**ROBERT PETTIT, MD**

*Restoring Function. Maximizing Performance.*

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

**(513) 354-3700**

FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

SHOULDER · PREPARING FOR SURGERY

# Preparing for Your Biceps Tenodesis

*A Guide to Your Surgery*

| PROCEDURE | SETTING | ANESTHESIA | RECOVERY |
|---|---|---|---|
| Shoulder surgery | Typically outpatient — most patients go home the same day | General or regional — reviewed with anesthesia | Personalized week-by-week protocol |

Biceps tenodesis — the long head of the biceps tendon is detached from inside the joint and secured to the upper arm bone.

## 01 A MESSAGE FROM DR. PETTIT

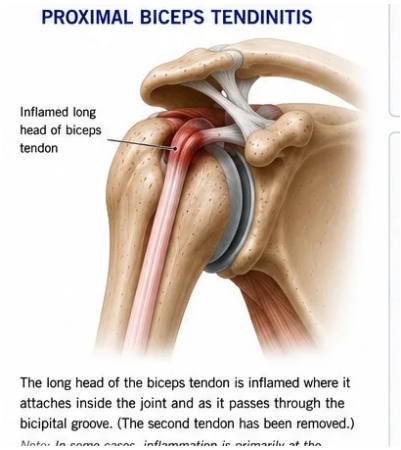
Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Biceps Tenodesis is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your biceps tenodesis, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

*Sincerely,*
***Robert J. Pettit, MD***

## 02 ABOUT YOUR BICEPS TENODESIS

**PROCEDURE ILLUSTRATION**




*Shoulder anatomy · for education; your anatomy may differ*

The long head of the biceps tendon can become a source of pain when it is inflamed, frayed, or torn where it enters the shoulder. A biceps tenodesis relieves this pain by detaching the tendon from inside the joint and securing it to the upper arm bone (humerus) in a more natural position.

Biceps tenodesis detaches the long head of the biceps tendon from its irritated origin inside the shoulder joint and reattaches it to the humerus outside the joint, relieving pain while preserving biceps function and appearance.

*Want to see how the procedure is done? Watch an animation and read more at Orthopedia patient education.*

## 03 IS THIS THE RIGHT PROCEDURE FOR YOU?

**Why it may be recommended**

— Persistent biceps tendinitis or partial tearing not responding to conservative care

— Biceps instability or SLAP tear where tenodesis is preferred over repair

— Often performed alongside rotator cuff or labral surgery

**What it is intended to achieve**

— Relieves pain from a damaged or irritated biceps tendon

— Preserves the normal contour and strength of the biceps muscle

— Avoids the "Popeye" deformity that can occur with simple tendon release

## 04 RISKS TO UNDERSTAND

Risks include infection, stiffness, residual cramping-type discomfort, and, rarely, failure of the tenodesis fixation. Dr. Pettit will explain how this fits into your overall surgical plan.

## 05 IN THE WEEKS BEFORE SURGERY

— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required

— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery

— but never stop a prescribed medication without instruction from the prescribing doctor

— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery

— this is especially important for tendon, ligament, cartilage, and bone healing

— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night

— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time

— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.

— Stop NSAIDs and blood thinners as directed

— Arrange help at home, since your arm will be in a sling

— Follow fasting instructions before surgery

## 06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

## 07 WHAT TO EXPECT AFTER SURGERY

— You will go home in a sling, generally worn for a few weeks to protect the tenodesis

— Physical therapy restores motion, then gradually adds biceps and shoulder strengthening

— Return to full activity is typically around 3–4 months

— Wear your sling as directed

— Avoid resisted elbow bending or lifting early on, per protocol

— Ice regularly to manage pain and swelling

— Begin physical therapy per your protocol

**Recovery timeline**

— Weeks 0–4: sling for 2–4 weeks; no lifting or resisted biceps use for the first 6 weeks

— Weeks 6–12: active motion progression

— Months 3–4: strengthening

— Months 4–6: return to full activity

> Your detailed, week-by-week recovery instructions come in your **post-op protocol**, which Dr. Pettit and our team will review with you and provide in print and online at **robertpettitmd.com/protocols/open-biceps-tenodesis.pdf**

## 08 POST-OP QUICK REFERENCE

Keep this section for after your surgery. These highlights are drawn from Dr. Pettit's Shoulder Arthroscopy with Biceps Tenodesis post-operative protocol — your procedure may use a different variant, so always follow the copy you receive at surgery.

