ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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UPPER EXTREMITY · PREPARING FOR SURGERY

Preparing for Your Distal Biceps Repair

A Guide to Your Surgery

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

Distal biceps repair — the torn tendon is reattached to the radius with a button or anchor.

01 A MESSAGE FROM DR. PETTIT

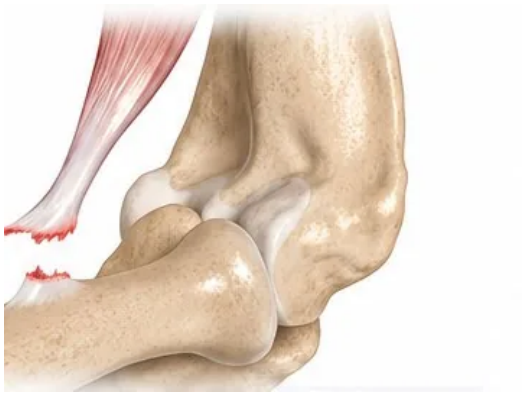
Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Distal Biceps Repair is a highly effective 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 distal biceps repair, 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 DISTAL BICEPS REPAIR

PROCEDURE ILLUSTRATION



Upper Extremity anatomy · for education; your anatomy may differ

The distal biceps tendon attaches the biceps muscle to the forearm and powers bending the elbow and turning the palm up. A tear pulls this tendon off the bone. Repair reattaches it — commonly with a small metal button and/or anchors — restoring bending and rotation strength.

Distal biceps repair reattaches the torn biceps tendon to the radius bone at the elbow using suture anchors or a button fixation technique, restoring elbow flexion and forearm rotation strength.

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

— Complete distal biceps tendon rupture in an active patient
— Significant weakness with elbow bending or forearm rotation
— Desire to return to heavy lifting or manual labor

What it is intended to achieve

— Restores elbow flexion and forearm rotation strength
— Best results with prompt repair after injury
— Well-established procedure with predictable recovery

04 RISKS TO UNDERSTAND

Risks include infection, nerve irritation (including sensory changes in the forearm), stiffness, and re-rupture. Dr. Pettit will discuss the specific fixation technique planned for your repair.

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.
— Complete pre-operative clearance and labs promptly, since earlier repair is preferred
— Stop NSAIDs and blood thinners as directed
— Arrange help at home for the first week
— 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 splint or sling; motion is protected early and advanced on a set schedule
— Physical therapy restores motion first, then adds strengthening as the tendon heals to bone
— Return to full lifting is typically around 4 months
— Wear your brace as directed with restricted motion
— Avoid resisted lifting or forceful forearm rotation until cleared
— Ice regularly to manage pain and swelling
— Begin physical therapy per your protocol

Recovery timeline

— Weeks 0–6: brace with limited motion
— Weeks 6–12: progressive active motion
— Months 3–4: strengthening
— Months 4–6: return to heavy lifting and sport

> 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/distal-biceps-tendon-repair.pdf**

08 POST-OP QUICK REFERENCE

Keep this section for after your surgery. These highlights are drawn from Dr. Pettit's Distal Biceps Tendon Repair 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 a Distal Biceps Tendon Repair, you will be placed in a splint or hinged elbow brace
- If you are in a splint, you will be changed to a hinged elbow brace at your first post-operative visit (about 1 week after surgery)
- 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 **Elbow & Forearm Home Exercise Program**, with photographs and dosages for every exercise, is available at **robertpettitmd.com/exercise-programs/elbow.pdf** — follow the specific instructions you are given at your visits.

09 COMMON QUESTIONS

Will I regain full forearm rotation?

Most patients regain excellent rotation and flexion strength, particularly with prompt, well-timed repair.

Is numbness normal after this surgery?

Some patients notice temporary sensory changes near the incision, which usually improve over time.

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/distal-biceps-repair.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.