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## **Post Op Instructions: Distal Biceps Tendon Repair of the Elbow**

During this procedure, an incision is made just beyond the crease of the elbow, and the end of the ruptured biceps is trimmed and reattached into its normal insertion on the radial bone of your forearm.

### **SLING**

You may have been placed in a sling for comfort. Remain in this sling for the first week until you no longer feel that you need it. You may remove it for showering and dressing. You may use it at night if you roll on it in your sleep, or when you're out and about in public, to avoid inadvertent contact. However you do not have to wear the sling at all times, only for comfort.

### **BANDAGES/DRESSING/BATHING**

If you have been placed in a splint keep this in place until your first post-operative appointment. Keep it clean and dry. You can keep it dry by using a plastic bag (such as a clean garbage bag) over the dressing as a cover. Secure it with tape to prevent getting the splint wet. If you do not have a splint you can remove the soft dressing on post op day three. If the dressing is saturated prior to day three you can change it sooner. On day three you may bathe and gently wash your incision with soap/water (if you do not have a splint on). Pat dry after bathing and cover with clean, dry gauze.

### **SWELLING**

Some degree of swelling of your forearm, hand and fingers is normal. Swelling can be decreased by elevating your elbow. The swelling can be further controlled by use of ice or cold therapy directly over the surgical site. If this does not help then you may loosen the dressing to decrease compression.

### **BRUISING**

Because bleeding from the surgical site cannot escape, it typically travels under the skin to the most "dependent" part of the extremity. An evolving bruising of the forearm or hand, which can increase over the first few weeks, is normal, and will ultimately resolve.

### **FEVER**

A low grade fever (less than 101°) is common within the first 3-5 days following surgery. If the fever is higher or lasts longer, or is accompanied by increasing pain at the site of surgery, you could have an infection. If this occurs, please call our office for advice.

## ACTIVITY

You may use the elbow based on the degree of your comfort. The goal initially after surgery is to regain range of motion, while avoiding any lifting or carrying. You may drive when you have good control of your arm are off narcotic pain medication. Try to take it easy for the first week or so after surgery.

## MEDICATIONS

You were given one or more of the following medication prescriptions before leaving the hospital. If you need a refill on your medication, please call the office by early Friday morning to insure that you will have our medications over the weekend.

Narcotics (Oxycodone, Hydrocodone): Some patients do not like to take medications but if you wait until your pain is severe before you take the narcotic pain medication, you will be very uncomfortable. Try to stay ahead of your pain. Always take the medications with food and do not drive while taking narcotic pain medications. Narcotic pain medications can cause side effects, the most common of which is nausea and constipation. If this occurs, trying taking zofran or phenergan to control the nausea. Also you might need to temporarily use a stool softener to alleviate the constipation.

Non-Steroidal Anti-Inflammatory Drugs (Advil, Motrin, Naprosyn): During the first two days you may occasionally take an NSAID tablet between doses of narcotic pain medication. Always take NSAID with food. Do NOT take NSAIDS if you have an ulcer or a history of problems taking NSAIDS.

Acetaminophen (Tylenol): The provided pain medicine narcotic will typically contain acetaminophen so do not take additional acetaminophen to control your pain.

Anti-Nausea Medication (Phenergan, Zofran): Try to stay ahead of your nausea and take the medication as soon as you begin to feel nauseated.

Antibiotics (Keflex, Clindamycin, Levaquin): Depending on the procedure you may have been discharged home with a course of antibiotics, take them as directed.

Regional Anesthesia Injections: You may have been given a regional nerve block either before or after surgery. This may make your entire leg numb for 12-36 hours after surgery.

## FOLLOW UP

You should be scheduled for a post-op appointment within the first 7-14 days following surgery, at which time we will review your post-operative program and answer any of your questions.

## PHYSICAL THERAPY

Physical therapy should start one week after surgery, once the splint has been removed.

## IN CASE OF EMERGENCY

Please contact me (Curtisbush@texashealth.org) or call the office phone number in case of an emergency. If your call or email is after hours or on the weekend, your call will be patched through to the answering service and either myself or one of my associates will assist you.