CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Distal Triceps Repair

Trang này được dị ch bằng máy và chưa được bác sĩ kiểm tra.**Bản tiếng Anh** là bản chính thức.

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 and consider surgery when that has not given enough improvement. For structural or acute problems, surgery may be recommended straight away.

This procedure repairs the tendon at the back of your elbow to restore your ability to straighten your arm. It is typically offered to active adults with a complete tear. Early repair, within three weeks of injury, is the standard treatment. This approach helps you regain strength and function. Studies show that 93% of patients return to work by 2.2 ± 3.2 months after surgery. The operation aims to provide reliable elbow extension and stability.

Before the operation

Please fast for seven hours before your surgery. This allows your team to start early if the schedule changes. Bring a list of your current medications and wear comfortable clothing. You must arrange a lift home for after the procedure. Your surgeon will review imaging such as X-rays, MRI, or ultrasound to plan the repair. Blood tests and an anaesthetic review are not routine for everyone. If you have other medical conditions, you may need blood tests or a review with the anaesthetist. Your surgeon will give you specific instructions on stopping any medications.

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

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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 informed before you leave our care.

What the operation involves

Your surgeon makes a cut over the back of your elbow to reach the torn triceps tendon. This is the thick band of tissue at the back of your upper arm that helps you straighten your elbow. If your tear is complete, your surgeon will reattach the torn tendon back onto the bone at the bottom of your upper arm.

To hold the tendon in place, your surgeon uses small anchors or screws fixed into the bone. These act like strong anchors to keep the tendon secure while it heals. In some cases, your surgeon may use a button-like device or high-strength sutures (threads) to restore the natural shape of the attachment point. This method is designed to provide a firm hold that supports your recovery.

If your tear is partial, your surgeon may use a keyhole approach with small cuts and a camera to repair the tendon. This minimises damage to the surrounding tissue. After the repair is complete, your surgeon closes the cut with stitches (sutures). The area is then dressed with a bandage to protect the site as you begin your recovery.

After the operation

You will wake up in the recovery ward with your arm in a simple sling for comfort only. We manage pain with standard medication. Keep the wound dressing clean and dry. Someone should stay with you for the first 24 hours to help you. Your team will tell you whether you go home the same day or stay one night in hospital. Gentle movement of your fingers and shoulder starts early to prevent stiffness. Your elbow remains supported but unrestricted. Avoid heavy lifting until your surgeon advises. Follow our specific instructions for wound care and follow-up appointments to ensure smooth healing.

Recovery

In the first few days, you can expect some swelling and discomfort as your arm settles. This is normal. We keep you comfortable with pain relief and advise keeping your arm elevated. Your arm rests in a simple sling for comfort only. We do not use hinged braces or rigid casts. Gentle movement starts early to prevent stiffness.

You will see Ruby Doolan, our hand therapist at Extend Rehabilitation, to guide your exercises. She directs your therapy and makes any splint you need. You will not see a physiotherapist for this care. Your exercises focus on

gentle motion and hand strength. You can use your operated hand for light tasks as pain allows. Avoid heavy lifting or pushing until your surgeon clears you.

Sleeping may feel different at first. Try propping your arm on pillows to reduce swelling. As your movement returns, you will gradually regain strength. Your timeline may differ; your surgeon and hand therapist will guide you based on how you heal.

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.

The way your tendon is attached to the bone matters for recovery. Some methods carry a higher chance of the tendon tearing again compared to others. This is something your surgeon will discuss with you before the operation to choose the safest approach for your specific injury.

If you notice a sudden pop or snap in your elbow, followed by a return of weakness or inability to straighten your arm, the tendon may have torn again. This can happen during daily activities or while recovering. If this occurs, stop using the arm immediately. Contact our clinic right away for advice. Do not try to force the arm straight.

A higher rerupture rate often means you might need another operation to fix the tear. You may also spend more time under medical care than originally planned. If your recovery feels stalled or you experience new pain after a period of improvement, let us know. We can review your progress and adjust your care plan.

While the risk of re-tear is generally low for acute injuries, it is not zero. You might feel a deep ache or a sense of instability in the elbow. If you are unsure whether your pain is normal part of healing or a sign of trouble, call us. It is always better to ask than to wait.

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 immediately if you notice calf swelling or shortness of breath. Contact us also if you experience loss of sensation or inability to move your arm. Prompt assessment helps protect your recovery and function.

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