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Recovering From Your Distal Biceps Repair Surgery

Congratulations! Your surgery is over. You are on your way to recovery. Although the actual surgical procedure is a critical part of your successful recovery, the postoperative course is as important if not even more important. The tissue that we repaired takes about 3 months to heal. If you do too much, too little or the wrong activities before then, you can jeopardize your outcome. Therefore, it is essential that you follow the instructions listed below.

WOUND CARE

1. There is no particular wound care needed. The incision site is sealed now and will fully heal over time. You do not need to cover it and you may get it wet. Salt water, chlorinated water, even lake water is now ok. Soap on the incision is permitted as well. The steri-strips can get wet. Afterwards dry them. In a week or two, they will begin to “curl up”. You may remove them at that time.

PROMOTING HEALING

1. If you smoke, this would be a good time to cut back or quit. Smoking can interfere with your repaired distal biceps from healing

PROPER ACTIVITIES

1. There are two ways that you can ruin your surgery. One is by having an abrupt injury - So be very careful throughout your day and wear your brace as instructed. The other is by performing too many frequent small activities with your elbow. Just as bending a paperclip once isn't enough to break the clip but repeatedly bending it causes it to snap - Moving your elbow too much or too often can break the sutures holding the repair together or may cause the sutures to tear through the repaired tissue. So in order to limit your activity in the early **critical** period, wear your brace full-time and follow the specific brace instructions that we have recommended.
 1. **Full-time** means that you must wear the brace at all times unless in the shower, PT or doing exercises that either your physical therapist or I have approved.
2. In the beginning of your recovery, when your tendon is not yet healed to bone, if you flex (bend) your arm, by moving your elbow out of the brace or if your arm is forced to extend (straighten) more than it is able, you will be pulling on the repair site. This can lead to failure of the repair.
3. Additionally, in the beginning of your recovery, when your tendon is not yet healed to the bone, if you lift too much weight in your hand/arm, or twist your arm (like a screwdriver motion) with too much resistance, you will be pulling on the repair site. This can also lead to failure of the repair.

4. It is common to wonder what specific activities are permitted during your recovery. As the tendon heals and as you regain more function, it will become safer for you to do more. As a result, what you are permitted to do at any given time is often hard to specify during our office visits because it is a “moving target”. Throughout your recovery, the best way to know what activities are safe and permitted is to initially follow our instructions precisely and later to use your physical therapy visits to define these.

Once you are in PT, if you have done a particular activity in PT and you have done it well, without any residual issues and if your physical therapist has agreed with that, then that particular activity will be permitted outside of PT. However if you have not tried a specific activity in PT or you were “unsuccessful” in attempting it, then you should not do that activity outside of PT. The following criteria will define any particular activity:

1. **Your range of motion.** You will ultimately regain full range of motion. However, until then, it is important to not straighten your elbow more than you have been instructed to do.
2. **How much weight you lift.** Ultimately you will work on strengthening your elbow. You should not lift more outside of PT than you have successfully lifted while in PT.

ASSISTANCE WITH PAIN CONTROL AND SLEEP

1. The pain medications that you were given, can cause a number of undesired issues (drowsiness, intoxication, constipation, nausea and dependency). We understand that the surgery you had is painful and that these medications are often needed but we recommend reducing how much you take as soon as you are able. Some strategies to help with this are: increase the time between doses, cut the pills in half, get a newer, lower dose medication, take an anti-inflammatory medicine (Advil, Motrin, Aleve, Ibuprophen, etc.) with or in place of your prescribed medication or take Extra Strength Tylenol (Acetaminophen) **instead** of the narcotic medication.
 1. You cannot take Tylenol **along with** (Percocet, Norco or the generics for these two) but you can take it **in place** of these medications.
2. If you are having difficulty sleeping since your surgery, be assured that this will improve. In the meantime there are several strategies to help:
 1. Sleep with the head of your bed upright
 2. Take your pain medication as close to bedtime as possible
 3. Consider taking Melatonin 5-10 mg 20 minutes before bedtime. Melatonin is a natural hormone that helps us sleep. It can be purchased at any pharmacy. There are extended release forms that may be even more helpful.

DRIVING

1. Driving while wearing a brace is felt to be much less safe than driving without one. Additionally, the repetitive motions necessary to drive safely, may put your repair at risk. Finally, your auto insurance may not be in effect if you are driving with a brace. For these reasons, I do not recommend driving during the first 6 weeks of your recovery and even beyond that until you feel that you can do so safely.
3. When returning to driving, you may consider practicing in a school parking lot on weekends or some other low traffic area before driving on main roads.

RETURN TO WORK OR SCHOOL

1. Returning to work or school (as well as other social interactions) is critical to recovering from a surgery such as yours. Social isolation can impair your ability to heal. Getting up and out of bed at a regular time each day, showering, dressing in street clothes, leaving the house, socializing and having responsibility, have all been shown to have a positive affect on surgical healing. For these reasons, I suggest returning to work or school as soon as you can. Often, employers will accommodate modified work or limited hours if asked. If needed, we will be happy to provide you a note that details your limitations.