



P: (843) 353-3460 | F: (843) 353-3461

BICEP TENODESIS POSTOPERATIVE INSTRUCTIONS

Post-Operative Instructions

I. Diet

- Begin with clear liquids and light foods (Jell-O, soups, etc.)
- Progress to your normal diet if you are not nauseated.

II. Wound Care

- Maintain your operative dressing, loosen bandage if swelling of the elbow, wrist, or hand occurs.
- It is normal for the shoulder to bleed and swell following surgery – if blood soaks through the bandage, do not become alarmed – reinforce with additional dressing.
- Remove surgical dressing on the **2nd** post-operative day – if minimal drainage is present, apply waterproof band-aids over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your sling starting the day after surgery.
- After removal of surgical dressing (day 2) you may shower with waterproof Band-Aids in place. Do not scrub over the incision and pat the area dry. **NO** immersion of operative arm (i.e. bath).

III. Medications

- Pain medication is injected into the wound and shoulder joint during surgery – this will wear off within 8-12 hours.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- Primary Medication = (Oxycodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Ondansetron (Zofran) take as needed for nausea
 - Docusate sodium (Colace) as needed for constipation
- Meloxicam two times a day for 2 weeks
- Tylenol 1000mg three times a day for two weeks
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.

- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed.
- Do not drive a car or operate machinery while taking the narcotic medication.

IV. Activity

- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort.
- Do not engage in activities which increase pain/swelling (lifting or any repetitive above shoulder level activities) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

V. Immobilizer

- Your immobilizer should be worn at all times except for hygiene and exercise.

VI. Ice Therapy

- Begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep arm supported while icing.
- “Ice Man” device may be used
 - Use unit as frequently as tolerated x 14 days
 - Unit is programmed hour on/hour off continuous of compression and ice alternating
 - If braced* - Loosen brace to avoid added pressure
 - If issues with ice machine, please contact Dr. Gehrman.

VII. Exercise

- No exercise or shoulder motion is to be done until instructed to do so by your physician or physical therapist.
- You may begin elbow, wrist, and hand range of motion on the first post-operative day about 2-3 times per day.
- Formal Physical Therapy (PT) will begin 7-10 days postoperatively. Please call your PT location of choice to schedule appointments.

VIII. Emergencies

- Contact Dr. Gehrman or his clinical assistant at (843) 353-3460 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101°F - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, contact the same office number 843-353-3460 and you will be connected to our page service – they will contact Dr. Gehrman or one of his colleagues if he is unavailable. Do NOT call the hospital or surgical center.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

IX. Follow Up Care + Questions

- A member of Dr. Gehrman's team will call you 24 to 48 hours after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 843-353-3460.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (843-353-3460) and ask for appointment scheduling.
- The first post-operative appointment will be with myself or one of the Physician Assistants. They will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.

BICEPS TENODESIS REHABILITATION PROTOCOL

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

Weeks 1-4:

- Sling for 2 weeks
- PROM, AAROM, AROM of elbow without resistance. This gives biceps tendon time to heal into new insertion site on humerus without being stressed
- Encourage pronation/supination without resistance
- Grip strengthening
- Maintain shoulder motion by progressing PROM > AROM without restrictions
- ROM goals: Full passive flexion and extension at elbow; full shoulder AROM
- No resisted motions until 4 weeks post-op
- Heat before PT sessions; other physical modalities per PT discretion

Weeks 4-12:

- Begin AROM for elbow in all directions with passive stretching at end ranges to maintain or increase
- biceps/elbow flexibility and ROM
- At 6 weeks, begin light isometrics with arm at side for rotator cuff and deltoid; can advance to bands as tolerated.
- At 6 weeks, begin scapular strengthening.

Weeks 8-12:

- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Begin UE ergometer
- Begin eccentrically resisted motions, plyometrics (ex-weighted ball toss), proprioception (ex-body blade), and closed chain exercises at 12 weeks.
- Begin sports related rehab at 3 months, including advanced conditioning
- Return to throwing and begin swimming at 3 months
- Throw from pitcher's mound at 4 ½ months
- Collision sports at 6 months
- MMI is usually at 6 months