Distal Biceps Tendon Repair Post-operative Instructions

With our double-redundant fixation technique, the most significant risk to a good outcome after distal bicep repair is doing too much too soon. Please try to adhere to the below instructions to help assure the best result.

---Dr. J Toman

**ACTIVITY:**
- Go home and rest today
- If you received sedation or general anesthesia, you may feel tired and drowsy. Therefore, you should not drive a car, operate any machinery, drink alcoholic beverages, or make any legal decisions for 24 hours.
- If you received a local anesthetic or block, you may feel numbness that should gradually wear off.
- Unless otherwise instructed, NO WEIGHT-BEARING to the affected upper extremity for the first week. This will protect the repair during healing.
- You may be in a splint. This will be left in place for the first 7 days, and should be worn at all times. If it becomes wet or severely soiled, it must be changed.
- You will be given a referral to OT for finger/hand ROM if indicated. It is CRITICAL that you move any digit not stabilized by immobilization to prevent the development of finger stiffness. Using video games or a keyboard is an advisable place to start. Avoid forceful gripping.
- Some operative site sensitivity is normal after any upper extremity surgery; this most commonly presents as sensitive to temperature extremes or pain with extremes of motion.
- Additional instructions

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**CARE OF PROCEDURE SITE:**
- Keep affected hand elevated higher than the heart. This will greatly help with pain.
- Ice to splint, not to fingers
- Use the sling for comfort during transit.
- If one is applied, keep the splint/cast clean and dry; if it becomes wet, contact us immediately for a change.
- If applied, cast will be removed, and dressing changed at your first post-op visit. Sutures will be removed at that time if necessary.
- Do not apply creams or salves to the wound; this can increase the risk of infection.

**MEDICATIONS:**
• You have been prescribed Vitamin C. Although this is a common vitamin supplement, its use perioperatively has been suggested to decrease the development of Reflex Sympathetic Dystropy, a post-fracture pain syndrome. Please take as prescribed.
• Resume all medications as regularly prescribed unless specifically prohibited by myself or your primary care doctor in the post-op period. Below are listed any medications to stop.

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• The first 24-48 hours after surgery are the worst in terms of pain: use pain medication as needed. You may also use Tyelnol (650mg every 4hrs) as needed if the Percocet is too much. You can come off the prescription pain medication when you feel comfortable.
• Some patient’s report having pain after surgery that is quite manageable, other patients report a significant amount of discomfort. The response to the surgery over the first 5 days is quite individual. Do not hesitate to take 2 tablets of the pain medication every 3 hours if needed. Of course, rest, ice and taking it easy for the first few days will have a significant impact on your recovery.
• Do not drive, make significant life decision while taking narcotic medication; it will impair your abilities.
• Avoid NSAID containing products (ie, Motrin, Celebrex, Advil) for the first weeks: this may interfere with bone-tendon interface healing in the first several weeks.
• The pain medication causes constipation; drink plenty of fluids, apple juice and prune juice as needed. If you do not have a bowel movement within 5 days drink ½ bottle of magnesium citrate, which is sold at the pharmacy.
• Take the antibiotics as prescribed if an implant (ie, plate, pins) were used in your surgery.

DIET:
• Resume your normal diet as tolerated.

REASONS TO NOTIFY MD:
Severe complications are uncommon after must upper extremity surgery, including bicep repair. However, please call our office if you experience any of the below symptoms.
- Redness or swelling at incision site, or tracking up the arm
- Persistent swelling in the digits
- Foul drainage from incision or bleeding through the bandage/cast
- Fever (>101) unrelated to a cold or illness
- Pain in the fingers, specifically pain unrelied by prescribed medication, or sustained pain around thumb, index and long (but not ring and small) fingers.
- Numbness, tingling, pale, cold, or bluish color of fingers not alleviated by elevation or position change.
- Other issues of concern related to the operative extremity

For any of the above problems, please call the Orthopaedic Clinic promptly. Either myself or the on-call surgeon will contact you promptly.

ADMINISTRATIVE:
● If you need paperwork accomplished, please give me the exact forms you need, and where they need to be sent. Without this specific information, it is impossible for me to accomplish this necessary paperwork.
● Return to clinic on: **DATE: _10__ days_______TIME: _______**
  • **LOCATION:** 6 Hospital Park, Moultrie GA

**REHAB PROTOCOL:**

**Phase I (Post-op Day 1 - 5)**

Note: Exercise prescription is dependent upon the tissue healing process and *individual* functional readiness in all stages. If any concerns or complications arise regarding the progress of any patient, physical therapy will contact the orthopedist.

Allow for wound healing
  ● Posterior Splint (worn full time for first 5 days)
  ● Finger squeeze to control edema
  ● Motion of all fingers
  ● Ice and elevation

**Goals** – pain and edema control, protection

**Phase II (Weeks 1-3)**

  ● Remove splint, showering OK no submerging wound
  ● Unweighted, slow AROM as tolerated
  ● Pick up nothing heavier than a coffee cup
  ● Full flexion/extension and full pronation/supination

**Goals** – Minimize atrophy and protect repair, full ROM, ADLs

**Phase III (Weeks 4-6)**

  ● Continue ROM as tolerated; May start using 2lb weights for strengthening
  ● Gentle scar mobilization when wound well healed – keep moist with vitamin E
  ● Return to normal activities but avoid lifting anything heavier than 2lbs

**Goals** – Full ROM, minimize atrophy
Phase IV (Weeks 7-12)

- Continue scar mobilization to ensure no adhesions
- Progressive strengthening, start slow
- Any pain in bicep attachment indicates too much weight/heavy lifting
- Avoid carrying anything heavy (>50lbs with injured arm)

**Goal** – strengthening program

Phase V (Months 3 – 4)

- Continue strengthening, progressive slow weight-lifting
- Released to full activities

**Goals** – Full recovery