



DISCHARGE INSTRUCTIONS FOR BICEPS TENDON REPAIR SURGERY

Following biceps tendon repair there are a few things that will aid in your recovery.

1. Keep ice or cold therapy on the operative bicep repair as much as you can tolerate. The coldness will help with swelling and also help with discomfort. Never put ice directly on the skin.
2. A sling will be ordered for you to wear post-op. You need to wear the sling at all times and do not remove.
3. A splint will be on post operative arm. **DO NOT REMOVE.** The doctor will remove the splint at your first post operative appointment. Keep splint dry at all times. May shower if splint is covered.
4. Finger range of motion 4-6 times a day at minimum is recommended.
5. Take your pain pills as prescribed, but remember, narcotics can make you sleepy, nauseated or constipated so take them with plenty of food and water. You may take a mild laxative or a stool softener, such as colace, as needed. You may take Ibuprofen 400-600mg every 4-6 hours as needed for pain. You may take the Ibuprofen in addition to taking the prescribed pain medication. No alcoholic beverages while taking pain medications.
6. May resume home medications as directed by physician. Diet as tolerated. No spicy or greasy foods recommended the day of surgery.
7. You have a follow up appointment scheduled with Dr. _____
on _____ at TALLGRASS or 29TH & URISH CLINIC
8. **CALL YOUR PHYSICIAN'S OFFICE AT 233-7491, IF YOU HAVE ANY OF THE FOLLOWING:**
 1. Pain not controlled with pain medication
 2. Fever of 101 for 2 consecutive days
 3. Nausea that does not subside after 24 hours after surgery
 4. Able to move elbow inside splint
 5. Any questions or concerns.

WE STRONGLY SUGGEST A RESPONSIBLE ADULT REMAIN WITH YOU AT HOME TODAY AND TONIGHT FOR YOUR PROTECTION AND SAFETY. IF YOU HAVE ANY QUESTIONS, OR IF A PROBLEM DEVELOPS, PLEASE CALL YOUR PHYSICIAN IMMEDIATELY. IF YOU ARE UNABLE TO CONTACT YOUR PHYSICIAN AND YOU FEEL THIS IS AN URGENT SITUATION REQUIRING A PHYSICIAN'S ATTENTION, GO TO THE EMERGENCY ROOM CLOSEST TO YOU.

DESIGNATED CAREGIVER CONSENT

I WILL BE THE DESIGNATED DRIVER OF THIS PATIENT AFTER DISCHARGE FROM TALLGRASS SURGERY CENTER. I AM FULLY AWARE THIS PATIENT NEEDS CAREGIVING ATTENTION FOR THE FIRST 24 HOURS.

X _____
PATIENT/PATIENT FAMILY MEMBER

X _____
REGISTERED NURSE