CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Pectoralis Major Repair

At-a-glance recovery. Pooled from 15 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
4-6 weeks	**5-6 months**	**9-12 months**
Sling for the first 3 weeks, weaned by 6; desk work is possible early with the sling on, and light daily use returns as the sling comes off.	Loading of the chest muscle rebuilds from about week 9 and strengthening from week 14, with early return to sport at 5-6 months per the practice protocol.	Full pressing strength — bench press and equivalents — is the last thing to return and keeps improving to about a year.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. A clinic assessment establishes the diagnosis. For degenerative or long-standing problems we usually try non-operative care — activity change, physiotherapy or hand therapy, splinting, and injections — and consider surgery when that has not given enough improvement. For structural or acute problems, surgery may be recommended straight away, without a preceding non-operative trial.

Surgical repair of a clinical tear of the pectoralis major (the large chest muscle) restores strength and shape. This procedure offers greater recovery of peak torque and work performed than conservative management. It results in a high rate of return to work (97.8%) with a mean time to return of 1.6 months. Early surgical treatment gives the best results in the treatment of total and near-total ruptures of the pectoralis major muscle. The operation aims to restore complete function and contour, providing pain relief and improved cosmetic appearance.

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Before the operation

Please fast for seven hours before your surgery. This allows us to bring your operation forward if the schedule runs early. Stop taking certain medications as advised by your surgeon, who will give you specific instructions. Arrange for someone to drive you home and stay with you initially. Wear comfortable clothing and bring a list of all current medicines. We use imaging like X-rays or MRI scans to plan your repair accurately. Most patients do not need blood tests or an anaesthetist review unless you have other medical conditions.

On the day

You present to the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You meet the anaesthetist, who reviews your health and answers any final questions. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief – the anaesthetist will discuss this with you on the day.

You are then taken into the operating theatre, where the operation is performed. You wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable you either go to the ward or go home, depending on the procedure and your recovery. We ensure you are comfortable and supported throughout this process.

What the operation involves

Your surgeon makes a single cut over the front of your shoulder to reach the torn pectoralis major muscle. This muscle is the large chest muscle that helps you push and bring your arm across your body. The tear often looks like a frayed rope where the tendon has pulled away from the bone.

To fix this, your surgeon reattaches the torn tendon back onto the bone. They use small anchors or buttons to hold the repair in place. These devices are placed into the bone to provide a strong, reliable anchor for the tendon. In some cases, your surgeon may use a special reinforcement material to add extra strength to the repair, ensuring it can handle the stress of daily movement.

Once the tendon is securely reattached, your surgeon closes the cut with stitches (sutures). They do not use staples. The area is then dressed with a bandage to protect the site as it begins to heal. This approach aims to restore the natural shape and function of your chest and shoulder.

After the operation

You will wake up in the recovery ward with your arm supported in a simple sling for comfort. This sling comes off for exercises and washing. We manage your pain with general medication, avoiding specific nerve blocks. Your team will tell you whether you go home the same day or stay one night in hospital. You must have someone stay with you for the first 24 hours. Keep the wound dressing clean and dry. Do not drive while in a sling or off

strong pain medication. For details on when you can drive again, see our guide on driving after upper-limb surgery.

Recovery

You will wear a simple sling for comfort after your operation. It keeps your arm still while the tissues begin to heal. You can take the sling off to wash and to do your exercises. Your physiotherapist will guide you through these movements. They will show you how to move without straining the repair.

In the first few days, swelling and soreness are normal. This is your body's natural response to the surgery. Resting with your arm supported helps ease the discomfort. As the swelling settles, you will notice your shoulder moving more freely. Your surgeon will tell you when it is safe to drive. Remember, you must not drive while wearing a sling or taking strong pain medication.

Daily life changes gradually. You will start with gentle tasks around the home. As your strength returns, you can tackle more demanding activities. Your physiotherapist will adjust your routine as you improve. Your timeline may differ; your surgeon and physio will guide you.

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.

Re-rupture

This is when the repaired tendon tears again. You might feel a sudden pop or snap in your chest or shoulder. It often comes with sharp pain and immediate weakness. You may notice bruising or swelling appearing quickly. The muscle might look different, such as a visible dent or bulge. If this happens, stop using the arm. Contact the clinic immediately for advice. You may need urgent assessment to decide on next steps.

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

When to call us

Call us if you develop a fever, increasing wound redness or discharge, or sudden severe pain. Go to emergency if you notice calf swelling, shortness of breath, loss of sensation, or inability to move your limb. These signs need urgent assessment. We are here to help you stay safe during your recovery.

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COMPLICATIONS & CONSENT

Pectoralis Major Repair

Complication rates from published literature

Pooled from 15 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
re-rupture	**5.8%**	Reported rate after primary repair.
overall complications	**14.2%**	Reported overall complication rate for pectoralis major repair, most minor.
stiffness and cosmetic asymmetry	—	Some contour difference can persist even after a sound repair, particularly in chronic tears.
infection / wound problems	—	Uncommon in primary repair.

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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