GENESIS ORTHOPEDICS & SPORTS MEDICINE

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Distal Biceps Tendon Repair

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days.
  - You may use it 20 minutes on, 20 minutes off, as often as you wish.
  - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
  - For **anticoagulation** – you MUST take one 81mg aspirin daily for two weeks to help prevent blood clots. This is the only mandatory medication.
  - For **nausea** – Zofran (ondansetron) as needed.
  - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
  - For **pain** – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as step-down medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better,

Activity

- You will be placed in a splint with your elbow flexed to 90 degrees until your first post-op appointment in approximately 1 week.
  - Keep the splint in place until that time. A sling may be worn for comfort.
- You may perform gentle, controlled range of motion with your wrist and fingers.
  - Try to avoid moving your shoulder during the first week.
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
  - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins after your first post-op visit approximately 1 week after surgery.
  - Please call your insurance company for a list of facilities in your area and choose one that is convenient.
  - Once you have chosen a location, please call our office with their fax number and we will fax your referral.
- Driving – At a minimum, no driving until you have stopped taking the narcotic.
  - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

Wound Care

- Your incision is covered by several layers of bandages. You may temporarily undo the ACE wrap—the top layer—if it feels too tight or to apply ice, but please wrap it again afterward.
  - Do not remove the cotton layers of bandage.
  - They were applied under sterile conditions in the OR and we do not want bacteria near the incision.
- Please do not shower unless you have a way to avoid getting the bandages wet. Waterproof protective bags are sold online and at many pharmacies.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The elbow becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Recovery milestones:

PT will be 3x / week, starting after your first post-op appointment. Once you begin PT, you must do the exercises **daily.**

Overview:

- Week 2 – Fit with hinged elbow brace in office. PT begins.
- Week 8 – Full ROM is restored

Physical Therapy Protocol

The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit, which should occur Week 2 following your surgery.

Week	Bracing	ROM	Strengthening
1	Post op splint	Immobilized to 90 degrees flexion	Sub-maximal pain free isometrics for triceps and shoulder musculature.
2	Switch to hinged elbow brace set for 45 degrees to full flexion for passive flexion/extension only. May add passive supination with elbow at 90º of flexion.	Assisted ROM for elbow extension. Assisted ROM for pronation with elbow at 90°.	Sub-maximal pain free biceps isometrics with forearm in neutral.
3	40° to full elbow flexion.	Initiate AAROM elbow flexion. Continue assisted extension to full extension.	Single plane AROM elbow flexion, extension, supination, pronation
4	30° to full elbow flexion	AROM elbow flexion and extension to FROM.	Same as above.
5	20° to full elbow flexion	Same as above.	Same as above.
6 - 7	10° to full elbow flexion	Continue as above and begin combined/composite motions (ie extension with pronation.	Same as above.
8-12	Full ROM. Discontinue brace if adequate motor control.	Full ROM restored. If patient has significant ROM deficits, alert surgeon.	Progressive resisted exercise program for elbow flexion, extension, supination, pronation.
12-14	None	Full	Initiate light weight training. Endurance program to simulate desired work activities / requirements.