

Biceps Tenodesis Pre-Operative Information

Shoulder basic information

- The shoulder is a ball and socket joint at the top of the arm. The normal shoulder has cartilage lining the ball and socket leaving the ends of the bones smooth so they can glide smoothly against each other. There is a small bumper of tissues around the outside of the socket called the labrum which also helps with stability and function.
- If the bicep is inflamed or its attachment in the shoulder is torn, patients can have pain in the anterior (front) part of the shoulder.
- Often times people also may have issues with other portions of their shoulder including the end of the collarbone, the acromion or the rotator cuff.

What happens during biceps tenodesis surgery?

- The surgery is typically performed arthroscopically meaning through a series of small poke holes (portals) instead of a traditional large incision.
- We disconnect the biceps tendon from the labrum and typically if it will hold will reconnect it to the humerus and remove the damaged part of the tendon.
- Removing the unhealthy portion of the tendon removes the ability for the biceps to cause shoulder pain.
- We also address any other problems we identified on exam, on MRI or we see during surgery as well.

What is recovery like after having a biceps tenodesis?

- This is a outpatient procedure for almost all patients meaning you will go home the day of the surgery. If there are specific reasons you will need to stay in the hospital overnight we will discuss these before surgery.
- Ideally, you would have a family member or friend available for at least 1-2 days after the surgery to help you as you will be in a sling.
- You will be in a sling for 4 weeks after surgery and **cannot use your arm for any activities**. The sling will need to be in place for all activities except bathing. This includes sleep.
- Most people return to desk type work within a week of surgery. Manual labor will be a more extensive period of time and we will discuss this individually.
- After 4 weeks, we will allow you to discontinue your sling and start using your arm but we will have restrictions still in place on certain motions and no lifting more than 2 pounds.
- After 12 weeks, the lifting restrictions are discontinued but we recommend slowly returning to regular activities.
- Activities like heavy labor, and sports (tennis, golf) are typically resumed by about 3-4 months.
- Though you will be doing most of your daily activities far before this, patients continue to improve after shoulder surgery for the first 12 months.

Post-op information

- Your post-operative appointment will be scheduled 7-10 days post surgery to check on your progress and obtain x-rays. If you do not have this appointment made at the time of your surgery please call the office and ask for an appointment at 336-375-2300.

Pain control

- Pain is expected and normal after surgery. We use a variety of medicines to minimize pain but it is still normal to have pain for many days after the surgery though it will be manageable.
- It is important to minimize narcotics after surgery as they are extremely addictive and have many dangerous side effects. I use a multimodal pain management regimen to try and control pain while minimizing the number of narcotic pills required.
- Most patients go home with scheduled Acetaminophen (Tylenol), an anti-inflammatory (meloxicam, celebrex or ibuprofen) and a narcotic (oxycodone). It is VERY rare to need a refill on narcotics after surgery and most patients are off them completely by 10 days after surgery.

Physical Therapy

- Physical Therapy (PT) is integral to doing well after a rotator cuff repair. Without a commitment to PT you may very well be worse after surgery due to stiffness or weakness. PT will usually be twice a week for the first 12 weeks. **If you are unwilling to participate fully in PT, this surgery may not be appropriate for you.**
- PT will typically start about 1 week after surgery but will discuss your plan individually. You will be provided a physical therapy prescriptions at the time of your first visit after surgery.

Anesthesia

- You will be fully asleep for the entire procedure.
- For the vast majority of patients, anesthesia is very safe. There are specific risks with any anesthetic procedure and the anesthesiologist or nurse anesthetist will discuss these with you at the time of surgery.
- Regional anesthesia, in the form of a nerve block, may be considered in the setting of shoulder replacement but it also has risks and benefits.
- Your anesthesiologist will speak to you prior to the procedure to go over the pros and cons of anesthesia options. **Ultimately, the decisions about anesthesia are made by you.**

Risks of surgery

- A biceps tenodesis is a surgery and like all surgeries there are potential risks. The vast majority of patients have a good outcome and are happy they had surgery.
- Infection, stiffness, nerve and vessel injuries, and rotator cuff issues are all extremely uncommon but have been reported in the literature.
- Smoking, diabetes and other medical conditions all negatively can affect your healing.
- The biceps is a small tendon and occasionally in a small percentage of patients it doesn't heal the way we predict. If this happens you thankfully will have no functional deficit but you may have some mild asymmetry side in the appearance of your arm.

For more information visit the patient information section at drdaxvarkey.com or scan below

