


Distal Biceps Tendon Repair

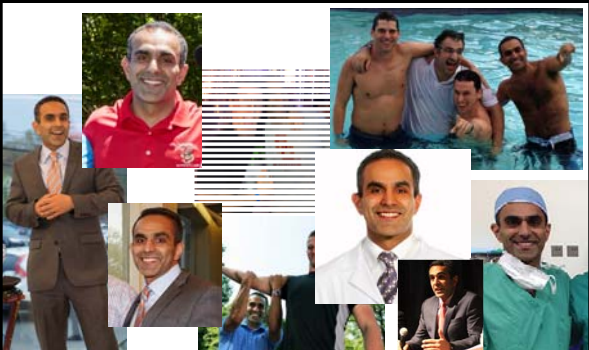
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Disclosure: No relevant disclosures related to this presentation


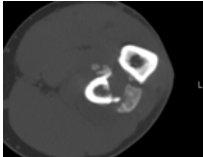


Ode to Paul Sethi



Many Repair Techniques

- Tenodesis to Brachialis
- Bone Tunnel (1 or 2 incision)
- Suture Anchor
- Cortical Button
- Interference Screw
- Combination Fixation

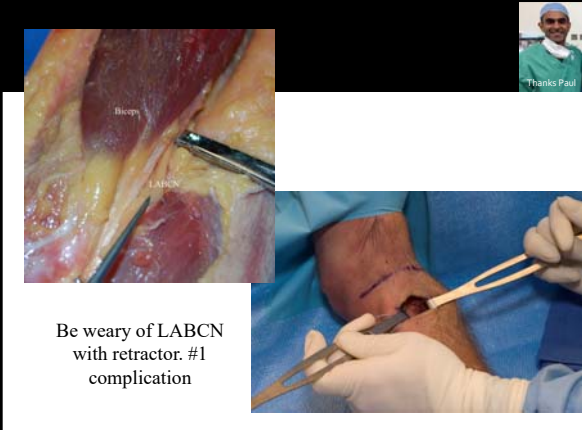


My Preferred Surgical Technique
Single Incision Tension Slide

Incision






- 4 cm longitudinal incision 3 cm distal to antecubital crease
- Be aware of LABCN
- Identify in revision and chronic



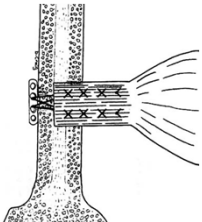
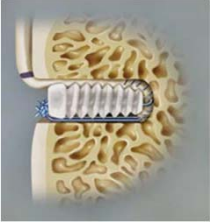
Be weary of LABCN with retractor. #1 complication

Tension-Slide Technique





- Pass biceps button
 - Can visualize this part with arm in extension
- Flip Button
- Engage Tension Slide Technique
- Back-up sutures

Tendon Fixation



- Rarely use Button
- Prefer smallest tunnel possible

Tuberosity is not too proximal



Cortical Button: Drilling

Hutchinson HL, Glynn D, Gillespie M. Distal biceps tendon insertion: an anatomic study. *J Shoulder Elbow Surg.* 2008;17(3):342-6.
Lo EY, Li C-S, Van den Bogende JM. The effect of drill trajectory on proximity to the posterior interosseous nerve during cortical button distal biceps repair. *Arthroscopy.* 2011;27(8):1048-54.

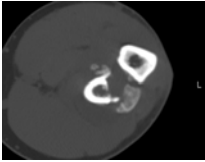

Key Points

- Identify Early
- Operate early
- Don't Pull on LABCN
 - Use wider retractor or sterile gauze
 - Tell patients to expect numbness
- Use Right Angle Retractors
 - No levering retractors around radial neck radially (ie no Hohmann radially)
- Ligate recurrent vessels
 - Harder with partials


Complications

- Posterior Interosseous Nerve (PIN) Injury -- rare
- Lateral Antebrachial Cutaneous Nerve Palsy -- common
- Malpositioned Repair
- Vascular Injury
- Heterotopic bone
- Re-rupture
- Elbow stiffness/contracture
- Persistent pain/weakness

Synostosis



- Dreaded complication
- Complete loss of motion
 - Near-complete loss of motion
- Rare with single incision technique
 - Suck out bone debris!!!



Franko Paul

Technique Video



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Thank You

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