

POST-OPERATIVE INSTRUCTIONS

Distal Biceps Repair

Dr. Adam O'Brien

MEDICATION

- You will be prescribed a narcotic pain medication with or without additional Tylenol, take as instructed and only as needed. Do not take additional Tylenol unless prescribed.
 - **Pain medication may cause constipation.** You may take an over the counter stool softener (docusate, senna, Miralax, etc) to help prevent this problem.
 - You should take these medicines with food or they may nauseate you.
 - You may not drive or operate heavy equipment while on narcotics.
 - Pain medication is refilled on an individual basis and only during office hours.
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 6-12 hours after your surgery). **Do not wait until the block completely wears off.**
- Do not take medications such as Advil, ibuprofen, Aleve, naproxen until 6 weeks after surgery
- Resume all other home medications unless otherwise instructed.

WOUND CARE and DRESSINGS

- You will be given a sling after surgery, please wear this when in public settings or at work. OK to remove if at home.
- You may remove your Ace wrap and white padding 5-7 days after surgery unless instructed otherwise. Do not remove the underlying clear plastic dressing.
- Do not get your dressings wet until Ace is off. When showering (after outer dressings removed), let water run over the incisions and pat dry (no scrubbing).
- To access your armpit, lean forward slightly but keep your elbow bent.
- **No submersion of wounds (bath, hot tub, pool) until a minimum of 3 weeks after surgery.**
- You may notice small spotting through your dressings, this is normal. You may place an additional bandage of this area. If it becomes saturated, it is ok to change the dressings entirely and replace them

BRUISING

- The arm/hand may become swollen and bruised, which is normal and is from the fluid and blood in the elbow moving down the arm. It should resolve in 10-14 days.
- The elbow and forearm may also become swollen and bruised, which is normal
- **If you experience severe pain or swelling, call immediately (see contact info).**

COLD THERAPY

- Ice should be used for comfort and swelling. Use it at least 20 minutes at a time, every hour while awake if needed. (A simple bag of peas works well as an inexpensive alternative)
- **Never apply directly to exposed skin. Place a dish-towel or t-shirt between your skin and the ice.**

EXERCISES

- Your first physical therapy session should occur 1-2 weeks after surgery, after MD follow up
 - It is a good idea to schedule this before surgery to avoid wait lists
 - Physical therapy is crucial to recovery, and much of the work is **homework!**

EMERGENCIES

- Please call if you notice any of the following (see contact info below):
 - Uncontrolled nausea or vomiting, suspected reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

FOLLOW UP APPOINTMENT

- Please make your first post-op visit 7-14 days after surgery if not already scheduled.

CONTACT INFORMATION

- For surgery or prescription related questions or concerns, please contact:
 - **Monday-Friday** (8AM-5PM) – Ortho Triage Nurse at 512-509-2525 (option 1).
 - **After Hours** (M-F 5PM-8AM/weekends/holidays) – Patient Advisory Nurse at 1-800-724-7037.
- For any scheduling or appointment questions or concerns please call 512-654-6588 (M-F, 8AM-5PM).

The intent of this rehabilitation protocol is to provide the patient and therapist with general guidelines post-operatively. It is meant to be adaptable based on individual patient progress and clinical decision making. The goal of rehabilitation is to allow the repair time to heal, while maintaining functional elbow range of motion. Progression through each phase is based on patient's performance, pain, timing related to tendon healing, and clinical discretion.

	Weight Bearing	Sling	Range of Motion	Therapeutic Exercises
Phase I 1-3 Weeks	Non-weight bearing	Postop sling when in public or work, ok to remove at home	Gentle passive and active-assisted ROM Gentle hand, wrist and forearm AROM in pain-free range	Edema control, gentle end-range stretching. Goal: full forearm rotation, full flexion, 40° extension
Phase II 3-6 Weeks	Coffee cup weight bearing	Sling for comfort only, can wean off	Continue progressing ROM gently	Edema control, gentle end-range stretching, scar massage. Putty for grip strength. Goal: full forearm rotation, full elbow ROM
Phase III 6-12	Progress slowly to	None	Full ROM	No sudden jerking

Weeks	full WBAT			<p>movements.</p> <p>Start strengthening for forearm, elbow, scapular stabilizers</p>
Phase IV 12+ Weeks	WBAT	None	Full ROM	<p>Continue to progress to full weights starting at 12 weeks.</p> <p>Goal to return to heavy work by 5-6 months.</p>