

Repair of biceps tendon rupture at the elbow

Information for patients from patients

What has happened?

The biceps muscle bends the elbow and rotates the forearm. The muscle is attached to the forearm bone (radius) by its tendon. Tendon overuse, overstrain or acute injury has led to the biceps tendon being pulled off the bone at the elbow. The surgery aims to pull down the tendon to the elbow again and to fix it back on. After surgery, the aim is to allow it to heal back onto the bone and so you will need to avoid any tension on the biceps tendon repair, at least initially.

Before surgery

The lead up to surgery is usually easy with a series of checks to ensure you are well and make sure the anaesthetic will go smoothly. However, you do need to plan for after surgery. Have some painkillers (paracetamol and ibuprofen) at home to use as and when needed (though these can also be provided by the hospital). If your dominant arm is affected you will not be able to do any of the usual house and garden jobs for several weeks. Also driving will not be possible for about 3-4 weeks, depending on your speed of recovery. Your consultant and physiotherapist will advise you on this in more detail after the operation.

After surgery

Most patients will have no problems with the fairly short anaesthetic required. You will have a sling on when wake up in the day case unit, and a large bandage on your arm (the bandage stays on for about 5 days). You should be in day surgery for 3 to 4 hours before you can be collected. You should have some painkillers to take regularly for the first few days, when your arm will be quite sore. Anti-inflammatories like ibuprofen can also help if needed.

Initially keep your sling on day and night. This prevents waking up and stretching your arm out, or doing this during the night. You cannot fully straighten your arm out after the surgery until the tendon has healed back onto the bone. If your dominant arm is affected then toileting can be difficult using the other hand, having some 'baby wipes' to use at home can make this easier.



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There are risks with any surgery. There is a small risk of infection, bleeding and a very small risk of developing extra 'new' bone around fixed tendon (heterotopic ossification). There is a small risk of temporary nerve irritation, which is not common but can occur because one of the nerves to the hand and arm has to be pulled gently to one side during the operation. Some patients may have some numbness and tingling of the back of the hand, which is present on waking up after the operation. In 3% of cases the nerve can be damaged and the muscles to the hand are affected. Every effort is made to try and avoid this. If you have numbness and tingling only, the nerve will usually recover within a week or two after the operation. Ask your consultant or physiotherapist more about this if it does occur.

Showering is also difficult, as your bandage and sling need to be kept dry at all times. Using the shower and turning it on and off when needed can help. Also consider using cling film around your arm bandage and lightly sealing this at each end using 2 rubber bands or some sellotape. This must be removed after your shower.

Aftercare

Most patients have some gentle exercises to start from day 2. This may mean just allowing your arm to hang down (e.g. while lying across a bed) and allowing it to straighten to where it is comfortable. You will be able to bend your elbow in the sling straight after the surgery. Remember do not use any force to try and straighten your arm. Your physiotherapist will usually see you at the hospital after a few days, when they advise you in detail what you can and cannot do, and what exercises to start with.

Contact your hospital ward or GP if

- You have severe pain
- You develop a fever
- Your wound appears red and lumpy or starts to leak fluid
- You develop arm/leg pain and swelling, or if your arm/leg becomes warmer than usual, or reddish / purplish in colour.
- You develop unexplained shortness of breath, chest pain

Finally remember that for almost all patients things will go well without any of the problems mentioned above.

