

## DISTAL TRICEPS TENDON TEARS AND REPAIR

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This information aims to help you understand your condition and gain maximum benefit from your treatment. It covers the most commonly asked questions. However, every individual is different, and you should ask as many questions as you like.

### TRICEPS ANATOMY

The triceps muscle is at the back of the upper arm and runs from the shoulder to the elbow. It is attached to the bone by tendons at the shoulder and the elbow. The tendon at the elbow is known as the 'distal triceps tendon'. It attaches to the point of the elbow (the olecranon). The triceps muscle is responsible for extending the arm at the elbow ('elbow extension').

### DISTAL TRICEPS TEARS

When the tendon tears, it is pulled from its attachment onto the bone. It is usually caused by a very strong contraction of the tendon, such as during heavy lifting or forcible bending of the elbow. It is a rare injury that tends to affect men over 35 years old.

If the damaged tendon is not repaired back to the bone, patients are likely to notice some pain and a weakness in elbow extension strength, such as when lifting weights, and during activities involving pushing. The reduction of strength is about 50% in elbow extension.

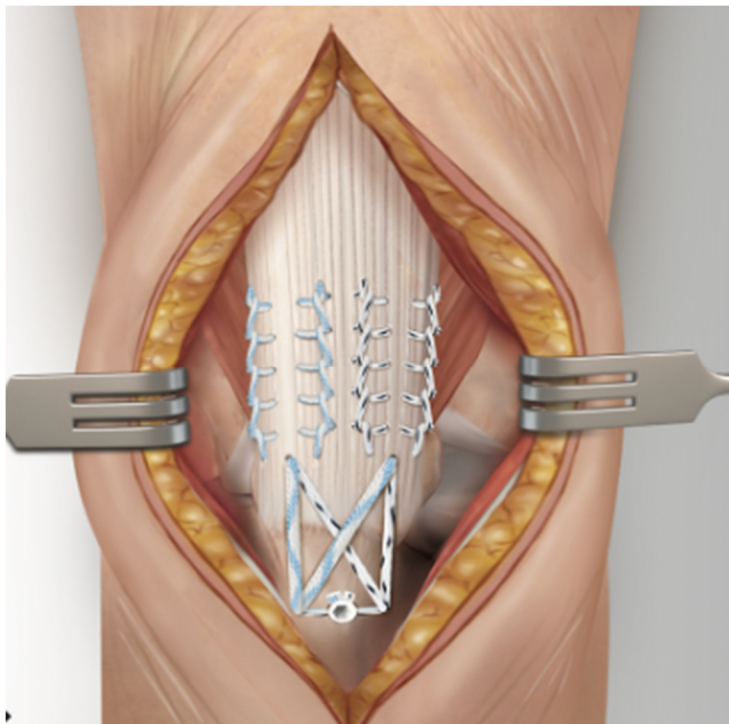
Because of this most patients choose to undergo surgery. It is not essential to repair the tendon though and some people may decide that they can cope with reduced strength.

### THE OPERATION

The aim of surgery is to re-attach the tendon to the bone

You will come to hospital on the day of surgery. You will have a general anaesthetic. The surgery usually takes 1 hr. A cut is made on the back of the elbow.

Strong sutures are placed in the tendon and the sutures are attached to the olecranon through drill holes in the bone or to anchors placed in the bone.



Courtesy Arthrex.

## AFTER SURGERY

You may go home either on the same day or the day after surgery

You will see a physiotherapist before you leave hospital.

The fixation of the tendon is strong so some range of motion is allowed quite soon after surgery.

However tendon healing is slow so lifting is restricted

The speed of recovery is variable. It can be rapid or seem slow. Most improvement occurs in the first 6 months. The end of recovery is around 12-24 months after surgery.

Further general information is available in the 'Information for patients undergoing surgery' leaflet.

### APPOINTMENTS AFTER SURGERY

10-14 days; 6 weeks, 3 months, 6 months, 12 months.

### REHABILITATION EXERCISES

Specific rehabilitation exercise sheets will be given to you in hospital and during your follow-up visits.

Only do the exercises shown to you in hospital and demonstrated to you in clinic. Do not remove the splint or sling until you are told to do so. Your therapist will suggest whether you can do the exercises yourself at home or would be better with regular supervised physiotherapy sessions. You will need to get into the habit of doing the exercises several times a day for around 6 months.

#### MILESTONES

0-2 weeks

Splint / splint full time

2-6 weeks

Wean out of sling.

Use the sling between exercises if needed for comfort

Use the arm for light activities with no load

6-12 weeks:

Normal day to day use of the arm is allowed.

Strengthening starts

3-6 months:

Progress strengthening

6 months +:

Full activity

#### RETURN TO WORK/SPORTS

Work (light duties / office) 1-2 weeks

Swimming (breaststroke) 6-8 weeks

Driving 6 weeks

Work (manual) 3-6months

Light lifting 6 weeks

Moderate lifting 3 months

Heavy lifting 4-6months

Swimming (freestyle) 2-3months

Golf 3-4months

### DRIVING

You cannot drive while you are using a sling.

Once you have been told that you can remove the sling you can drive when you feel that you have full control of the vehicle. It is your responsibility to make this decision.

### LIFTING

In the long-term it is important to remember that the tear happened because it was somewhat worn. With very heavy lifting it may re-tear or the other side may tear.

### LIKELY OUTCOMES

The main aim of surgery is to improve pain and function. Patient satisfaction rates after surgery are around 95%.