

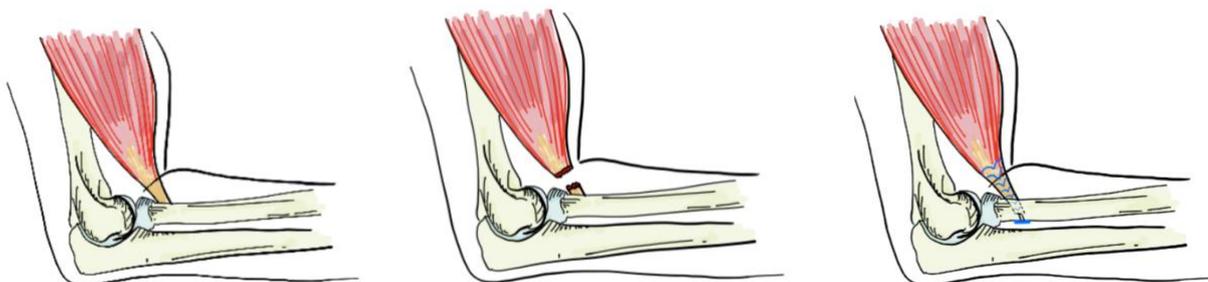
Surgery for Distal Biceps Tear

[Dr Jarrad Stevens Home Page](#)

Injuries and tears to the distal biceps tendon normal occur when a heavy load or object pulls the forearm down while a person is trying to lift up. Not all tendon tears will need surgery. If you have a desk-based job and do not need to regularly lift heavy objects the tendon can be left alone. Normally, good pain free range of movement will be achieved. If the biceps is not repaired, studies have shown that there will be a 30% loss in elbow flexion strength and a 40% decrease in forearm supination strength.

Distal Bicep tears can be managed in a sling. Physiotherapy may help you get good function of the elbow even with decreased power.

Dr Stevens will assess your injury and scans (MRI or ultrasound). If surgery is needed, Dr Stevens can help guide you through the process. A successful outcome will require a recovery period followed by rehabilitation with physiotherapists close to your home.



Normal Elbow

Torn Tendon

Fixed with surgery

If you and Dr Stevens decide that surgery is the best option for your distal biceps injury, you will stay in hospital overnight stay following your surgery. You will be discharged the next day with pain relief to take for the next few days as you need.

You will have a dressing on your surgery site which needs to stay clean and dry for 14 days. A plaster will be placed onto the back of the elbow for 2 weeks.

You can move your hand, fingers and shoulder straight away, but wear the sling provided for most of the day. The sling helps to take the weight of your arm to let the elbow rest.

You can begin to gently move the elbow a couple of days after surgery but do not carry any weight or lift anything during the first 2 weeks.

After 2 weeks you will have an appointment with Dr Stevens to have your wound checked, any stitches will be removed. Dr Stevens will then give you advice on exercises and physiotherapy.

Physiotherapy can be helpful to get your arm and elbow moving and strong again, but do not start this until you have had your appointment with Dr Stevens at 2 weeks.

As with all surgery, there are risks repairing your torn distal biceps tendon. These include infection, delayed healing or no healing of the tendon. Difficulty with pain and range of movement may also occur. Re-rupture or further injury is possible. Damage to an important nerve – the posterior interosseous nerve is a potential complication of this surgery. Damage to structures in the elbow such as nerves and arteries may occur as a result of the injury or surgery.

Rehabilitation following surgery to repair Distal Biceps Tear

STAGE 1 (0-2 weeks)

Pendular type exercises can be started in the first 2 weeks after surgery:

This exercise allows you to gently move the shoulder and arm in a slow circular movement several times a day. It helps keep the shoulder moving so that it does not get stiff.



In the first two weeks leave the plaster on the elbow and move the fingers as best you can.

STAGE 2 (2 - 6 weeks)

The plaster will be removed, the wound reviewed and the sling re-applied. You can move your elbow 30-120 degrees. Dr Stevens will demonstrate this at your appointment.

Grip strength exercise and shoulder movements can be undertaken.

STAGE 3 (6 - 12 weeks)

Full range of movement can begin and physiotherapy may help in achieving this.

STAGE 3 (12 weeks onwards)

Commence strengthening exercises as directed by your physiotherapist

- + Fever
- + Heavy bleeding or ooze from the wound
- + Increased swelling and redness around the surgery site
- + Pain in the calf muscles or difficulty breathing

If you have any of these problems, please call Dr Stevens or his rooms on **03 5752 5020**