

Post-Surgery Instructions Biceps Tendon Lengthening

WEEKS ONE THROUGH TWELVE

Allow incision and post-operative healing, prevent secondary problems in the shoulder, wrist and hand. Keep a watchful eye on splint integrity. Wear splint 24/7 for three months.

Splint	The arm is splinted in an elbow extension splint for three months, 24/7. The splint is not to be removed at all for this entire period.	<p>It is important for the elbow to be fully extended for three full months. If the splint loses its integrity, if it weakens or breaks and the position of the arm begins to change, immediately bring child to a facility that can repair splints (orthotist, therapist, or hospital clinic). If the splint has broken and has been removed, wrap the elbow in an ace bandage to give it some protection and support in the extended position for traveling to the facility where the repair will occur.</p> <p>Medicate with Tylenol before desplinting and performing PROM.</p> <p>Call Dr. Nath (866) 675-2200</p>
Nerve	Is there numbness, tingling or pain in the elbow, hand, wrist and /or fingers?	Call Dr. Nath (866) 675-2200
Circulatory	Check nail beds for two days post surgery (should be pink). Press nail bed until turns white and release, should return normal pink color within 2 seconds.	Call Dr. Nath (866) 675-2200
Incision	Check for signs of infection—discharge of any kind, redness, warmth, smell. Keep clean and dry. Change dressing 1x / day. See your pediatrician for an incision check one week following surgery.	Check with your pediatrician.
Bathing	Splint cannot be removed for bathing.	
Passive Range of Motion	Gentle PROM for shoulder, wrist and fingers, as tolerated. Do not remove the splint to do the PROMs.	

WEEK THIRTEEN (3 months post-op)

Continue passive range of motion to prevent secondary complications to the shoulder, elbow, wrist and hand. Begin regular therapy with a restriction on weight bearing.
Follow-up with Dr. Nath: drnath@drnathmedical.com—(866) 675-2200.

Splint	<p>Splint is removed at thirteen weeks post-op. The least painful method to desplint is in a warm water pool or bath or, in the least, to use some warm compresses.</p> <p>Let the child determine the length of time with the splint off for the first couple of days. Gradually increase time out of the splint as tolerance increases.</p> <p>Splint is worn for another 3 months at night only.</p>	Medicate with Tylenol before desplinting and during this transitional period as needed.
Incision	<p>Check for signs of infection (discharge of any kind, redness, warmth) . Incision should be completely closed.</p> <p>Steri-strips should have fallen off.</p>	<p>Check with pediatrician</p> <p>If steri-strips are still present, remove with warm soapy washcloth. Leave open to air.</p>
Bathing	Normal bathing allowed.	
Therapy	<p>Regular therapy resumes, gradually and as tolerated. Electrical stimulation recommended every other day for strengthening.</p> <p>Restriction: No weight bearing until six months post-op at which time all normal activity can resume.</p>	Call Dr. Nath if therapist has questions (866) 675-2200

WEEK TWENTY-SIX (6 months post-op)

Discontinue nighttime splinting. Begin regular therapy including gradual but full weight bearing exercises. Continue with electrical stimulation, every other day, for strengthening.
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