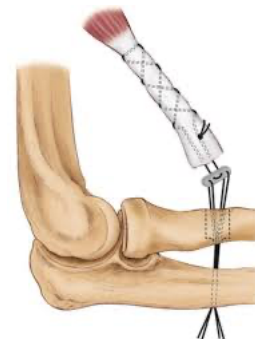


Patient Instructions After Distal Biceps Tendon Repair

A distal biceps tendon tear occurs when one or both heads of the distal biceps avulse off of their insertion onto the radius bone in the forearm. This injury generally occurs at the radial tuberosity due to sudden eccentric contraction of the biceps muscle (i.e. heavy lifting, pull-ups, etc). It may be difficult to differentiate complete and partial tears. With complete tears, there is typically some retraction of the tendon with asymmetric appearance of the biceps muscle belly in the upper arm. Sometimes there are bands of tissue that keep the tendon from retracting too far. Surgery involves finding the tendon stump, cleaning up the edges, and whip-stitching it with non-dissolvable suture material that is then passed through the radius bone and secured with a “button.”



The goal of distal biceps repair is to maximize strength and function. Healing process may vary but generally takes at least 6-9 months before patients begin to plateau. There can be extensive post-operative therapy involved. Specific protocols vary depending on tendon quality and ease of repair.

Post Op Appointment:

You will typically be given a post-op appointment at **7-10 days after surgery** with Dr. Blumenthal’s Physician Assistant. At this visit, your dressing/splint will be removed and your incision will be evaluated. Instructions for your post-operative care will be reviewed. You will see Dr. Blumenthal **~3 weeks after surgery** at which time new x-rays will be taken and your sutures will be removed.

Splint:

Some patients are placed in a splint, and some are placed in a bulky soft dressing. **Leave your dressings on until your first follow up appointment.** Most patients will be placed in a plaster splint for the first ~1-2 weeks after surgery. The exact time frame may vary. This splint cannot get wet – please **cover it with water-proof bags** if showering/bathing. Do not submerge in water.

Weight Bearing Restrictions:

Unless otherwise instructed, you may use your arm for your “activities of daily living” – these include eating, self care, brushing teeth, etc. **For the first 6 weeks after surgery, do not lift anything heavier than 1-2 lbs.** Otherwise you are encouraged to use your arm. Listen to your body – it will tell you what is “safe” versus unsafe to do. Do not try to lift heavy weight, and do not worry yet about loss of strength.

Hinged Elbow Brace:

You will be fitted with a “hinged elbow brace” at your first post-operative appointment. The brace will be given certain settings. Most patients are not allowed to extend past about 30 or 40 degrees for the first 6 weeks after surgery. Extension stresses the biceps repair. You may take off the brace to shower and when resting or sleeping.

Ice:

Ice is strongly encouraged! Ice packs help reduce swelling, bleeding, and therefore pain. Just make sure to have a sheet or cloth between any ice and your incision. There is no ideal time frame. Typically “20 minutes on 20 minutes off” is quoted, but as long as the ice is not directly on your skin, longer will not hurt you.

Physical Therapy:

Most patients receive formal physical therapy after distal biceps repairs, with a focus on maximizing range of motion. Elbows have a tendency to become stiff, so motion is extremely important. Do not worry about PT for the first few weeks after surgery. We will discuss at your post-op visits. Most patients begin PT somewhere between 3-6 weeks after their surgery. You will require several months of physical therapy.

Sutures:

These will come out around 2-3 weeks after surgery. They are not dissolvable. Please do not worry if your incision appears raised – it will flatten out over time. The sutures are designed to evert the skin edges and promote optimal healing. **Your incision may be red and swollen;** this is normal. The red flag is if there is any significant wound drainage or bleeding that does not cease within the first few days after surgery.

Blood clot prophylaxis:

Typically your medications will be sent before your surgery. Most patients with distal biceps repairs do not require blood clot prophylaxis. If you are deemed higher risk, you may be instructed to take baby aspirin twice a day for 2 weeks to reduce the risk of blood clots.

Pain Medications:

Acetaminophen, or Tylenol, is typically first-line for pain control; our preferred dosing is 1000 mg every 8 hours. This is equivalent to two extra-strength Tylenols every 8 hours. You will be given a narcotic (such as oxycodone or tramadol) for breakthrough pain. This medication should be taken every 4-6 hours. You may also supplement with ibuprofen, also known as Motrin. Ibuprofen may be taken at 600 mg (or three regular-strength tablets) every 6-8 hours. **Refills may take 24-48 hours to complete and authorize** – please do not call for refills on Friday as we may not be able to complete them before the weekend.

