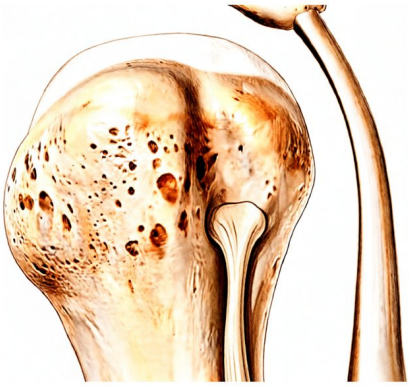
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Biceps Tenodesis

The long head of the biceps tendon — anchored at the top of the glenoid and a common pain source addressed by tenodesis.



At-a-glance recovery. Pooled from 85 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**5-8 months**	**13 months**
Patients can typically return to desk work and light activities within 2 to 6 weeks, with sling use often discontinued after 2 weeks.	Most patients achieve clinically significant outcomes and return to previous activity levels between 5 and 8 months postoperatively.	Clinically significant outcomes are typically attained by 13 months postoperatively, with full plateauing of function.

Why this operation has been suggested

Your surgeon has suggested biceps tenodesis, a procedure that reattaches a damaged biceps tendon to the upper arm bone. This operation is typically offered to you after non-surgical treatments have failed to relieve your shoulder pain. It is often chosen for patients under 25 years old or those with specific tendon tears who need to return to sports or heavy work.

The main goal of this surgery is to provide significant clinical improvement and high rates of success two years after the procedure. Most patients achieve meaningful relief between five and eight months, with full results expected by 13 months. This approach aims to restore function and stability while avoiding the cosmetic changes sometimes seen with other treatments.

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Before the operation

You will need plain X-rays and possibly an MRI or ultrasound to check your shoulder and biceps tendon before surgery. These tests help your surgeon see the exact problem and plan the best treatment. Please arrange for someone to drive you home, as you cannot drive after the procedure. Wear comfortable, loose clothing to your appointment and bring a list of all your current medications. You will need to fast (stop eating and drinking) for a specific time before surgery; your surgeon will tell you exactly when to stop. You may also need blood tests or a review with the anaesthetist to ensure you are safe for the operation. Your surgeon will perform this using an arthroscopic approach, which uses two or three small incisions and a tiny camera inside the joint.

On the day

You will arrive at the hospital and meet your anaesthetist before the operation. This operation is done under general anaesthetic combined with a regional nerve block. You will be fully asleep for the operation, and the block (an injection that numbs the nerves supplying the arm before you wake up) provides pain relief for the first 12 to 24 hours after surgery. The anaesthetist will meet you before the operation and talk you through both parts.

Your surgeon will then take you to the operating theatre. They will perform the surgery using an arthroscopic approach with two or three small incisions and a small camera inside the joint. After the procedure, you will wake up in recovery. You will be monitored closely while the effects of the anaesthetic wear off.

What the operation involves

Your surgeon will perform this surgery using small keyhole cuts, typically two or three incisions about 1 cm each. A tiny camera is placed inside the shoulder joint to guide the work. This approach allows your surgeon to see the damaged tendon without making a large cut on the front of your shoulder.

The surgeon will remove the damaged part of the long head of the biceps tendon from inside the joint. The remaining tendon is then reattached to the upper arm bone. This is done using small anchors or screws to hold the tendon in place. If the tendon was slipping out of its groove, your surgeon will also repair the tissue that holds it there.

Once the tendon is secured, the small incisions are closed with stitches. You will wear a sling for two weeks after the surgery. Your surgeon will then guide you on when to start moving your arm and doing exercises.

After the operation

You will wake up in the recovery ward with your shoulder in a sling. Your surgeon will use small keyhole incisions and a camera inside the joint. You will have dressings over the small cuts. A shoulder immobilizer is worn for 2 weeks, followed by a sling for an additional 2 weeks. You can move your arm gently but must avoid

lifting or pushing. Most patients stay one night in hospital after this operation, though some are able to go home the same day. You must have someone stay with you for the first 24 hours to help you. Pain is managed with medication as needed.

Recovery

You will feel soreness and swelling in your shoulder for the first few days. This is normal as your body heals from the small keyhole incisions. Your surgeon may suggest ice packs and pain relief to help you manage this discomfort. Most people find the pain eases significantly as the initial swelling goes down.

You will wear a sling for a short time to protect the repair while you sleep and rest. Your physiotherapist will guide you through gentle movements to keep your shoulder mobile without straining the tendon. You can perform light daily tasks like eating or brushing your teeth, but you must avoid lifting anything heavy or reaching behind your back. Strengthening exercises for your arm and shoulder will begin only when your surgeon and physiotherapist say it is safe.

Your recovery journey is unique to you. While many people regain full function, your personal timeline may differ based on how your body responds. Your surgeon and physiotherapist will monitor your progress and adjust your plan to ensure the best outcome for your shoulder.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

You might feel deep, throbbing pain in your upper arm or shoulder that does not ease with simple painkillers. This could mean the tendon has not healed correctly or has torn again. If this happens, call the clinic right away to discuss your next steps.

Some patients notice a tight, stiff feeling in the shoulder that makes it hard to lift the arm. This stiffness can feel like a heavy block inside the joint. If your movement does not improve as expected, bring it up at your next review so your surgeon can help.

In rare cases, you might experience cramping in your bicep muscle or a sudden snap in the arm. These sensations can be uncomfortable and may signal a problem with the repair. Contact your surgeon immediately if you feel these specific symptoms.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness, or discharge from your small camera incisions. Contact your surgeon immediately for sudden severe pain, calf swelling, or shortness of breath. Go to emergency if you lose

sensation or cannot move your arm. While complications are rare, these signs need urgent assessment to protect your recovery.

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COMPLICATIONS & CONSENT

Biceps Tenodesis

Complication rates from published literature

Pooled from 85 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
reoperation	**<18%**	Reoperation rates vary widely, with biceps tenodesis generally showing lower rates (0-6%) compared to SLAP repair (3-15%).
fixation failure	**<13%**	Failure of the tenodesis construct or tendon retraction occurs in a small percentage of patients, varying by fixation method.
hematoma	**<10%**	Hematoma formation is reported in some cohorts, though rarely requiring surgical intervention.
bicipital pain	**5-17%**	Persistent pain or cramping in the bicipital groove is a common complication, particularly after tenotomy or in specific fixation groups.
stiffness	**3-26%**	Postoperative stiffness requiring intervention (LOA/MUA) is reported, with higher rates noted in arthroscopic suprapectoral techniques.
infection	**<2%**	Superficial infection rates are low (0-2%), with deep infections being rare.
popeye deformity	**1-23%**	Incidence varies significantly by fixation technique and patient population, ranging from 1.0% to 23.0%.
nerve injury	**<1%**	Transient nerve injuries or neurapraxias occur in less than 1% of cases.
wound complications	**<1%**	Superficial wound issues such as erythema or dehiscence are uncommon.

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I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME	SIGNATURE	DATE

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