



## Distal Triceps Tendon Repair

### *Discharge Instructions:*

#### Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication 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.
- **Elevation** – to help reduce swelling, keep your elbow, forearm, and hand elevated above the level of your heart.
- **Medication**
  - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for the first 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**—narcotic pain medication – **use only if needed**. Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible. It is very common however, to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

#### Activity

- Please keep your wrist elevated above the level of your heart whenever possible to help with pain and swelling.
- Generally take it easy over the next several days.
  - It is normal to feel fatigued. Allow your body time to recuperate.
- We suggest ankle pumps and circles when seated/laying for any period of time to help lower extremity circulation.
  - Do not sit for more than 30-45 minutes at one time to help prevent blood clots in your lower extremities.
- Driving – We want you to be safe and comfortable when you return to driving.
  - We will discuss this more in the office.
  - At a minimum, no driving until you have stopped taking the narcotic.

#### 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.
- You have been placed in a splint—we will remove this at your first office appointment to inspect the incision.
  - At that time, you will be given a specialized brace to protect the repair.
  - You can expect to remain in the brace at all times except for hygiene and physical therapy for 6 weeks.

## 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 notice more than 25% of the bandage has become saturated with drainage.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The knee becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- 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 per week for the first 2-3 months, but you must do your exercises **DAILY**.

## Overview:

- Week 5 – Begin to flex elbow and shoulder past 90 degrees.
- Week 7 – Brace is discontinued. Begin light active use.
- Week 12 – Gradual weight bearing with extremity (pushing open a door, pushing up from a chair)
- Month 6 – Return to all activity

## *Physical Therapy Protocol*

Distal triceps tendon repairs usually involve a direct tendon to bone (olecranon) repair with suture anchors. At the first post-operative visit the splint and surgical dressing are removed, and the patients are placed in a hinged elbow ROM brace set at 0-90 degrees flexion. At the first physical therapy evaluation patients should be taught a home exercise program to be performed five times daily. We have separated recovery into phases.

### PHASE I – Week 1-6

*Goals: Protect the repair, avoid stiffness in shoulder, elbow, hand*

*Precautions: Brace to be worn at all time except to perform exercises, avoid active elbow flexion past 90 degrees and shoulder flexion past 90 degrees for 4 weeks*

*Exercises:*

- Passive self-assisted elbow extension
- Active-assisted elbow flexion to 90 degrees
  - Progress slowly to full flexion AFTER 4 weeks
- Passive self-assisted forearm supination
- Passive self-assisted forearm pronation
- Hand and wrist ROM to prevent stiffness
- Shoulder flexion limited to 90 degrees

### PHASE II – Week 7-12:

*Goals: Continue stretching to achieve full ROM while protecting the repair.*

#### **Week 7:**

*Exercises:*

- Begin **light** active use
- Continue passive stretching to achieve full ROM
- Active elbow flexion and extension
- Active forearm pronation and supination

#### **Week 8:**

*Exercises:*

- Isometric elbow flexion and extension
- Isometric elbow pronation and supination
- Continue passive stretching to achieve full ROM

#### **Week 12:**

*\*\*If stiffness noted, delay strengthening\*\*\**

*Exercises:*

- Resistive strengthening (Theraband progressing to weights)
- Continue passive stretching to achieve full ROM

PHASE III – Week 12-24 – Increase resistance gradually for ongoing strengthening. Avoid overloading triceps muscle.

PHASE IV – 4-6 Months – Return to all activities

St. Charles | Oak Brook | Oak Park | Chicago – Little Village | Chicago – Austin | Skokie (MRI-only)