DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Biceps Tenodesis Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after biceps tenodesis, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

Meet Your Surgeon



Dr. Kaisen Yao, MD
Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

He sees patients at the following locations:

Lenox Hill Hospital
130 E 77th Street, 7th Floor
New York, NY

Astor Place
740 Broadway, Suite 604
New York, NY

Downtown Brooklyn
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

Anatomy of the Shoulder & Biceps Tendon

The shoulder is a ball-and-socket joint formed where the top of the upper arm bone (humerus) meets the shoulder blade (scapula). The long head of the biceps tendon runs from the muscle at the front of your upper arm, up through a narrow groove in the humerus, and into the shoulder joint, where it attaches to the top of the socket.

That tendon is a common source of pain at the front of the shoulder. It can become inflamed, frayed, or partly torn, and it is often involved alongside rotator cuff or labral problems. The pain is usually felt in the front of the shoulder and upper arm and is worse with lifting, reaching, and overhead work.

Biceps Tenodesis Surgery

Biceps tenodesis moves the painful part of the tendon out of the shoulder joint. The tendon is released from its attachment inside the joint and reattached to the upper arm bone below the groove, so it no longer glides through the joint. Dr. Yao performs a subpectoral tenodesis, fixing the tendon through a small incision in the crease at the front of the armpit, just below the pectoralis muscle. It is an outpatient procedure, usually done together with arthroscopy so anything else found in the shoulder can be addressed at the same time.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection and poor healing. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. You will be notified of your arrival time the day before surgery.

3. Wear loose-fitting, front-buttoning or zip-up clothing on the day of surgery — you will leave in a shoulder sling and won't be able to raise the operative arm over your head.

4. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

5. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

6. Your first postoperative visit is usually scheduled 8–14 days after surgery.

7. Please schedule your first postoperative physical therapy visit **before** the day of surgery, since early therapy focuses on gentle, protected motion.

8. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

Sling Instructions

You will wear a sling to protect the tenodesis while the tendon heals to bone. It rests the arm and, just as importantly, keeps you from bending the elbow against resistance — the movement that pulls directly on the repair.

- Wear the sling for the first 4 weeks except when showering or doing the specific exercises your physical therapist or Dr. Yao instructs.
- Do not actively bend the elbow against resistance and do not twist your palm upward against resistance. Both pull directly on the healing tendon.
- Do not lift anything heavier than a cup of coffee with that arm.
- Loosen the sling straps if you notice numbness or tingling in the hand, and contact our office if it does not improve.
- Practice putting the sling on and taking it off before surgery if possible.

Day of Surgery

What to expect: This is an outpatient procedure — you'll go home the same day. Plan to arrive about 2 hours before your scheduled surgery time and to be discharged 1–2 hours after the procedure ends.

Anesthesia & nerve block: Most patients receive general anesthesia along with a regional nerve block (often an interscalene block) for pain control. The block typically numbs and weakens the entire arm for 8–24 hours — your arm may feel completely asleep and heavy, which is expected. Keep the arm in the sling and protected until normal sensation and strength return.

Postoperative Instructions: Sling Use & Arm Precautions

You'll wake up with your arm in a sling. In general, for the first 4 to 6 weeks:

- No active elbow bending and no lifting with the operative arm. Let your other hand do the bending for you.
- No twisting the palm upward against resistance — turning a doorknob, using a screwdriver, or opening a jar.
- Do not lift anything heavier than a cup of coffee with that arm.
- You may use the hand and wrist freely for light tasks with the elbow supported, then return the arm to the sling.

The sling is typically worn for about 4 weeks, and active elbow bending and lifting stay restricted through 6 weeks, unless Dr. Yao gives you different instructions.

Resting & Sleeping

Many patients find it more comfortable to sleep semi-upright — in a recliner or propped up on several pillows — for the first 1–2 weeks, with the arm supported in the sling.

