



Distal Biceps Repair

Discharge Instructions-

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). 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 3-5 days after surgery, as well as following PT sessions
 - Some patients may be provided an ice machine to go home with
 - This is dependent on the type of surgery you had and insurance approval
 - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
 - You may use ice 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

Medications

Your post op medications were sent to the pharmacy we have on file prior to surgery

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

1. Aspirin 81 mg: For anticoagulation to help prevent blood clots

- If you are >19yo, you must take one 81mg aspirin once a day for two weeks Do not take aspirin if you are <19yo

2. Meloxicam 15 mg: For antiinflammation to help pain and swelling

- Take once a day for four weeks as tolerated for post-op inflammation

3. Zofran (Ondansetron) 4 mg: For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

4. Norco (Hydrocodone/Acetaminophen) 5-325 mg: For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

Other medications: For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed

- Both the anesthesia and the pain medication can cause constipation

Activity

*** You will start PT at 2-3 weeks post op***

- Please keep the elbow immobilized in brace/splint until we remove it at your post op visit
- Wear the splint and 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.
- 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

*****Please do not remove your splint/cast or dressings, they should remain on 24/7 until your post op visit, we will remove it*****

- Leave your cast/ splint on 24/7. You have an incision underneath, we will check it at your first post op visit
 - Do not get the cast/splint wet—this means leaving the leg out for showering, or covering the entire splint with a bag/ plastic wrap/ etc
- If it 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.
- Do not worry about incision care or looking at the incision, we DO NOT want you removing the dressings
 - We will evaluate the incision at your first post op visit

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 to avoid any nausea/ upset stomach

When to call your physician

*****If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up*****

- You develop a temperature over 100.3° F degrees
- You have any drainage at the incision site 5 days or later after surgery
- The surgical area 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 additional questions or concerns. We are happy to talk to you at any time!
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Important contact information

Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]

Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only

Oak Brook- 2425 W. 22nd St. Suite 207A Oak Brook, IL 60523 P: (630) 377-1188 F: (630) 377-7360

Little Village- 2859 S. Pulaski Rd. Chicago, IL 60623 P:(630) 377-1188 F: (630) 377-7360

St. Charles- 2900 Foxfield Rd. Suite 102 St. Charles, IL 60179 P: (630) 377-1188 F: (630) 377-7360

Physical Therapy protocol

Start PT at 2-3 weeks post op

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 90° 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.