

	Study	Type of primary surgery	Intraoperative findings	Type of revision surgery	Study compares types of revision surgery
1	Kholinne et al., 2019	NA (systematic review)	See individual studies	See individual studies	NA
2	Aleem et al., 2014	In situ decompression (93%) Subcutaneous transposition (7%)	Perineural scarring (89%) Retained intermuscular septum (56%) Common flexor aponeurosis (50%) Nerve instability (44%) Neuroma (28%) Arcade of Struthers (28%)	In situ release Subcutaneous transposition Submuscular transposition	No
3	Vogel et al., 2004	Medial epicondylectomy (11%) Subcutaneous transposition (89%)	Perineural scarring (55%) Nerve instability (28%) Neuroma (17%)	Submuscular transposition with Z-lengthening	No
4	Rogers et al., 1991	Medial epicondylectomy (44%) In situ decompression (6%) Subcutaneous transposition (37%) Intramuscular transposition (13%)	Perineural fibrosis (93%) Ulnar nerve subluxation (7%)	Submuscular transposition with external neurolysis	No
5	Filippi et al., 2001	Anterior transposition (45%) In situ decompression (23%) Two different previous operations (32%)	Perineural scarring Retained intermuscular septum Severe kinking Internal scarring after intrafascicular neurolysis	External neurolysis Repositioning of the nerve in the sulcus Anterior transposition	Yes (but not statistically)

6	Broudy et al., 1978	Submuscular transposition (50%) Subcutaneous transposition (50%)	Perineural scarring (60%) Fascial sling compression (30%) Neuroma in continuity (10%)	Submuscular transposition	No
7	Yushan et al., 2020*	In situ decompression (29%) Subcutaneous transposition (71%)	Perineural fibrosis (29%) Kinking (10%) Perineural fibrosis+ kinking (43%) Fibrosis at subcutaneous tunnel (19%) ¹	External neurolysis and ulnar groove plasty (Repositioning of the nerve in the sulcus if before transposed)	No
8	Gaspar et al., 2016*	At least two per patient: In situ decompression Subcutaneous transposition Revision subcutaneous transposition Submuscular transposition	Not described	Re-neurolysis with amniotic membrane wrapping (1 additional subcutaneous transposition)	No
9	Varitimidis et al., 2001*	3-5 procedures per patient Medial epicondylectomy In situ decompression Subcutaneous transposition Revision subcutaneous transposition Submuscular transposition	NA	Vein wrapping technique using the autogenous saphenous vein	No
10	Papatheodorou et al., 2015*	In situ decompression with medial epicondylectomy (33%) Subcutaneous transposition (17%) Submuscular transposition (50%)	Perineural scarring	Porcine extracellular matrix nerve wrap (with/without minimal medial epicondylectomy)	No
11	Soltani et al., 2014	In situ decompression (33%) Subfascial transposition (67%)	Perineural fibrosis (50%) Kinking (33%) Perineural fibrosis+ kinking (17%)	Re-neurolysis and collagen matrix wrapping (50%) Submuscular transposition and collagen matrix wrapping (50%)	No

12	Dagregorio et al., 2004	Submuscular transposition (100%)	Perineural scarring	External neurolysis in situ of the transposed nerve (100%)	No
13	Bartels et al., 2004	Medial epicondylectomy (10%) In situ decompression (51%) Subcutaneous transposition (39%)	Perineural scarring (63%) Pseudoneuroma (19%) Nerve flattening (9%) Nerve subluxation (2%) Intact intermuscular septum (2%) Nerve kinking (5%)	Submuscular transposition	No
14	Holmberg 1991	In situ decompression	Perineural scarring	Subcutaneous transposition (25%) Submuscular transposition (75%)	No
15	Gabel et al., 1990	Neurolysis (13%) Medial epicondylectomy (4%) In situ decompression (9%) Subcutaneous transposition (54%) Intramuscular transposition (13%) Submuscular transposition (7%)	Perineural scarring	Submuscular transposition (80%) Not specified (20%)	No
16	Kokkalis et al., 2010	Not specified	Perineural scarring	Saphenous nerve wrap	No

NA: not available

¹ Results differ from 100% due to rounding effect.

Supplementary references

*These references appear in the supplementary material only. Other references listed in this table appear in the main text of the article

Gaspar MP, Abdelfattah HM, Welch IW, Vosbikian MM, Kane PM, Rekant MS. Recurrent cubital tunnel syndrome treated with revision neurolysis and amniotic membrane nerve wrapping. *J Shoulder Elbow Surg*. 2016a, 25: 2057–65.

Papatheodorou LK, Williams BG, Sotereanos DG. Preliminary results of recurrent cubital tunnel syndrome treated with neurolysis and porcine extracellular matrix nerve wrap. *J Hand Surg Am*. 2015, 40: 987–92.

Varitimidis SE, Riano F, Sotereanos DG. Recalcitrant post-surgical neuropathy of the ulnar nerve at the elbow: treatment with autogenous saphenous vein wrapping. *J Reconstr Microsurg*. 2000, 16: 273–7.

Yushan M, Abula A, Ren P et al. Outcomes of revision neurolysis of the ulnar nerve and ulnar groove plasty for persistent and recurrent cubital tunnel syndrome—a retrospective study of 21 cases. *Injury*. 2020, 51: 329–33.