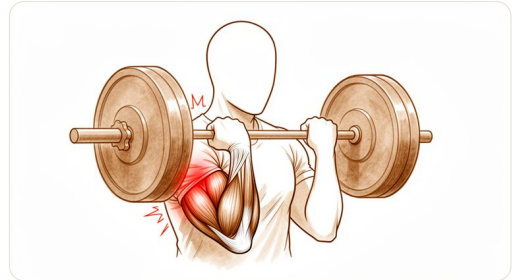


Distal Biceps Rupture

A rupture of the distal biceps tendon at the elbow.

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What you're feeling

You may notice a sudden, sharp pain in the front of your upper arm near the elbow. This often happens when you lift something heavy or strain your arm. Many people describe it as feeling like they were kicked or hit in that spot. You might also see or feel a bulge in your upper arm, sometimes called a “Popeye muscle.” This happens because the tendon has pulled away from the bone.

Your arm may feel weak when you try to bend your elbow or turn your palm upward. Simple tasks can become difficult. You might struggle to lift a grocery bag, open a jar, or use a screwdriver. Reaching behind your back to fasten a bra or tucking in a shirt may feel awkward or painful. Some people find it hard to sleep on the affected side because the pressure aggravates the sore area.

Pain often flares up after activity. It may be worse when you wake up in the morning if you slept with your arm bent. Rest usually helps calm the ache, but the weakness can linger. If you have a partial tear, the symptoms might be less severe than a complete rupture, but they still affect your daily routine. Women are more likely to have partial tears than complete ones.

If you have an isolated tear of the short head of the biceps, you might feel a gap or sulcus in the muscle. This is rare, but it requires early attention if you have considerable weakness. Your surgeon will check for these signs to decide on the best path forward. Most people with distal biceps tears experience similar patterns of pain and weakness, regardless of whether the injury is acute or chronic. The good news is that surgical repair provides consistently good results for patient-scored outcomes. You can expect excellent functional outcomes at more than 1 year after repair, whether using bioabsorbable or nonabsorbable screws.

What's actually happening

Your biceps muscle ends at your elbow as a thick, strong tendon. Think of this tendon like a heavy-duty rope that connects your upper arm muscle to your forearm bone. Its main job is to help you bend your elbow and

turn your palm upward. When this tendon tears or ruptures, that connection is broken. The muscle can no longer pull on the bone effectively, which is why you feel sudden weakness and pain.

This injury often happens when you try to lift something heavy or catch a falling object with your arm straight. The force puts too much stress on the tendon, causing it to snap. You might hear a pop or feel a sharp tear. After the injury, the muscle may bunch up in your upper arm, creating a visible bulge. This happens because the tendon is no longer holding the muscle in its normal position near the elbow.

The elbow is a complex hinge joint. It relies on bones, ligaments, and tendons working together for stability. When the biceps tendon is damaged, it can affect how your elbow moves and bears weight. Your surgeon will look at the tear to see if it is complete or partial. A partial tear means some fibers are still attached, while a complete tear means the tendon has fully detached.

Repairing the tendon restores that crucial link between muscle and bone. Modern surgical techniques allow your surgeon to reattach the tendon securely to the forearm bone. Whether using absorbable or non-absorbable anchors, the goal is to bring the tendon back to its original spot. This allows the tissue to heal and regain strength.

Timing matters for your recovery. Most problems after surgery come from waiting too long to operate or using a large incision that disturbs surrounding tissues. If you wait more than 21 days, the tendon may scar in a shortened position, making repair harder. However, even delayed repairs can still yield excellent functional outcomes. Your surgeon will choose the best approach to minimize complications and help you return to normal activities safely.

What we can do about it

You can start by resting your arm and avoiding heavy lifting or twisting motions that strain the front of your elbow. Your surgeon may recommend a period of physiotherapy to help reduce swelling and gently restore movement. The goal is to keep the joint flexible while the injured tendon settles. You should give this conservative approach a fair chance to work before considering more invasive steps.

If you experience pain, your surgeon may suggest over-the-counter pain medication or anti-inflammatory drugs to help you manage discomfort. These medicines do not heal the tendon, but they can make daily activities more bearable while you recover. In some cases, injections such as cortisone might be used to calm inflammation. However, these treatments do not repair the torn tendon itself. Their effects are temporary, and they are not a long-term solution for a complete rupture.

Surgery is considered when non-surgical care does not relieve your symptoms or when you need to regain full strength for work or sports. Your surgeon will discuss the best timing for repair, noting that outcomes are excellent even if the repair is delayed by more than 21 days. The operation involves reattaching the torn tendon to the bone to restore your arm's power. This approach provides consistently good results in terms of patient-scored outcomes and strength. For partial tears that do not improve with rest, surgery is also a viable option. In rare cases where the tendon cannot be reattached directly, your surgeon may use a graft to reconstruct the area. The overall rate of serious complications from surgery is low, regardless of the technique used.

What to expect

You can expect excellent long-term results after surgery to repair your torn biceps tendon. Whether your surgeon uses absorbable screws that dissolve or nonabsorbable screws that stay in place, your functional outcomes at more than 1 year are excellent. Most patients report consistently good results based on how they feel and function in daily life. Even if you have a partial tear that did not heal with rest, surgical repair remains a viable option after nonsurgical treatment fails.

Timing plays a significant role in your recovery experience. If you wait more than 21 days to have the repair, you can still expect functional outcomes similar to those treated immediately. However, delayed repair is associated with a high rate of initial complications. Most issues from the surgery are primarily attributed to this delay in timing. They are also secondarily linked to the need for extensive exposure of the front of the arm during the procedure. If your tear is chronic or recurrent, reconstruction using donor tissue (allograft) is safe and effective. This approach results in excellent patient-reported outcomes and range of motion with no significant complications in studied groups.

Serious complications are rare. The major complication rate after distal biceps tendon repair is 4.6%. Overall, one in 20 patients will have a major complication, and one in five patients will have a minor complication. Nerve injury is the most common issue you might face. Despite these risks, the overall rate of serious complications remains low regardless of the surgical approach. Your surgeon's level of training does not significantly change these risk profiles compared to large studies.

If you choose not to have surgery, or if the tear is managed conservatively, outcomes are generally inferior to surgical repair. Surgery provides the best chance for restoring strength and function. While chronic repairs may have a slightly higher immediate complication rate than acute ones, the long-term functional results are comparable. You should anticipate a period of adjustment. The initial weeks may involve discomfort and limited movement, but the goal is a return to normal use. Most morbidity stems from delays or extensive surgical exposure, so following your surgeon's advice on timing and aftercare is crucial for the best possible outcome.

When to see someone

See your GP if you have persistent pain that does not improve with rest. Ask for a specialist review if you notice weakness or instability in your arm. Seek care if your elbow locks or gives way. Contact your doctor if symptoms interfere with your sleep or work. Get help for any sudden worsening of pain. These signs may indicate a distal biceps tendon tear. Early intervention is recommended if you feel a gap in the muscle or have considerable weakness. Delaying repair can increase the risk of complications. Your surgeon will examine you to determine the best course of action.