

# Distal Triceps Repair

At-a-glance recovery. Pooled from 15 published studies — your own pace will vary.

| <b>LIGHT DUTIES</b>                                                                                                                           | <b>MOST EVERYDAY ACTIVITIES</b>                                                                                                                   | <b>FINAL OUTCOME PLATEAU</b>                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| desk work, driving, daily tasks                                                                                                               | manual work, sport, gym                                                                                                                           | pain and strength                                                                                                           |
| <b>2-6 weeks</b>                                                                                                                              | <b>4-6 months</b>                                                                                                                                 | <b>12 months</b>                                                                                                            |
| Protected early: light desk-based use within the brace early on, with fuller bending and active straightening opened up from about six weeks. | Resisted strengthening starts from about twelve weeks and heavier loading is rebuilt gradually; manual work and gym pressing by about 4-6 months. | The repair keeps maturing for months; final strength — especially pressing overhead and push-ups — settles by about a year. |

## Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific injury. The triceps is the muscle at the back of your upper arm; its tendon anchors onto the point of your elbow and is what straightens your arm. When that tendon tears completely away from the bone, surgery is usually needed to restore that movement. This operation, called a distal triceps repair, reattaches the torn tendon.

Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. We assess your history, examine your elbow, and arrange imaging where needed to confirm the diagnosis.

For a partial tear, non-operative care such as physiotherapy may be tried first. Surgery follows when that has not given enough improvement, or when the tear is complete. It is often recommended for active people, workers who use their arms heavily, and athletes wanting to return to competition. Repair aims to restore strength and function, with most people back at work by about 2.2 months and 89.3% returning to sport.

## Before the operation

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Your surgeon will confirm the tear with scans before planning your repair. This usually starts with X-rays, which show whether a small piece of bone has pulled away with the tendon. An MRI scan may be used to look closely at the tendon itself.

Before surgery, you will need to stop eating and drinking for seven hours beforehand. We ask for seven hours rather than six so your operation can be brought forward if the theatre list runs early. Your surgeon will tell you which medicines to stop and when. Bring a written list of everything you take. Arrange for someone to drive you home afterwards, and wear loose, comfortable clothing on the day. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

## On the day

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You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will then meet the anaesthetist, the doctor who puts you to sleep and manages your pain during the operation. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the repair is performed.

Afterwards, you will wake up in the recovery area, where nurses keep a close eye on you while the anaesthetic wears off. Once you are stable, you will either go to a ward or go home, depending on the procedure and how your recovery is going. If you go home the same day, you will need the person you arranged earlier to drive you.

## What the operation involves

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The triceps tendon attaches to a small patch of bone at the point of your elbow. In a complete tear, the tendon has pulled away from that bone, a bit like a rope coming loose from its anchor point. The aim of the operation is to stitch the tendon back down onto the bone where it belongs.

Your surgeon makes a cut at the back of your elbow to reach the torn tendon. The tendon is then reattached to its natural attachment spot on the bone using small anchors placed into the bone, with strong stitching that holds the tendon down under even tension. This restores the normal shape and position of the tendon's attachment, which gives the repair its strength.

Some repairs use a technique that covers the whole attachment area with two rows of anchors, like stitching a hem down with two parallel lines. Others use anchors made entirely of stitching material, which hold the tendon just as firmly as standard anchors. Your surgeon will choose the method that suits your injury.

Once the tendon is secure, the surgeon checks that the repair moves smoothly, then closes the cut with stitches and applies a dressing. You will keep that dressing on for about 10 days, as described in the recovery section.

The operation itself is straightforward in concept: bring the torn tendon back to the bone and hold it there firmly enough that it can heal. What happens next, how quickly you can move and use the arm, is covered in the recovery section that follows.

## After the operation

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You will wake up in the recovery area, where nurses watch you closely as the anaesthetic wears off. Your arm will rest in a simple sling for comfort. The elbow is not locked in place; gentle movement starts early. Pain relief is tailored to you, and the nurses will keep you comfortable. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. Most people walk and move around on the day of surgery, taking it gently.

