

BICEPS TENODESIS

POST OP INSTRUCTIONS

 www.TheAmericanOrthopedics.com/resources



Dr. Drew Ratner

INITIAL INSTRUCTIONS

- Ice along with pain medicine are your keys to initial pain management.
- After you arrive home, rest the remainder of the day. You may be tired or nauseated from the anesthesia and/or pain medication.
- You will be in a sling after surgery. You will be in this sling for 2 weeks post-operatively.

WOUND CARE

- Leave the dressing in place for 48 hours following surgery or until you go to physical therapy where they will change it for you.
- After this, remove the dressing making sure to leave the sutures on the incisions in place.
- You may have a small incision in your armpit if a biceps tenodesis was performed.
- It is extremely important to always keep the surgical site clean and dry to help prevent infection.
- Signs of infection include redness, swelling, increased pain, warmth, fever (above 101.4 degrees F) and drainage from the wound. If you note any of these signs, please call the office immediately.

BATHING

- You may shower immediately after surgery but keep incision dry. **5 days after your surgery** you can get your incisions wet as long as the wounds are dry and not draining. Let the water run down over the incisions but do not rub or scrub them.
- If the wounds are draining, wait until they are dry before getting them wet.
- **Do not soak or submerge** the surgical site until the wounds are completely healed (typically 3-4 weeks after surgery).

ACTIVITY

- Keep sling in place most times, but okay to remove to move your elbow, shoulder, and wrist.
- OK to remove sling but no resisted supination or resisted elbow flexion for 8 weeks after surgery.
- May return to **sedentary work** the day after surgery, if pain is tolerable.
- **OK to use computer.** Use your other hand to place your operated-on extremity on the desk or keyboard and allow it to fully rest there without using your own muscles to keep it in position.

PHYSICAL THERAPY

- **You will be discharged with a physical therapy prescription and a physical therapy protocol.** Ideally, you will see the therapist either post op day 1 or 2. The protocol is a description for you and your physical therapist that details all of your restrictions and activities through your entire recovery. Please be sure to give this to your physical therapist.
- Please arrange your post-operative physical therapy appointment. Our office can help you with this if needed. You may start as soon as the day following your surgery, but most prefer the week after surgery. They will guide you in exercises to perform while in the clinic and at home.

Call 864-807-9998 with any questions
about your post-op instructions.



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864-807-9998

SLING/IMMOBILIZER

- You will be placed in a sling after surgery and should be worn a majority of the time.
- Keep your elbow position against the pillow and even with your side or in front of this position to minimize stress on the repair.
- You will be wearing the sling for 2 weeks.

ICE THERAPY

- Icing is very important to decrease swelling and pain and improve mobility.
- Please use ice for 20 minutes each hour over surgical site.
- After 24 hours, continue to use the ice 3-4 times a day, 15-20 minutes each time.
- Be sure to keep clothing or a towel between ice and skin, as placing the ice directly on skin may cause frostbite. **Do not place directly on skin.**

MEDICATIONS

- **If placed, nerve blocks and pain medication injected into the wound will wear off 8-24 hours after surgery.**
- You will be given a prescription for Tylenol (Acetaminophen) 500mg which you will take every 8 hours for the first 30 days.
- You will be given a prescription for Ibuprofen 800mg which you will take every 8 hours for the first 30 days. This is an anti-inflammatory. If you are on an anti-inflammatory at baseline (ex: Celebrex, meloxicam), you will not take Ibuprofen in addition.
- You will be given a prescription for Aspirin 81mg to take twice per day for 30 days to prevent blood clots. If you are on a blood thinner at baseline, you will not take aspirin in addition.
- You will be given a prescription for a narcotic pain medication. This should be taken every 8 hours as needed for **breakthrough pain**.
- Common side effects of narcotic pain medications include:
 - Nausea- Take medication with food. If prescribed you may use anti-nausea medication. If nausea persists, call the office to consider having the medication changed.
 - Drowsiness
 - Constipation - We recommend purchasing an over-the-counter stool softener (such as colace) to take as directed while taking narcotics to prevent constipation.
- **Do not drive a vehicle or operate heavy machinery while on narcotic pain medications.**
- **Do not mix narcotics with alcohol.**
- **Ice and elevation** will aide in additional pain control.
- Please take all medications as prescribed.

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POST-OP OFFICE APPOINTMENT

- Your first post-operative visit should be scheduled in the office prior to surgery. If the appointment was not arranged prior to surgery, please contact the office.
- You will be seen for follow up visits at 2 weeks, 6 weeks, 3 months, and 6 months.

EMERGENCIES OR CONCERNS

- Email Dr. Ratner at drewratner@theamericanorthopedics.com
- Or call the office at 864-807-9998 or go to the nearest ER if you have any of the following:
 - Any abrupt change in the nature or severity of pain
 - Redness or swelling in your thigh or calf that does not go away or is getting worse
 - Redness around incisions
 - Continuous drainage or bleeding from the incision (occasional drainage is expected)
 - Develop a fever greater than 101.4 degrees F
 - Chest pain, shortness of breath, intractable nausea/vomiting, or anything else concerning
 - Difficulty moving your fingers or extreme pain when moving your fingers
 - Numbness or tingling that does not go away or is getting worse
 - Cold extremity or color change in extremity (Please be aware that the skin prep in surgery may have an orange, brown, or blue tint)
 - If you have an emergency that requires immediate attention, proceed to the nearest emergency room

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