

Rachel M. Frank, MD
Kevin Shinsako, PA-C

Department of Orthopaedic Surgery - Sports Medicine
University of Colorado School of Medicine
www.RachelFrankMD.com



CU Sports Medicine – Denver

2000 S. Colorado Blvd.
Colorado Ctr, Tower One, Suite 4500
Denver, CO 80222
P: (720) 848-8200
F: (720) 848-8201

UC Health - Inverness

Orthopedics and Spine Surgery Center
175 Inverness Dr West, Suite 400
Englewood, CO 80112
P: (720) 516-9863
P: (303) 694-3333

UC Health - Anschutz Medical Campus

Anschutz Outpatient Pavilion
1635 North Aurora Court, 2nd Floor
Aurora, CO 80045
P: (720) 848-1900
F: (720) 848-1912

Bicep Tenodesis – Postoperative Instructions

- **Wound Care:** After surgery, the wound is covered with gauze pads and tape. These should be left in place for **3 days**. Due to the large amount of fluid used during arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood soaks through the dressings, please call Dr. Frank's office. After 3 days, the dressing can be removed and wounds covered with dry gauze or waterproof Band-Aids. **Do not remove the paper tapes/strips or cut any of the visible sutures.** You can reapply the ace wrap to control swelling.
- **Medications:**
 - **Pain Control:** For most patients, a nerve block is provided by the anesthesia team before surgery to help with postoperative pain control – while every patient is different, this will typically wear off within 12-24 hours. Most patients will require some narcotic pain medication (i.e. vicodin, norco, percocet, or other codeine-derivative) for 1-2 days after surgery – please take as instructed. It is important not to drink alcohol or drive while taking narcotic medication. If your pain is minimal, you may discontinue the use of narcotics. Ibuprofen 200-400 mg (i.e. Advil) can be taken as needed in between doses of narcotic pain medication for additional pain control.
 - **Constipation:** The use of narcotics can lead to constipation. Adequate hydration and over-the-counter stool softeners can minimize constipation problems.
 - **Normal medications:** Resume the day after surgery unless otherwise instructed.
- **Activity: ****No active biceps flexion for 4 weeks****** Unless otherwise instructed, you should begin the pendulum and gentle passive range-of-motion exercises as demonstrated on the exercise handout on the first day after surgery. You may use your arm to assist with eating and personal hygiene unless specifically instructed not to by Dr. Frank. You may **not bear-weight** or lift anything heavier than a cell phone or cup of coffee with your operative arm. Be sure to use and move your hand, wrist, and elbow in order to decrease swelling in your arm. While exercise is important, don't over-do it. Common sense is the rule.
- **Sling/Immobilizer:** Unless otherwise instructed, you should wear your postoperative sling/immobilizer at all times, including while sleeping. The sling can be taken off for showering; however, care must be taken to protect the shoulder at all times.

- **Showering:** Unless otherwise instructed, you may shower 2 days after surgery, but you must keep the dressing/wounds dry. **Do not soak the operative shoulder (no baths, hot-tubs, or pools)** until allowed by Dr. Frank to avoid risk of infection.
- **Ice Therapy:** Icing is very important for the first 5-7 postoperative days to decrease swelling and pain. While the post-op dressing is in place, icing can be continuous. Once the dressing is removed on the third operative day, ice can be applied for 15-20 minute periods, 3-4 times per day. Care must be taken with icing to avoid frostbite to the skin.
- **Sleep:** Sleeping can be uncomfortable for the first 1-2 weeks after shoulder surgery. It can be helpful to sleep in a recliner-chair or in a semi-upright position.
- **Diet:** The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. Following surgery, begin with clear liquids and light foods. You can progress to your normal diet if not nauseated. If nausea and vomiting become severe, or if you show signs of dehydration (lack of urination), please call Dr. Frank's office.
- **Driving/Work/School:** No driving until permitted by Dr. Frank. May return to sedentary work or school 3-4 days after surgery, if pain is tolerable.

URGENT Information and Contacts:

- A low-grade fever (up to 100.5 degrees) is not uncommon in the first 48 hours. Please call the doctor with any temperature over 101 degrees.
 - Please call the doctor if you have severe pain that your pain medication does not relieve, persistent numbness of the leg, fever over 101 degrees, difficulty with the cast or surgical incisions, difficulty breathing, chest pain, excessive nausea/vomiting, or if you experience redness or swelling in your thigh or calf.
 - If unexpected problems occur and you need to speak to someone, please call the doctor (720-848-8200). If calling after office hours or on the weekend, you may reach the resident or fellow on call. The resident or fellow on call may not be on Dr. Frank's service and may not be familiar with your case, but will be able to direct any questions/concerns directly to Dr. Frank.
 - If you have an emergency that requires immediate attention, proceed to the nearest emergency room.
- **Follow-Up Care/Questions:**
 - Dr. Frank or Kevin Shinsako, PA-C will call you after your surgery. If you have not been contacted within 48 hours of surgery, please reach out to Dr. Frank's office.
 - If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours. Appointments should be arranged 7-14 days from surgery.
 - Please call **(720) 848-8200** with any questions or concerns at any time

Post-Operative Shoulder Exercises



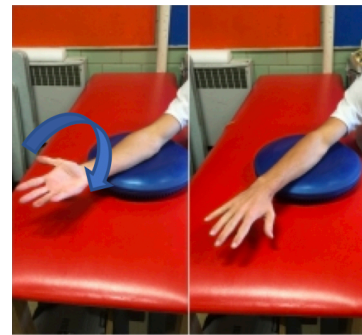
Pendulum Circles:
Shift your body weight in circles to allow your injured arm to swing in circles freely. Perform 3-4 times a day.



Pendulum Forward-Back:
Shift your body weight forward then back to allow your injured arm to swing forward and back freely. Perform 3-4 times a day



Pendulum Side to Side:
Shift your body weight side to side to allow your injured arm to swing side to side freely.



Elbow Pronation/Supination:
Place elbow on padded surface. Alternate pronation and supination "rotating your forearm." Rotator 10-15 times, 3-4 times per day.



Elbow Flexion Extension:
Grasp your wrist and **slowly** straighten your elbow. Avoid painful stretching. Use your non-injury hand to lift your hand and bend the arm.