Patient information leaflet – Biceps Tenodesis/Transfer

DIARMUID MOLONY
ORTHOPAEDICS

For background to biceps problems please see our website. You can find this section under services, shoulder and then biceps tendon.

Your operation aims to resect the diseased segment of the long head of the biceps and transfer the remaining tendon outside the shoulder. The stump is reattached to bone (tenodesis) using an anchor or transferred to the muscle belly. The release is usually performed through keyhole surgery (arthroscopically). The re-attachment is usually done through a small incision in the front of the armpit. The procedure is usually done under a general anaesthetic and can usually be completed as a day case.

A tenodesis or transfer is sometimes done on its own but often forms part of another procedure such as a rotator cuff repair. In this instance the rehab program for the cuff supersedes what follows here. Because of this you may be given more or less restrictions during rehab than detailed below. The following is intended as a guideline only.

Risks

All operations involve an element of risk and you should be aware of the risks before and after your operation. These include but are not limited to:

1. Complications relating to the anaesthetic such as sickness, nausea or rarely heart or lung problems including chest infections and heat attack. There is also a very small risk of stroke. Where a nerve block is used, there is the potential for nerve injury or infection around the nerve.

2. Infection. These are usually superficial wound problems requiring only antibiotics but occasionally deep infection may occur (<1%) and this may require revision surgery.

3. Post-operative pain. An element of pain is unavoidable but we do our best to minimise this with a combination of local anaesthetic and strong pain-killers. Persistent pain for isolated biceps surgery is not common. Occasionally a frozen shoulder can follow surgery and this may cause more prolonged pain.

4. Sometimes it is not possible to transfer or tenodese the muscle because it is too badly damaged. Likewise where the quality of the tendon is poor, the tenodesis may fail (the tendon pulls out). In this instance there may be some short term pain but it usually settles. Significant functional deficit is not common although the appearance of the muscle may change.

5. Damage to nerves and blood vessels around the shoulder.

6. Because a drill hole is placed in the bone for a tenodesis, there is a small risk of fracture related to this.

7. The risk of a deep vein thrombosis or pulmonary embolism (blood clots) is very low following shoulder surgery. Anticoagulants to prevent these are rarely required. This will be assessed based on any other risk factors you might have.

Will it be painful?

Although the operation is performed to relieve pain, it may be several weeks until you begin to feel the benefit. Our anaesthetic team may offer you a pre operative nerve block. This does help with post op pain control and your anaesthetist will discuss the risk/benefit of it with you. Where a block is administered, post-operative pain control is usually good but the duration will be limited so it important that you take your pain medication before the block wears off. Pre loading your systemic pain control in this way will prevent you from getting sudden onset of severe post-operative pain when the block wears off.

A prescription will be given on discharge but If you require further medication, please visit your General Practitioner. In addition cryotherapy (ice packs) is useful. In general the more simple the better. If a cryotherapy device is complex for you to put on, you are less likely to use it! Often a simple bag of frozen peas is as good as any. Be careful to protect your skin with a towel or similar as direct application of cold packs may damage your skin. Leave the pack on for 10 to 15 minutes and repeat this several times a day.

PLEASE LET US KNOW OF ANY ALLERGIES OR MEDICATION INTOLERANCES IN ADVANCE OF SURGERY

Do I need to wear a sling?

Your arm will be immobilised in a sling. This is typically 4 weeks for an isolated biceps procedure. Movement of the shoulder is usually permitted but there may be limits where the biceps has been addressed as part of another procedure. You will be shown how to get your arm in and out of the sling by a nurse or physiotherapist prior to discharge. The sling can be removed for washing and to perform your exercises. You may need to rearrange pillows etc to make sleeping positions more comfortable.

Do I need to do exercises?

Physiotherapy is an essential part of shoulder surgery. It is important you engage fully with a physio program post operatively. You will need to get into the habit of doing regular exercises at home for several months. This will enable you to gain maximum benefit from your operation. In general you will be seen by a physiotherapist before discharge from hospital but you should seek to see a physio comfortable with managing shoulder problems in a unit convenient to you within the first week or two post operatively. Further guidance is available on our website.

