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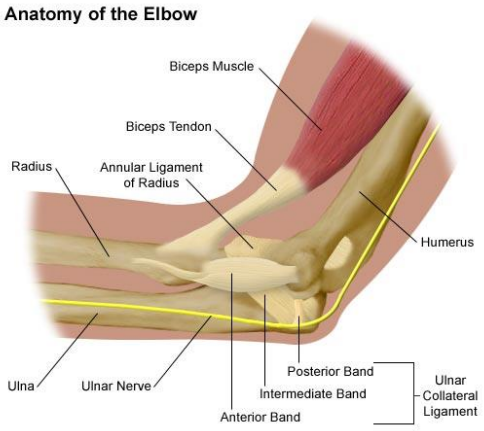
DISTAL BICEPS REPAIR / RECONSTRUCTION

This leaflet provides general information to help you understand surgery to repair or reconstruct a distal biceps tendon tear at the elbow.

This procedure reattaches the torn biceps tendon to the bone to restore strength and function.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.



This leaflet provides general information and does not replace individual medical advice.

Private Consulting Rooms

- **LIPS Healthcare London**
- **Spire Alexandra Chatham**
- **Practice Plus Gillingham**

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More Info

Scan to visit our website

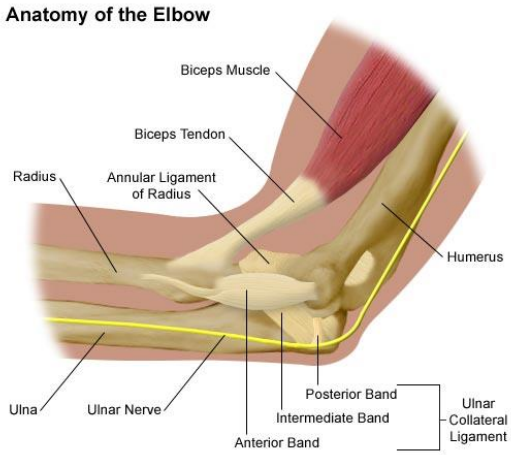
The Anatomy of the Elbow

The elbow is a hinged joint connecting the upper arm to the forearm, relying on several structures for stability and movement:

How the Elbow Works

The joint connects:

- Humerus (upper arm bone)
- Radius and Ulna (forearm bones)
- The biceps tendon (attaches to the radius)



What Is a Distal Biceps Tear?

The biceps tendon tears away from the radius bone at the elbow — often with a sudden "pop" during heavy lifting — causing weakness in bending the elbow and turning the palm up.

The Biceps Muscle

The biceps bends the elbow and rotates the forearm. It attaches at:

- The shoulder (two upper heads)
- The radius at the elbow (distal tendon)
- Repair restores the elbow attachment
- Nearby: the radial nerve

Common Symptoms

- A sudden pop, pain and bruising
- A change in the shape of the upper arm
- Weakness bending the elbow
- Weakness turning the palm upwards

Why Surgery Is Advised

Surgical repair is usually recommended to restore full strength, especially for active people, as the tendon does not reattach on its own.

About the Operation

Surgery reattaches the torn biceps tendon to the radius bone. Acute tears are usually repaired directly; chronic tears may need a tendon graft to bridge the gap. The approach is tailored to your injury and discussed with you.

Acute Tear Repair

For a recent (acute) tear:

- An incision is made at the front of the elbow
- A socket is drilled in the radius at the original attachment
- The tendon is secured into the socket using anchors

Chronic Tear Reconstruction

For an older (chronic) tear:

- A tendon graft may be needed to bridge the gap
- The graft is taken from your forearm or a screened donor
- It is stitched to the remaining tendon and anchored to bone
- The wound is closed and a back slab (half cast) applied

Before, During & After Surgery

Before Surgery

- Fasting: no food for 6 hours, no drinks for 2 hours before (if under general anaesthetic)
- Smoking: avoid for at least 12 hours before, to aid healing
- Medications: continue as advised by the pre-op team

On the Day

- Admission: check in at main reception, then to your room
- Consultation: meet your surgeon and anaesthetist
- Preparation: timing and instructions are reviewed

Anaesthesia

- General anaesthetic combined with a local anaesthetic or nerve block
- In selected patients, awake using a nerve block alone

Recovery & Results

Recovery is a partnership. The timeline below is a guide — your physiotherapist and I will adapt it to you — **this shared decision-making process ensures you are fully informed and involved in your care.**

Recovery Milestones

- Sling / back slab: usually worn for 2–4 weeks
- Gentle hand use: begin as comfort allows
- Brace: an elbow brace may follow for 4–6 weeks
- Recovery: rehabilitation typically 3–4 months (up to a year for full recovery)

Results

Most patients regain good strength and function. Recovery is slower after reconstruction; your physiotherapist will guide your progress.

After Surgery

The first weeks

Sling: the arm is immobilised in a back slab and sling for 2–4 weeks; a brace may follow; elevate the hand on pillows

Pain Relief: a nerve block lasts 8–12 hours; start painkillers before it wears off, for 3–4 days

Wound Care: a splash-proof dressing is applied; keep the wound dry until stitches are removed; dissolvable stitches, ends trimmed at 14 days

Physiotherapy: essential to regain strength and mobility; avoid lifting, pulling or forceful rotation early on; progress is slower after reconstruction

Risks & Complications

Uncommon, but possible

Stiffness: temporary pain and mild stiffness are common; prolonged stiffness affects about 5%

Infection: fewer than 1 in 200; treated with antibiotics, occasionally further surgery

Nerve Symptoms: temporary numbness is common and usually recovers; serious nerve injury is rare (about 1 in 200)

Fixation: the fixation can occasionally fail (anchor pull-out or suture problem); uncommon but may need further surgery

Repair Failure: rarely, new bone (heterotopic ossification) or a bony bridge between the forearm bones can form, causing stiffness

Return to Work & Everyday Activities

Return-to-work timelines vary by role

- **Managerial / supervisory roles:** 2–3 weeks
- **Light manual labour (e.g. clerical):** 6–8 weeks
- **Heavy manual labour:** 12–16 weeks
- **Driving:** usually 2–6 weeks, once healed, pain-free and with sufficient arm mobility
- **Sport:** swimming 4–6 weeks after sling removal, golf 6–8 weeks, contact sports after 6 months

Red Flags — When to Seek Urgent Help

Spreading redness, discharge or a fever, worsening pain, or numbness and a cold hand — seek urgent assessment.
If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Key Points to Remember

- **Reattaches the biceps tendon to the bone**
- **Restores strength and forearm rotation**
- **A brace protects the repair while it heals**
- **Physiotherapy is essential to recovery**

Questions You May Wish to Ask

- **How soon can I return to work?**
- **When can I drive again?**
- **How much improvement can I expect?**
- **What are the signs of a problem?**

Book or Enquire Directly at Each Site

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