

POST-OPERATIVE INSTRUCTIONS SHOULDER ARTHROSCOPY

Biceps Tenodesis
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 may remove your bandages two days after surgery unless instructed otherwise. Do not remove the steri-strips (small pieces of tape) covering the incisions. OK for physical therapy to remove dressings.
- Do not get your dressings wet. When showering (after dressings removed), let water run over the incisions and pat dry (no scrubbing).
- You may take off your sling to shower, but let your arm dangle at the side
- To access your armpit, lean forward slightly to let you arm dangle away from your side. Do not lift your arm above your head.
- Incisions may not get wet until after your first postoperative visit. **No submersion of wounds (bath, hot tub, pool) until a minimum of 2-3 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/shoulder may become swollen and bruised, which is normal and is from the fluid and blood in the shoulder 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 calf 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.**

SLING

- Unless otherwise specified, the sling should be worn at all times (including sleeping) other than for showering, dressing changes and exercises.
- Do not attempt to use your own muscles to move your elbow until cleared by Dr. O'Brien or physical therapist
- You may move your fingers, hand, and wrist as tolerated.
- For sleep, you may want to sleep in a reclined chair or elbow propped on pillows (to prevent it from sagging)

EXERCISES

- Your first physical therapy session should occur within 2-5 days after surgery
 - 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 10-14 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 shoulder range of motion. Progression through each phase is based on patient's performance, pain, timing related to biceps healing, and clinical discretion.

Specific to biceps tenodesis, the patient should avoid active elbow ROM with hand in supinated position until 8 weeks postop.

	Weight Bearing	Sling	Therapeutic Exercise	Precautions and Goals
Phase I 0-2 Weeks	Non-weight bearing	On at all times other than hygiene	Neck ROM, hand/wrist ROM, ok for shoulder pendulums and PROM of shoulder in all planes. PROM of elbow with hand in neutral position	No active ROM of shoulder or elbow, no lifting or supporting body. Avoid excessive external rotation, no scar massage.
Phase IIa 2-4 Weeks	Non-weight bearing	On at all times other than hygiene Begin to wean at week 4-6 if comfortable	Continue Phase I Begin passive AAROM to shoulder Still no AROM of elbow	No active ROM of elbow, no lifting or supporting body. Avoid excessive external rotation

<p>Phase IIb 4-6 Weeks</p>	<p>Non-weight bearing</p>	<p>Out of sling by 6 weeks</p>	<p>Continue Phase IIa. OK to begin gentle active elbow flexion/extension and forearm pronation/supination against gravity, with hand in neutral position.</p>	<p>No lifting or supporting body.</p>
<p>Phase IIIa 6-8 Weeks</p>	<p>Coffee cup weight bearing (<2 lbs)</p>	<p>None</p>	<p>Continue Phase II. Initiate biceps curls with light resistance and hand neutral. Initiate ER strengthening at 30° abduction. Initiate prone rowing, neutral arm position, begin subscap strengthening.</p>	<p>No supporting body, no sudden jerking movements, avoid aggressive lifting</p>
<p>Phase IIIb 8-10 Weeks</p>	<p><5lb weight bearing</p>	<p>None</p>	<p>Continue as above, advance to full ROM. OK to begin light strengthening with hand in all positions</p>	<p>No supporting body, no sudden jerking movements. Avoid excessive anterior capsule stress, avoid military press and wide</p>

				grip bend press
Phase IV 10+ weeks	FWB	None	<p>Continue as above, progress isotonic strengthening, and begin overhead strengthening if ROM full.</p> <p>Progressive return to upper extremity weight lifting.</p> <p>Return to sport typically around 3-4 months if cleared by PT and MD</p>	<p>Avoid excessive anterior capsule stress, avoid military press and wide grip bend press</p>