Bowel Regimen:

You may become constipated while taking narcotics. Take over-the-counter Miralax, which is a powder you mix into water. Other options are medications such as senna or colace which are stool softeners. If you develop loose stools, these medications should be discontinued. If you develop severe or worsening abdominal pain, you may require assessment in the emergency department.

Questions/concerns:

Call the office at **661-600-1740** if you have any questions or concerns. During non-business hours, you will be re-directed to the USC call center.

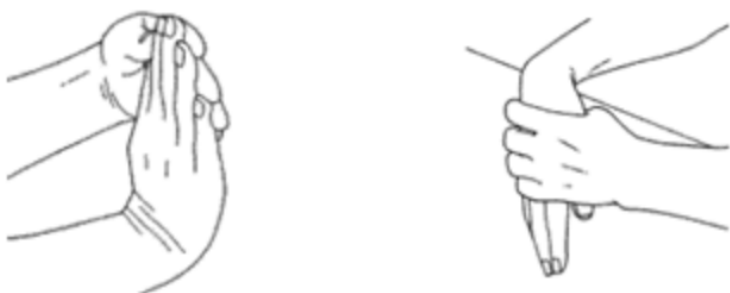
Exercises to perform:

Once you feel comfortable, you may begin to perform exercises. The key is to be **gentle** and **gradual**. You are not trying to win a race. Listen to your body. It is ok if you do not feel ready to use your arm for the first few weeks after surgery. When you feel ready, begin with the following exercises.

The general post op protocol is as follows:

- 0-2 weeks: *splint and immobilized at all times*
- 2-6 weeks: *patients fitted with hinged elbow brace*
 - *Ok to begin “active-assist” motion (meaning use your other hand to support your injured arm)*
 - *Limit extension to 30 or 40 degrees (do not try forcefully to straighten the arm fully); advance 10-15 degrees each week to reach full extension by 6-8 weeks*
 - *Hinged brace at all times other than exercise and when resting*
 - *Wrist/shoulder motion exercises (see attached)*
- 6-9 weeks: *discontinue brace*
 - *Continue active-assist motion; introduce passive elbow extension*
 - *Begin biceps isometrics*
 - *Begin rotator cuff/deltoid isometrics*
- 9-12 weeks: *begin active elbow flexion against gravity*
 - *Slowly introduce resistance strengthening of biceps, deltoid, and rotator cuff*
- 12 weeks – 6 months: *progressive biceps strengthening as tolerated*

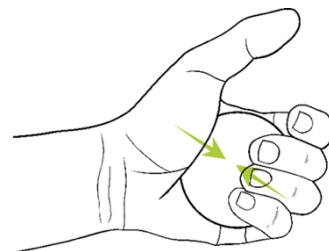
Wrist Motion



Use your uninjured hand to assist in extending and flexing your injured wrist. You may also use a table or wall. Work on very gentle stretching to gradually increase your range of motion. The key is “gradual”. You can do this with your fingers straight or with your hand held in a fist position.

Grip Strength

You may use a “stress ball” or “grip” or even towel to perform these exercises. Simply squeeze slowly up to 10 times to work on your grip strength. Grip strength is going to be one of the last things to return.



Supination / Pronation



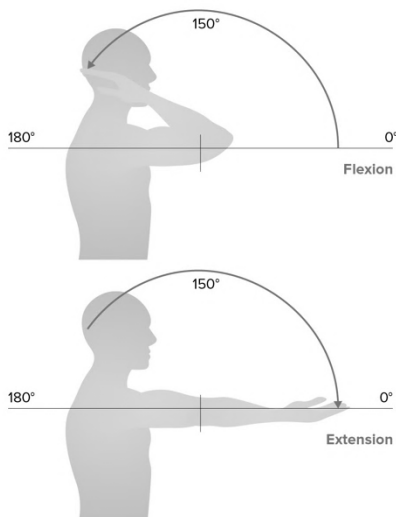
“Supination” and “pronation” are the motions by which your wrist and forearm rotate. With your elbow at your side, rotate your forearm gently back and forth. You are supinating when your palm is “up” and pronating when your palm is “down.” This rotational motion will be difficult at first. Do not push past your point of comfort.

Finger Opposition

This exercise helps with your finger motion and flexibility. One by one, touch each finger to your thumb (think, like a piano). You may use your other uninjured hand to assist.



Elbow Range of Motion



Gently flex and extend your elbow. You may use your other arm to assist. Your elbow will not straighten all the way at first!

Generally most patients are not allowed to fully extend the elbow immediately after surgery. You will gradually work to stretch out the biceps tendon, without over-stressing the repair.

During your early post-operative recovery, you may gently (“actively”) flex and extend the elbow to keep the joint supple. Avoid aggressive passive manipulation maneuvers.