Brenton R. Jennewine, M.D.
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Distal Biceps Tendon Repair

What is the distal biceps tendon?

Your bicep muscle is comprised of two muscles that combine as one tendon to attach the upper end of your radius (radial tuberosity) in your forearm. The biceps muscle bends the elbow and brings the hand toward the body, and helps with twisting the forearm, turning the palm up. This tendon can tear or rupture typically when lifting heavy objects.

How do you repair the distal biceps tendon?

The tendon is repaired using a small incision in the upper part of your forearm (~5cm long). The tendon is found and reattached to the radius using a combination of sutures and bone screws or anchors. Occasionally if your tendon has retracted far enough, I may need to use a cadaver tendon graft (allograft) to appropriately fix your biceps muscle back down to bone. This typically only occurs if the rupture occurred weeks or months prior to surgery. If there is a concern about needing this graft, then I will discuss this with you before surgery.

Surgery Information

Length of Stay

This is a same-day procedure – meaning once the surgery is done and you have recovered in our recovery unit (PACU) then you will go home. You will need someone available to stay in the facility during the day of your surgery and drive you home afterwards.

Anesthesia

You will typically receive two types of anesthesia for this surgery.

- General anesthesia: meaning you are asleep during the procedure
- Numbing medication will be provided around your surgical incision for pain control

Incisions and Dressings

Your arm will be in a splint after surgery. The splint cannot get wet. I strongly recommend bathing over showering while in a splint, if possible. Over the counter splint and cast protectors can help prevent water getting into your splint during a shower, but they are not 100% waterproof as water may get in where the bag is sealed to your arm. Your splint will remain on until you see me in clinic

Sling

When you wake up from surgery, a sling will be on your arm only for comfort while you are in a splint. You may remove the sling if you do not find it comfortable while you are in your splint.

Pain Control

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Please review my "Post-operative medication" information sheet I provided or on my website. I prescribe many different medications after surgery to help control your pain in different ways.

Post-operative Appointment

I will see you at roughly the following intervals after surgery: 2 weeks, 6 weeks, 3 months

After your surgery, if you do not have a first post-operative visit appointment please call our office so we can schedule to see 2 weeks after surgery.

For any concerns, please contact my office

Please call my office if you begin to experience any of the following after surgery:

- Fever above 101.5 F
- Loss of motion or new onset numbness after surgery (your nerve block will be in place for approximately 24 hours after surgery)
- Excessive bleeding that is saturating the bandages
- Increased pain, increased redness around the incision, purulent drainage (thick, white drainage with a foul odor), or persistent drainage > 4 days.

Post-operative Rehab and Restrictions

Physical Therapy or Home Therapy

At your 6-week surgery visit, I will give you a physical therapy prescription or a home exercise routine if you would prefer to do your exercises at home without a therapist.

Restrictions after surgery

- Splint:
  - You will be in a splint for 2 weeks: do not get your splint wet
- Motion restrictions:
  - For the first 6 weeks after surgery no ACTIVE flexion of your elbow
- Strengthening and weightlifting:
  - **No strengthening operative arm or lifting more than 1-2lbs until 12 weeks after surgery**