

## Distal Biceps Tendon Repair Post-Surgical Instructions

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These are general guidelines for you to follow for successful rehabilitation of your arm.

- 1) Following your surgery, you need to keep the bulky dressing in place – **DO NOT try to rotate your forearm or to bend your elbow**. If it becomes loose or uncomfortable – please contact the nurse. **DO NOT** remove the dressing to check on your wound, the barrier is needed to keep the wound clean and dry to avoid possible wound breakdown. Once again, if this is an issue, contact the nurse. Please do move your fingers, thumb, your shoulder and neck. You will be scheduled to see the hand therapist on your first office visit and the doctor will come over and see you in session. Please pay attention to the therapist time on your post-op visit sheet. This session usually takes 75-90 minutes.
- 2) **Splint Program** – At this first visit to the OT, you will be made a custom-molded, dynamic hinged elbow brace. This will allow some motion at the elbow, will free up your wrist, but keep your forearm in a neutral or handshake position. This splint will be worn **24/7** up until the 10 week visit following the date of your surgery. We cannot stress enough the importance of protecting your repair, and this splint will help keep you from overusing your arm. If you are having any problems with the splint, please contact the therapist. The splint may be worn into the shower to help you protect your arm – it can get wet.
- 3) **Wound Care** – The suture is removed at the first visit, and after this you can shower and have running water over it – but dry it off well. No soaking for 5 days to allow the wound to heal over. Please avoid applying any product to the wound – i.e. Neosporin. Let the steri-strips fall off naturally, or after 3 ½ weeks, you may gently tease them off. You may begin scar massage at 2 weeks directly on the incision. This involves rubbing across, up and down and circular on the scar. After the wound is healed over, you may apply lotion directly to the skin. If you have any concerns about your incision you may contact the nurse or the therapist.
- 4) **Pain Control** – We would prefer you keep your arm elevated or rested to control your pain. Just being up on your feet can cause increased pain. Use of heat and cold after your dressing is off on your arm at your incision is a preferred method. If you are experiencing increased pain or swelling, please contact your nurse (for questions on pain medications) or your therapist (heat, cold, splint, swelling questions).
- 5) **Arm use** – Once in the splint, we encourage motion as the splint allows, **but not use**. No lifting, carrying, push/pulling with your arm. If you question if you should do it, you probably should **NOT**. If you have specific questions, these may be addressed to your therapist or the doctor. This surgery is successful if you watch what you are doing and are “good”.
- 6) **Rehabilitation Schedule** – A visit to the OT will occur at the 2 week point, then at a 1-2 week interval thereafter up to the 10 week point. Usually 5-8 visits cover the scope of treatment.
- 7) **Biceps repair** – The doctor repaired the distal end of your biceps tendon. This was done with a suture anchor which is then woven into the end of the tendon. Initially this is not a strong repair and we do not want to challenge it. If you have any questions about the surgical procedure, please discuss this with your physician.
- 8) **Good Luck** – You can do it!