Postoperative Guide for Distal Biceps Reimplantation - Dr. Trueblood

You are going home after having your biceps tendon surgery. This does not mean that you are on your own. Please read the instructions below carefully and if you have any other questions or concerns, there is always someone available to talk you through your troubles. If it is between the hours of 8AM and 4PM, please call the Advanced Orthopedic Specialists main number (573-335-8257) to speak with Leslie, Dr. Trueblood’s nurse.

After office hours, you can reach the orthopaedic surgeon on-call through our answering service at 573-388-2626 (the main number will get you to the answering service, too, if you forget).

Protecting Your Repair

- **No lifting, pushing, or pulling with your injured hand.** Acceptable activities include typing, writing, and lifting a lightly-loaded fork as necessary in order to feed yourself.
- **Wear your sling.** The sling is an excellent reminder to limit the use of your injured arm both while awake and when asleep. It is also a signal to everyone around you that this arm is off-limits. Please use it at all times except while doing range-of-motion exercises.
- **Keep your dressing clean and dry for two days.** Stay in cool, temperature controlled spaces to avoid excessive sweating and moisture around your incision. This will also help to prevent itching skin within your splint. Sponge bathing is the safest technique for personal hygiene, but a trash bag that has been secured over the dressing with Saran-wrap and tape can allow careful use of a shower. Be sure to meticulously dry the bag before attempting to remove it. Water may collect in pockets and creases and then drain down the top of your splint before you have a chance to prevent it, otherwise.
- **On the second day after surgery, you may remove your dressing and shower.** Only let water run over the skin and then pat dry. Do not scrub or soak the arm for at least 3 weeks after surgery. There is acrylic glue sealing your incision from the outside world. This will fall off prematurely if you apply ointment (ex. Triple-antibiotic ointment) or lotion to the area. Please do not do this.

Minimize Pain and Swelling

Even though your incision is quite small, you have had a significant surgical procedure. It is normal to have pain throughout your arm but rest assured that this will pass. The first two days are usually the worst and you have been sent home with more than adequate resources for controlling your pain.

- **Keep your hand elevated above heart level.** Early on, you will want to spend the majority of your time lying on your back with your hand propped up on pillows. When
riding in a car, sit in a reclined passenger seat with your arm draped over your head. As a rule of thumb, if your arm is throbbing, you haven’t elevated it high enough.

- **Move your elbow, wrist, and hand at least 10 times an hour.** Ranging your arm from full extension to full flexion helps to pump the fluid swelling your hand back up toward your heart.

- **Use ice.** Bags of ice, applied over your surgical dressing, can help with swelling even with your splint in place.

- **Take your pain medication.** Dr. Trueblood provided you with a prescription for narcotic pain medication before your discharge from surgery. Please follow the bottle directions with respect to dose and frequency and always take these medications with food. Patients will often report nausea when these pills are taken on an empty stomach.

- **Anti-inflammatory medications can help, too.** While anti-inflammatories like Ibuprofen and Aleve have been theoretically linked to impaired tendon healing, this is far from conclusive. If the interventions discussed above are not adequate for your desired level of comfort, please feel free to take three over-the-counter Ibuprofen (200mg Advil) tablets every six hours or two over the counter naproxen tablets (220mg Aleve) every twelve hours for no more than two days at a time.
  - Patients taking blood-thinning medications or who have chronic kidney insufficiency (your doctor may have talked to you about dialysis) should not take Advil or Naproxen.
  - **DO NOT TAKE TYLENOL** when taking Norco or Percocet, the common narcotic pain medications used by Dr. Trueblood. These pills already use Tylenol and additional Tylenol may injure your liver.

- **Nauseated?** It is not uncommon to experience nausea after anesthesia, despite your anesthesiologist’s best efforts at prevention. Dr. Trueblood also provided you with a prescription for Compazine, an anti-nausea medication. You can safely take one tablet every six hours as needed.

- **Dressing feels too tight?** Some people will swell more than others after surgery. If your dressing begins to feel too tight, you may unwrap your elastic bandages rewrap them as snugly as you find comfortable. If it still feels tight, then you can have a friend or family member split the underlying white padding along the back of the elbow and then rewrap. Please, do not remove your dressing entirely until four days after surgery. If you feel that this is necessary, please contact Dr. Trueblood’s office, first.

- **My forearm is tingly/ numb?** 40% of all patients who have a single-incision distal biceps will experience a temporary decrease in sensation of the thumb side of their forearm and part of the back of their hand. This is because of a stress-reflex in the lateral antebrachial cutaneous nerve that will resolve over the course of 3-6 months. In the meantime, there are no significant functional limitations to the arm and so this is something that we may safely watch and wait to resolve.
• **Is that glue?** Yes. Your incision is sealed with glue over a series of buried, dissolving stitches. Please avoid the use of lotions, liniments, or ointments (including neosporin or antibiotic ointment) on the zone of the incision in order to preserve this water-tight seal.

**Maintain Independence**

• **Don’t get stiff.** Move your elbow, wrist, and hand several times a day with a full range of motion.

• **Plan ahead.** A freezer full of frozen, easily prepared meals can be really useful, as can a collection of pre-signed checks for bills while your hand is out of commission.

• **Plan your rides for your first two office visits.** These will be 2 weeks and 6 weeks after surgery, respectively. You will also have 1-2 therapy visits a week between weeks 4 and 6.

• **Monitor your supply of pain medication.** No one wants for you to have to do without, but please remember that our office policy is to not call in pain medication prescriptions after hours or on the weekend. Call at least 24 hours in advance of running out to make sure that we have time to refill your prescription.