

Pectoralis Major Repair

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

LIGHT DUTIES	MOST EVERYDAY ACTIVITIES	FINAL OUTCOME PLATEAU
desk work, driving, daily tasks	manual work, sport, gym	pain and strength
4-6 weeks	5-6 months	9-12 months
Sling for the first 3 weeks, weaned by 6; desk work is possible early with the sling on, and light daily use returns as the sling comes off.	Loading of the chest muscle rebuilds from about week 9 and strengthening from week 14, with early return to sport at 5-6 months per the practice protocol.	Full pressing strength — bench press and equivalents — is the last thing to return and keeps improving to 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 pectoralis major is the large chest muscle that pulls your arm across your body. When it tears off the bone or splits along its length, surgery means stitching the torn ends back where they belong. 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 confirm the tear with your history, an examination, and scans where they are needed.

This operation is usually offered to active people with a complete tear who need their full strength for work or sport. Repair gives better recovery of strength than leaving the tear alone, and it also restores the natural shape of the chest. For long-standing tears where the ends cannot be stitched directly, we can rebuild the tendon using donor tissue. Repair works best when it is done soon after the injury, although a later repair is still possible. Most people return to work, with a mean time of 1.6 months, and in a study of serving military personnel, 94% returned to full duty. We will talk through these figures with you so you can decide together what suits your goals.

Before the operation

Once your operation is booked, we will give you clear instructions to follow. You will need to stop eating and drinking seven hours before surgery. We ask for seven hours rather than six so we can bring you forward if the theatre list runs early. Some medicines need to be paused before surgery, and we will tell you which ones apply to you. Bring a list of everything you take, including tablets, drops and natural remedies. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Wear loose, comfortable clothing that is easy to change out of. If you have other medical conditions, you may need blood tests or a review with the anaesthetist. Most people do not need either.

On the day

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 keeps you comfortable during surgery. 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 operation is performed. Afterwards, you will wake up in the recovery area, where nurses watch over you while the anaesthetic wears off. Once you are stable, you will either move to a ward or go home, depending on the procedure and how your recovery is going.

What the operation involves

The aim of the operation is to stitch the torn tendon back onto the bone of your upper arm, so the muscle can pull properly again. Your surgeon makes a cut over the front of your chest and shoulder to reach the torn ends. The tendon is then stitched back where it tore away, using strong stitches that hold it to the bone while it heals.

If the tear happened some time ago and the tendon ends have shrunk, they may not reach each other directly. In that case, your surgeon can rebuild the tendon using donor tissue, or use a sheet of prepared tissue to reinforce the repair. The choice depends on what your surgeon finds during the operation.

The cut is closed with stitches and covered with a dressing.

After the operation

When you wake up, your arm will rest in a simple sling for comfort. The sling comes off for exercises and washing. Your team will tell you whether you go home the same day or stay one night in hospital. Nurses will keep you comfortable with pain relief, and the area around the cut may feel sore for a few days. Please arrange for someone to stay with you for the first 24 hours. You can move around the house as you feel able, keeping your arm in the sling. 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.

Recovery

For the first few days your chest and shoulder will feel sore and swollen. Pain relief keeps this comfortable, and the soreness settles over the first week or so. Resting with your arm supported helps, and ice packs can ease the swelling.

Your arm rests in a simple sling for comfort. It comes off for exercises and washing. Your physiotherapist will guide you through gentle movements at first, then strengthening work as the repair heals. You can move around the house as you feel able, but you will need help with heavier tasks for a while. Sleeping propped up on your back is often more comfortable in the early days.

As the swelling settles and movement returns, everyday tasks get easier. Once your surgeon is happy with how the repair is healing, you will gradually build back to lifting, work and sport. Driving comes later, once you are out of the sling and can hold the wheel with both hands and react in an emergency stop, and you are off strong pain medication. Our guide to [driving after upper-limb surgery](#) explains this in detail.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you at each step.

What can go wrong

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

Sometimes the repair does not hold and the tendon tears again. You might feel a sudden pop or give way in your chest, with a loss of strength when you push or pull. Tell your surgeon straight away if this happens.

Infection can develop around the wound. Watch for redness that spreads out from the cut, warmth, increasing pain, or fluid leaking from the wound. You may feel feverish or generally unwell. Call the clinic if you notice any of these signs, as infection needs prompt treatment.

A collection of blood can form under the wound after surgery. This looks like a firm, tender swelling near the cut, and it may feel tight or throbbing. Mention it at your review, or call the clinic sooner if it grows quickly or is very painful.

The shape of the chest may not look quite the same afterwards, even when the repair has healed well. Some people notice a slight difference in the contour of the muscle when they look in the mirror or flex. This is usually a cosmetic issue rather than a painful one, so bring it up at your next review if it concerns you.

The shoulder can become stiff and painful some weeks after surgery, a condition called frozen shoulder. You may find it hard to reach up, behind your back, or out to the side, and the stiffness can disturb your sleep. Let your physiotherapist or surgeon know, as early treatment helps restore movement.

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

When to call us

Trust your instincts. If something feels wrong, call us. Call the clinic if you have a fever, or the wound becomes more red, warm or painful, or fluid starts leaking from it. Call us if a swelling near the cut grows quickly or is very painful. Go to emergency if you have sudden severe chest or arm pain, calf swelling or pain, or shortness of breath. Go to emergency if your arm goes numb, changes colour, or you cannot move it. If you feel a sudden pop in your chest with loss of strength, call us straight away.

COMPLICATIONS & CONSENT

Pectoralis Major 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-rupture	3.1%	3.08% pooled re-rupture after repair in the 664-injury meta-analysis.
overall complications	14.2%	14.21% pooled overall complication rate for operative treatment in the same meta-analysis, most minor. Acute repair outperforms chronic repair on function and cosmesis, which is why early referral matters.
stiffness and cosmetic asymmetry	—	Some contour difference can persist even after a sound repair, particularly in chronic tears.
infection / wound problems	—	Uncommon in primary repair.

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