## Recovery

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For the first few days your elbow will be sore and swollen. This settles gradually. Rest, keeping your hand raised when sitting, and the pain relief prescribed for you all help. Your arm rests in a simple sling for comfort, but the elbow is not locked still, and gentle movement starts early.

Hand therapy is a big part of your recovery. Your sessions are with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist: she guides your exercises and makes any splint you need. Early on, the focus is on protecting the repair while your elbow regains its movement. As the tendon heals, the exercises build up to restore strength for straightening your arm against resistance.

Day to day, you will manage light tasks at home with your other hand while the repair settles. You will not drive while your arm is in the sling, and you need to be able to hold the wheel with both hands and react in an emergency stop, with no strong pain medication on board, before you drive again. Our guide to [driving after upper-limb surgery](#) explains this in more detail.

Milestones come as events rather than dates. Once the swelling settles, bending and straightening feel easier. When your therapist clears your strength work, you start loading the arm. Most people return to work and sport at the same intensity they had before the injury. Your timeline may differ; your surgeon and Ruby will guide you.

## What can go wrong

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Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The most serious problem is the repair tearing again. You might feel a sudden pop or give in the back of your elbow, followed by weakness when you try to straighten your arm against something. Some people notice swelling and bruising over the point of the elbow, similar to how it felt when the tendon first tore. If this

happens, contact the clinic straight away. Your surgeon will examine the elbow and arrange scans to check whether the repair has held.

Some problems show up around the wound itself. Watch for pain that keeps getting worse rather than easing, redness that spreads out from the wound, or fluid leaking through the dressing. Fevers or feeling generally unwell alongside these signs also matter. If you notice any of these, call the clinic the same day rather than waiting for your next visit.

Occasionally a repair needs a further operation. This might be because the tendon has torn again, or because something else about the repair is not settling the way it should. You would usually know about it through ongoing pain, weakness or a feeling that the elbow is not recovering as expected. Raise this at your review appointment, or contact us sooner if things feel clearly wrong.

Recovery from these problems can take longer than the original plan, and some people need more time away from work or normal activity than they first expected. Your surgeon will talk you through what has happened and what the next steps are if this affects you.

The complications table on this page lists typical rates if you want the specifics.

## When to call us

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Most recoveries go smoothly, but some signs need quick attention. Call us if you have a fever, or if redness or discharge around the wound keeps increasing. If you feel a sudden pop with weakness when straightening your arm, call us straight away, or go to the emergency department if it is after hours. Go to emergency if you have sudden severe pain in the elbow that does not settle with your pain relief. Go to emergency if your calf becomes swollen or painful, or if you become short of breath. Go to emergency if you lose feeling in your arm or hand, or if you cannot move the limb.

## COMPLICATIONS & CONSENT

# Distal Triceps Repair

## Complication rates from published literature

Pooled from 15 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

| COMPLICATION                                      | REPORTED RATE | NOTES                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| re-tear                                           | <b>8.4%</b>   | 8.4% re-rupture, 14% overall complications and 13.1% reoperation in the largest series (107 traumatic tears). Transosseous (bone-tunnel) repairs re-rupture and reoperate more than anchor repairs (6.7% vs 0% re-rupture; 9.5% vs ~1% reoperation in a 184-case review); reported re-rupture spans 0-21% across series. |
| stiffness (loss of terminal extension or flexion) | —             | The commonest issue; why movement is staged rather than free. Not separately quantified in the series above; contained within the 14% overall complication rate.                                                                                                                                                         |
| olecranon bursitis / hardware prominence          | —             | The repair site is subcutaneous at the point of the elbow.                                                                                                                                                                                                                                                               |
| ulnar nerve irritation                            | —             | The nerve runs immediately medial to the repair field.                                                                                                                                                                                                                                                                   |

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME

SIGNATURE

DATE