Nolan Horner, MD

GENESIS ORTHOPEDICS & SPORTS MEDICINE

Distal Biceps Repair

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—if you are >19yo, you must take one 81mg aspirin twice a day for two weeks to help prevent blood clots
- For antiinflammation – meloxicam 15mg once a day for four weeks as tolerated for post-op inflammation
- For nausea – Zofran (ondansetron) as needed. This was sent to your pharmacy on file.
- For pain – a narcotic pain medication (Norco) will be prescribed for you if it is deemed safe with your history and allergies. Due to risk of addiction, 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 stepdown medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.
- For constipation – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.

Activity

- Please keep the elbow immobilized in brace/splint.
- Wear the sling while sleeping. You may find sleeping in a recliner to be more comfortable for the first month.
- 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 4 weeks after surgery. Please call your insurance company for a list of facilities in your area and choose one by the time you come to your 1 month post-op appointment.

Wound Care

- If you are in a plaster splint post-operatively, please do not remove or touch it. It will be removed at your first post-operative appointment by our staff.
    - Do not get the cast/splint wet—this means leaving the leg out for showering, covering with a bag, etc.
- If the cast/splint feels too tight, call our office and we can see you earlier than your first post-op visit. We may have to split the cast.

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 shoulder 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.

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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 or 90 degree brace	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.	Same as above.
12-14	None	Full	Initiate light weight training. Endurance program to simulate desired work activities / requirements.