. These signs may indicate a need for further treatment, such as secondary decompression combined with a nerve wrap. Your surgeon will check if you need a nerve conduit to bridge a gap of 3 cm or less.