



## **Duke Orthopaedics: Upper Extremity Division**

*Christopher Klifto, MD & Katherine Batten, PA-C*

3609 SW Durham Dr, Durham, NC 27707

---

### **Distal Triceps Tendon Repair**

#### ***What is the distal tricep tendon?***

The tricep muscle helps to straighten the elbow. It has three attachments (tendons) at the shoulder, but only one near the elbow joint. If the distal attachment near the elbow ruptures, patients will lose the majority of their strength. Most, if not all, of this strength can return with surgical reattachment.

#### ***How do you repair the distal triceps tendon?***

The distal triceps will be repaired through one incision on the back of your elbow. Strong sutures will be woven through the end of the tendon and then tied down to the ulna.

#### ***Length of Stay***

This is same-day surgery not requiring hospital admission as long as there are no complications or other health comorbidities that require attention before discharge. You will need to have someone who can stay the entire length of the procedure and take you home.

#### ***Anesthesia***

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block with sedation so you will not remember the procedure. Your arm will be numb and will feel very strange. The nerve block will last approximately 12 hours or 2-3 days depending on the type of block used. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

#### ***Incision***

You will have 1 incision with this surgery. It will be located on the back of your elbow and will be approximately 6 inches long.

#### ***Pain Control***

You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have post-surgical discomfort, so start your pain medicine when the block begins to wear off.

## **Duke Orthopaedics: Upper Extremity Division**

*Christopher Klifto, MD & Katherine Batten, PA-C*

3609 SW Durham Dr, Durham, NC 27707

### ***Diet***

The combination of anesthesia and pain medications can cause nausea in some patients. If you are prone to nausea or show signs of nausea prior to discharge, a prescription for an anti-nausea medication will be provided. You may wish to advance your diet slowly the day of surgery to avoid exacerbation of nausea. Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits and vegetables.

### ***Dressings***

Your arm will be placed in a splint (soft cast) and sling prior to leaving the operating room. You are to remain in your splint 24 hours a day until it is removed at your first post-operative visit. **You MUST NOT get the splint wet.** Your splint will be removed and sutures (stitches) will be taken out at your first post operative appointment approximately 14 days after your surgery. At this time, you will be given a hinged elbow brace. For the six weeks that you are in your brace, **you are not permitted to drive.**

### ***Physical Therapy***

After your splint is removed, you will be taught gentle stretching exercises by a physical therapist to do at home. The second 6 weeks of recovery you will go to formal physical therapy and continue with a home exercise program.

### ***Restrictions***

Recovery from a distal triceps tendon repair is three months. During that time you will have restrictions on the use of your operative arm.

**Day of surgery to 2 weeks:** remain in sling, no use of arm except for gentle stretches, out of work, no driving

**2-6 weeks:** You will be placed in a brace and will gradually increase range of motion

**6 weeks-3 months:** No lifting and carrying anything greater than 5 lbs.