DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Distal Bicep Tendon Repair Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after distal bicep tendon repair surgery, 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 Elbow & Biceps Tendon

The biceps muscle in the front of the upper arm has two tendons at its lower end that combine into a single distal biceps tendon, which attaches to a bony bump on the forearm bone (radius) called the radial tuberosity. This tendon lets you bend the elbow and rotate the forearm to turn your palm upward (supination) with strength.

A distal biceps tear (rupture) usually happens suddenly — often while lifting a heavy object with the elbow bent — and is typically accompanied by a pop, sudden pain, and bruising, followed by a visible bulge higher up in the arm as the muscle retracts (sometimes called a 'Popeye' deformity). Once fully torn, this tendon does not heal back to bone on its own, and most active patients benefit from surgical repair to restore full strength.

Distal Bicep Tendon Repair Surgery

Distal biceps repair is an outpatient surgery in which the retracted tendon is retrieved and reattached to its original footprint on the radial tuberosity, most often using suture anchors and/or a small cortical button placed through a single incision near the elbow crease.

Because the repair needs time to heal solidly to bone before it can tolerate load, recovery involves a period of bracing with a gradual, protected increase in elbow motion and strength — timing that Dr. Yao will guide closely based on how your repair looks in surgery.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection, blood clots, and a weaker or re-torn repair. 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. Do not shave the surgical elbow and forearm for the 5 days leading up to surgery.

4. Wear a loose-fitting, short-sleeved top on the day of surgery — you will leave in a hinged elbow brace.

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

6. 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.

7. Your first postoperative visit is usually scheduled 8–14 days after surgery. Starting physical therapy within the first week is important to protect your recovery.

8. Please schedule your first postoperative physical therapy visit before the day of surgery. Many clinics have a 1–3 week wait for new appointments, so book as soon as your surgery date is confirmed. Let our office know if you are having trouble getting scheduled.

9. 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.

Brace Instructions

You'll wake up in a hinged elbow brace set to protect the repair by limiting full extension. The brace is adjusted at intervals during your recovery to gradually allow more extension as the tendon heals — do not adjust the brace settings yourself unless specifically instructed.

- Wear the brace at all times except for showering and specific exercises approved by your therapist.
- Do not actively straighten your elbow against resistance or lift with the surgical arm until cleared — this can stress the repair.
- Check that the brace fits snugly but doesn't cut off circulation; report numbness, tingling, or color changes in the hand.
- Bring the brace to all follow-up visits so Dr. Yao can adjust the extension limits as you progress.

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 (you'll be asleep) along with a regional nerve block for pain control. The anesthesiologist uses ultrasound guidance to inject numbing medication around the nerves that supply the elbow and forearm. The block typically numbs the arm for 8–24 hours, though this varies by patient. Your anesthesiologist will review the details with you the morning of surgery.

Benefits of a nerve block include:

- Better pain control in the first day after surgery
- Lower risk of nausea, vomiting, and grogginess from general anesthesia
- Earlier ability to eat and drink after surgery
- Faster, smoother discharge from the surgery center

Postoperative Instructions: Brace & Arm Use

Your elbow brace will initially be locked or limited to protect the repair, then gradually adjusted toward full extension over the following weeks as directed by Dr. Yao — this timeline is individualized based on the strength of your repair.

Avoid any lifting, gripping, or forceful use of the surgical arm — including resisted elbow bending or forearm rotation — until specifically cleared, typically not before 6 weeks. Passive motion within your brace limits is usually encouraged earlier under your therapist's guidance.

Resting & Sleeping

Sleep with the brace on as directed, and keep the arm elevated on a pillow for the first several nights to help control swelling.

Bandages, Dressing & Bathing

A dressing covers your incision under the brace — please leave it in place and dry until your follow-up visit. You may shower with the brace removed briefly if instructed, keeping the dressing dry using a plastic covering, or sponge bathe in the meantime.

If the dressing loosens, becomes soaked, or falls off, re-wrap it with clean gauze and contact our office so we can see you sooner if needed.

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

Constipation. Pain medication and anesthesia commonly slow the bowels. Stay ahead of it by moving regularly, drinking plenty of water, eating fiber, and using a stool softener as directed.

Swelling. Some swelling near the surgical site is expected in the first couple of weeks. Elevate the area above heart level when possible and use cold therapy regularly.

Bruising. Bruising can appear around the surgical site and track along gravity's pull over the following days, 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.

Blood clot precautions. Blood clots are uncommon after elbow surgery, but staying active — walking regularly and moving your hand, wrist, and fingers — helps keep your circulation moving. Seek urgent care or an ER evaluation for calf pain, leg swelling, shortness of breath, chest pain, or a racing heartbeat.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F

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

Perform these gentle exercises only as specifically directed — the timeline for this surgery is more protected than most, since the repair needs time to heal to bone. Your physical therapist will guide exactly what's safe at each visit, typically starting within the first 1–2 weeks.

Wrist and hand motion. Make a full fist and then fully extend your fingers; circle your wrist in both directions, keeping the elbow supported. 10–15 reps, several times a day.

Shoulder pendulum. Let the arm hang and gently swing it in small circles to keep the shoulder loose while the elbow heals.

Passive elbow motion (once approved). Your therapist will guide gentle, passive movement of the elbow within the limits Dr. Yao has set — do not perform active or resisted motion on your own.

Ice and elevation. Ice the elbow for 20 minutes several times a day, keeping it elevated above heart level when resting, to control swelling.

Frequently Asked Questions

Do I sleep in the brace?

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

How much can I bend and straighten my elbow?

This is intentionally restricted and gradually increased at your follow-up visits as the repair heals — it's different for every patient, so follow the specific settings Dr. Yao gives you rather than a fixed schedule.

How much pain should I expect?

Distal biceps repair is not pain-free. Expect meaningful discomfort for the first 1–2 weeks, improving steadily with elevation, ice, medication, and rest in the brace.

When can I drive?

Generally once you are off narcotic pain medication and have enough comfortable motion to control the wheel safely — usually 2–4 weeks at the earliest.

When can I return to work?

Desk jobs: often within 1–2 weeks if you can work one-handed, once off narcotics. Physical or labor-intensive jobs: typically 4–6 months, depending on demands.

When can I return to sport?

Most guidelines recommend waiting a minimum of 4–6 months before lifting or contact sports, since the repair needs this time to regain full strength. Returning earlier carries a meaningfully higher risk of re-rupture.

How long will I need physical therapy?

Typically 4–6 months, tapering in frequency as strength and motion return.

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

0–2 weeks	Brace worn full-time with protected extension limits. Gentle wrist, hand, and shoulder motion only.
2–6 weeks	Begin gentle passive elbow motion under therapist guidance; brace extension limits are advanced gradually at follow-up visits.
6–12 weeks	Progress to active motion and light strengthening as the repair continues to mature. Brace is typically discontinued during this window.
3–4 months	Continue progressive strengthening of the biceps and forearm. Begin functional and work-related tasks as strength allows.
4–6 months	Return to lifting, sport, and unrestricted activity, contingent on passing strength testing — not on time alone.

This is a general framework — your pace may differ based on the quality and location of your repair and how your tendon responds. Your physical therapist and Dr. Yao will adjust this timeline together with you.