### Medication management

You have been given a regional anesthetic block prior to your operation; this will wear off in the evening following your surgery. We recommend taking pain medication once you feel the block wearing off. You may find it beneficial to sleep in a recliner or propped up with pillows in the days following surgery.

1. **Pain Medication**: Tylenol 1000mg every 8 hours and, unless discussed otherwise, you have been prescribed a narcotic pain medication (Oxycodone 5mg) to take every 4-6 hours as needed.
   - DO NOT drive/use any heavy machinery, drink alcohol, make any life-changing or legal decisions (i.e. sign a will), or participate in activities that require a lot of physical skill, as narcotics may change your mental acuity. On rare occasions they may cause confusion or disorientation, we advise you to discontinue this medication should that occur.
   - Narcotics can be addictive. Dispose of any excess medication at a police/fire station.
   - Take a stool softener (e.g. Colace) while taking narcotic medication, as narcotics may cause constipation. If this does not help alleviate your constipation, you can try adding miralax or milk of magnesia. Please call our office if this regimen does not alleviate your constipation.
   - If you have any questions or concerns about narcotic strength medications, please contact us.
2. **Anti-nausea**: Zofran (Ondansetron): Take as prescribed if needed for nausea
3. **Anti-Inflammatory**: Unless contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Ibuprofen 800mg) for use postoperatively. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed: Ibuprofen every 8 hours with food to help reduce swelling and pain. **Do not take other NSAIDs (Celebrex, Advil, Aleve, etc) with Ibuprofen.**
4. **Muscle relaxer**: Flexeril (Cyclobenzaprine) for muscle spasms. Take this as needed, it will make you drowsy.
5. **Antibiotic**: You will be given a prescription antibiotic, IF you do not stay overnight in the hospital, as a precaution for 7 days. Take twice a day with food.

**Tylenol and Celebrex/Ibuprofen are the foundation for your pain control regimen.** Example dosing: 1000mg Tylenol then 4 hours later 800mg Ibuprofen then 4 hours later repeat — every 4 hours alternate between Tylenol and Ibuprofen. Oxycodone as needed for breakthrough pain. *You should not exceed 3,000mg of Tylenol or 3,200mg of Ibuprofen in 24 hours.

### Sling & Weight Bearing Status

— With an Arthroscopy with Biceps Tenodesis, you will be placed in a sling

— You need to wear the sling for 2-4 weeks. It should only be removed for showering and for your exercises

— You should not bear weight with your arm or use your arm to lift anything until 3 months after surgery

### Follow-up appointment

— Your first post-operative appointment will be scheduled 7-10 days following your surgical procedure. If you do not have a post-operative appointment scheduled when you leave following surgery, please call 513-441-5639 to make the appointment. ***

***Signs & Symptoms to Immediately Report***

Call **911** and go to the nearest hospital if you are having chest pain or trouble breathing.
Call the office at **513-354-3700** to report any of the following:

— Persistent fever (101 or greater)
— Sudden increase in pain and swelling
— Wound redness or drainage (besides blood)
— Increased skin temperature around incision
— Deep calf pain and swelling
— Severe abdominal pain

**Your home exercise program.** Dr. Pettit will guide you through a staged exercise programme after surgery. The full **Shoulder Home Exercise Program**, with photographs and dosages for every exercise, is available at **robertpettitmd.com/exercise-programs/shoulder.pdf** — follow the specific instructions you are given at your visits.

## 09 COMMON QUESTIONS

**Will my biceps look different after this surgery?**

Tenodesis is specifically designed to preserve normal muscle contour, unlike simply releasing the tendon.

**How long until I can lift with that arm again?**

Resisted lifting is typically restricted for several weeks to protect the new fixation site while it heals.

## 10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

**Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700**

SCAN FOR THE LATEST VERSION ONLINE

**robertpettitmd.com/handouts/prepare/biceps-tenodesis.pdf**

*This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.*