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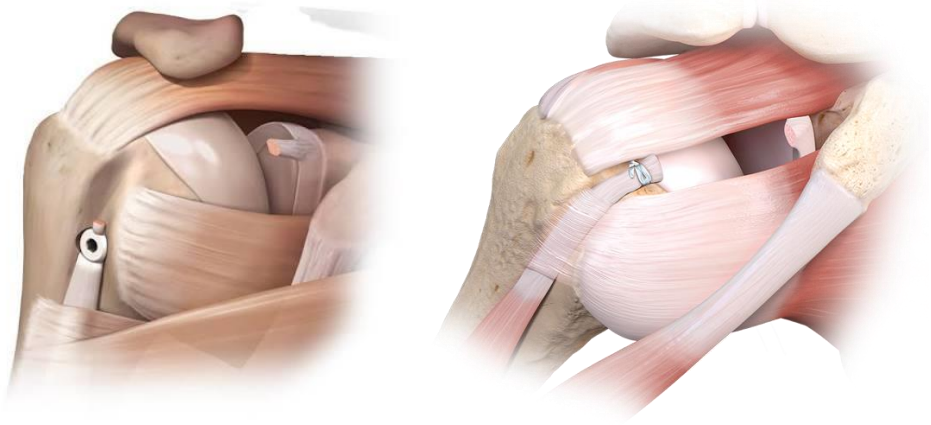
Personal • Precise • Proven • Shoulder to Finger

BICEPS TENODESIS (LHB) (ARTHROSCOPIC / OPEN)

This leaflet provides general information to help you understand biceps tenodesis for a painful long head of biceps (LHB) tendon.

This procedure re-anchors the biceps tendon to relieve pain while keeping arm shape and strength.

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.



Videos of the surgery: https://www.youtube.com/c/ProfBijayendraSingh

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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The Anatomy of the Shoulder Joint

The shoulder is one of the most complex joints in the body, relying on several structures working together:

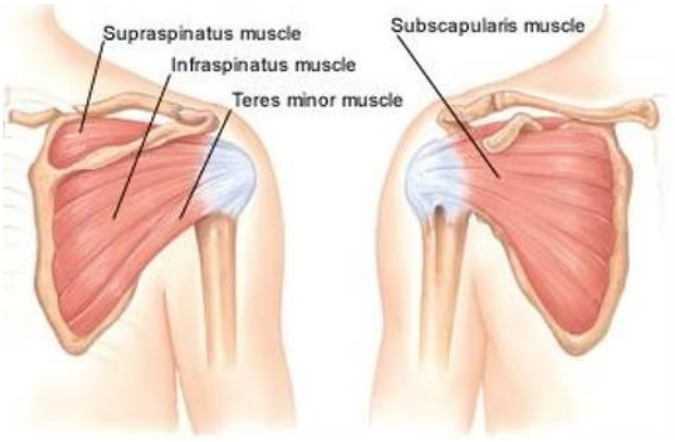
How the Shoulder Works

Three main bones form the joint:

- Humerus (upper arm bone)
- Clavicle (collarbone)
- Scapula (shoulder blade)

The Four Key Joints

- Glenohumeral Joint – the main ball-and-socket joint
- Acromioclavicular (AC) Joint – collarbone meets shoulder blade
- Subacromial Space – tunnel above the rotator cuff
- Scapulothoracic Joint – shoulder blade glides over rib cage



The Labrum (Stabilising Ring)

A rim of rubbery tissue that deepens the shallow shoulder socket — like a "bumper" or suction cup that keeps the joint stable and prevents dislocation.

The Rotator Cuff

Four deep muscles keep the ball centred in the socket and let you lift and rotate your arm:

- Supraspinatus
- Infraspinatus
- Subscapularis
- Teres Minor

About the Operation

Biceps tenodesis is offered when the long head of biceps (LHB) tendon is a source of pain that has not settled with physiotherapy, medication or injections. The worn tendon is released from inside the shoulder and re-attached to the arm bone with a small anchor or screw. Unlike a simple tenotomy (cutting the tendon), tenodesis preserves strength and prevents a "Popeye" bulge. It is usually done by keyhole surgery.