Bandages, Dressing & Bathing

Dressings cover the small arthroscopic portal incisions around your shoulder and the incision in the crease at the front of the armpit where the tendon was fixed. Keep them clean and dry until your follow-up visit. You may shower, keeping the dressings covered and dry with a waterproof cover, and avoid direct water spray or soaking.

Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

What's Normal During Recovery

Swelling and hand stiffness. It is normal for the hand and wrist to swell while the arm is in a sling, and this can take 1–2 weeks to resolve. Do **not** wear rings or other tight jewelry on the operative arm until the swelling has fully resolved. Gently move your fingers, wrist, and elbow (as allowed) throughout the day.

Bruising. Bruising can appear around the shoulder and track down the upper arm, typically 3–7 days after surgery, and will fade over time.

Low-grade fever. A mild fever (under 101°F) in the first couple of days is common. A higher or persistent fever, or worsening pain at the incision, should be reported to our office.

Numbness or weakness after the block wears off. Most sensation and strength return within 24 hours. If it persists well beyond that, seek prompt medical evaluation.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F
- A sudden pop or snap in the front of the arm, a new bulge in the biceps muscle, or a sudden increase in pain

Practice number	718-208-1440
After hours / weekends	718-208-1440
Patient portal	Epic MyChart
Emergencies	Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital

Greenwich Village Hospital (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
Lenox Hill Hospital — 100 East 77th Street, New York, NY 10075

Exercises — Starting Day 1 After Surgery

Your shoulder and biceps need to stay protected. These gentle movements are for the parts of the arm that were not repaired, and help circulation and prevent stiffness. Do not bend the elbow against resistance, and do not attempt active shoulder motion, until cleared to progress.

Hand grip pumps. With the arm still in the sling, make a gentle fist and release, 15–20 times.

Wrist circles and bends. Gently bend your wrist up and down, and rotate it in slow circles, 10 times each direction. 2–3 sets.

Passive elbow motion. With the arm supported and out of the sling, use your other hand to bend and straighten the elbow for you. Do not let the biceps do the work. 10–15 reps, 2 sets.

Finger stretches. Spread your fingers wide, then make a fist, several times throughout the day.

Frequently Asked Questions

Do I sleep in the sling?

Yes, in most cases, until you're told otherwise at a follow-up visit.

How much can I move my arm?

The shoulder can usually be moved gently and passively early on. The restriction is the elbow: no bending it against resistance and no lifting for 4 to 6 weeks, because the biceps pulls straight on the repair.

How much pain should I expect?

Expect meaningful discomfort for the first 1–2 weeks, improving steadily with ice, medication, and proper positioning. Soreness at the incision under the arm is common and often lasts a few weeks longer than the shoulder pain itself.

How long will I need the sling?

About 4 weeks, unless Dr. Yao gives you different instructions.

When can I drive?

Generally once you are out of the sling, off narcotic pain medication, and able to control the wheel comfortably without using the biceps to lift the arm — often around 4 weeks.

When can I return to work?

Desk jobs: often within 1–2 weeks. Jobs requiring lifting, carrying, or repetitive arm use: typically 3–4 months.

When can I return to sports?

Light activity and running are usually fine once you are comfortable. Lifting, throwing, and contact sports typically wait 4–6 months, and heavy biceps loading — curls, pull-ups, climbing — is the last thing added.

How long will I need physical therapy?

Typically 3–4 months, progressing from passive motion to strengthening.

Can I get a disability/FMLA note?

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

Rehabilitation Overview

0–4 weeks	Sling for comfort and protection. Passive elbow motion only; no active bending and no lifting with that arm.
4–6 weeks	Sling discontinued. Active elbow motion begins; still no resisted bending or lifting.
6–12 weeks	Progressive shoulder and elbow strengthening, adding light resisted biceps work toward the end of this window.
3–4 months	Return to most daily activity and work; build lifting tolerance.
4–6 months	Return to heavy lifting, throwing, and contact sport once strength is symmetrical.

This is a general framework — your pace may differ based on the extent of the tear, any bone loss addressed, and the demands of your sport. Your physical therapist and Dr. Yao will adjust this timeline together with you.

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