Use pain-killers and /or ice packs to reduce the pain before you exercise. It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises ,especially early on. Exercising in short, frequent sessions (e.g. 5–10 minutes, 4 times a day) rather than one long session is wise. If you experience intense and lasting pain (e.g. more than 30 minutes), reduce the exercises by doing them less forcefully, or less often. If this does not help, discuss the problem with your physiotherapist. Certain exercises may be changed or added for your particular shoulder. Do not be tempted to "borrow" a program designed for someone else's shoulder!

What do I do about the wound and the stitches?

Keep the wound(s) dry until healed. This normally takes 10 to 14 days. You should see your GP at the 2 week post op mark for removal of sutures. Please arrange this with your family doctor preoperatively so as to avoid late removal of sutures which can be uncomfortable. You can shower/wash and use ice packs but protect the wounds. Dressings should be changed at 5 days. Avoid using spray deodorants, talcum powder or perfumes near or on the scar. Where there are concerns regarding your wounds please contact my office and we will arrange an early review if necessary

Are there things that I should avoid doing?

Where performed as part of another surgery, the following will be superseded by the other procedure. For isolated biceps surgery for the first 4 weeks limit the use of the arm for everyday activities. Use the sling when out and about but remove it for controlled exercises and when at rest. Gently moving the arm is ok but loading elbow flexion too early may disrupt the tendon repair. Heavier lifting (e.g. digging the garden, manual work) should be avoided for 3 months. Graduate the addition of load according to your physio

Within these general instructions, be guided by pain. It is normal for you to feel discomfort, aching and stretching sensations when you start to use your arm. Intense and lasting pain (e.g. for 30 minutes) is an indication to reduce that particular activity or exercise. In addition, avoid sudden or forceful movements particularly those involving weight.

When can I return to work?

If wearing a sling precludes you from doing your job then obviously time frames related to the sling requirement will dictate your return to work. Likewise inability to drive may dictate this also. For most desk jobs 2 weeks should suffice to allow for pain control and early mobility. For heavy manual work you will be out of work for 3 months. Please be conscious of this and make plans for help to be available for the postoperative period. No matter how well the surgery goes, if you challenge the soft tissues too severely in the post operative period you may disrupt the repair prior to healing having been completed. Adhering to the physio plan and doing enough but not too much rehab is key to a successful outcome in the end.

When can I drive?

You may be able to drive an automatic after 2 weeks but usually it will take 6 weeks until you can drive. If you have a manual, return to driving for any procedure will take 6 weeks minimum. It is important you advise your insurer of your surgery and that you are sensible about returning to driving. We would advise that you try driving in a safe environment first before returning to the road. Check you can manage all the controls. It is advisable to start with short journeys. The seat-belt may be uncomfortable initially but your shoulder will not be harmed by it.

DO NOT DRIVE OR OPERATE MACHINERY OR POWER TOOLS IF TAKING NARCOTIC PAIN MEDICACTIONS

When can I participate in leisure activities?

Your ability to start these will be dependent on the pain, range of movement and strength that you have in your shoulder following the operation. This is likely to be in the order of 3 months even for low demand sports. Make sure you have the necessary range of motion and strength for your chosen sport prior to returning to play. Your physio will guide you on this. Please discuss activities you may be interested in with us pre operatively so we can help you to have realistic expectations about return to play. When you do get back start with short sessions, involving little effort and gradually increase demand.

If you have any specific concerns, please ask either in the clinic or at the time of consent pre- operatively. It may be helpful to write any questions you may have down prior to your consultation or when we review you on the morning of surgery. You may wish to educate yourself regarding your shoulder condition. For further information please consult our website www.dmorthopaedics.ie. You can also call us during office hours on 089-4004995 or email us on info@dmorthopaedics.ie.

In case of emergency there will always be a member of the orthopaedic team on call in Tallaght hospital so you may attend the A/E there and look to be seen by orthopaedics on call. In addition there are A/E facilities in the Blackrock Clinic which may be able to help you and who will liaise with us as necessary. If you are based outside of Dublin and have an emergency please contact your GP out of hours service or your local A/E.