Benefits & Logic

The operation aims to:

- Remove the source of sharp front-of-shoulder pain from a frayed torn or unstable biceps tendon
- Preserve biceps strength and normal arm shape
- Prevent a "Popeye" deformity
- Minimally invasive
- Additional procedures if required – rotator cuff repair or ACJ excision.

The Procedure, Step by Step

The operation, step by step:

- Assessment: a camera examines the joint and the biceps tendon
- Release: the worn tendon is freed from inside the shoulder
- Re-attachment: it is fixed to the arm bone with an anchor or screw
- Closure: dissolvable stitches (a small open cut **for** severe tears)

Open Technique – in some cases may be used

Tenotomy:

Less active and older patients
Tendon is released and not reattached
Quicker procedure and rehab
May develop popeye appearance. Usually no functional problems.

Before, During & After Surgery

Before Surgery

- Fasting: no food for 6 hours, no drinks for 2 hours before
- 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 with a nerve block that numbs the arm
- Nerve block alone (awake) if general anaesthetic is unsuitable

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: usually worn for 2–4 weeks
- Gentle exercises: begin as advised
- Recovery: most do well by 3–4 months
- Full recovery: may take up to 12 months

Results

Most patients get good pain relief with preserved strength and arm shape. If a rotator cuff tear is present, it can be repaired at the same time.

After Surgery

In the first weeks

Sling: usually worn for 2–4 weeks to protect the fixation

Pain Relief: start at home; take regularly for the first few days

Wound Care: dressings changed at 24–48 hours; showering after 3–5 days

Physiotherapy: a graded programme; avoid heavy biceps loading early

Follow Up: 2 – 6 weeks post op to monitor progress

Risks & Complications

Uncommon, but possible

Anaesthetic: complications are rare

Infection: fewer than 1 in 1000; treated with antibiotics

Stiffness: improves with physiotherapy (slower with diabetes)

Pain / Cramp: some upper-arm ache or cramp, usually settles; an injection helps if it persists

Fixation / Popeye: rarely the fixation loosens, which can cause a bulge

Return to activities:

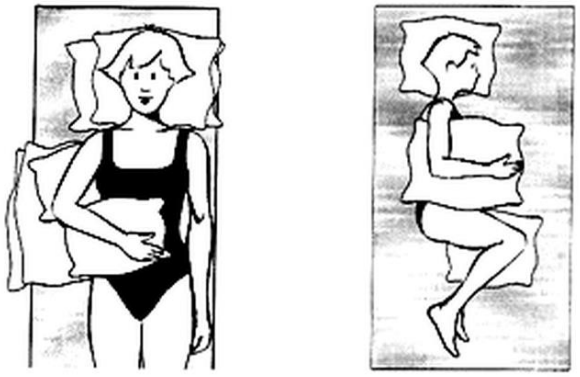
This can be extremely variable and discuss with the surgeon. These are just guidelines.

Desk work 1–2 weeks; **Driving:** once safe and out of the sling, usually 4 – 6 weeks, **Manual Work**: 6 – 12 weeks, **Golf:** 12 – 16 weeks. **Sport is staged** — your physiotherapist will guide the timeline. A member of the team will discuss your specific plan.

Recovery Timeline & Sleeping

Recovery Timeline

Sleeping Positions



Prop up at first; when back in bed, use pillows to support the arm and avoid lying on the operated shoulder

Red Flags — When to Seek Urgent Help

A sudden pop with new bruising and a bulge in the upper arm, or fever and wound discharge — seek prompt 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

- **Re-anchors the biceps rather than just cutting it**
- **Preserves strength and arm shape**
- **Usually keyhole surgery**
- **Avoid heavy biceps loading in early recovery**

Questions You May Wish to Ask

- **When can I take the sling off?**
- **When can I drive and return to work?**
- **How much improvement can I expect?**
- **What happens if I don't have surgery?**

Book or Enquire Directly at Each Site

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