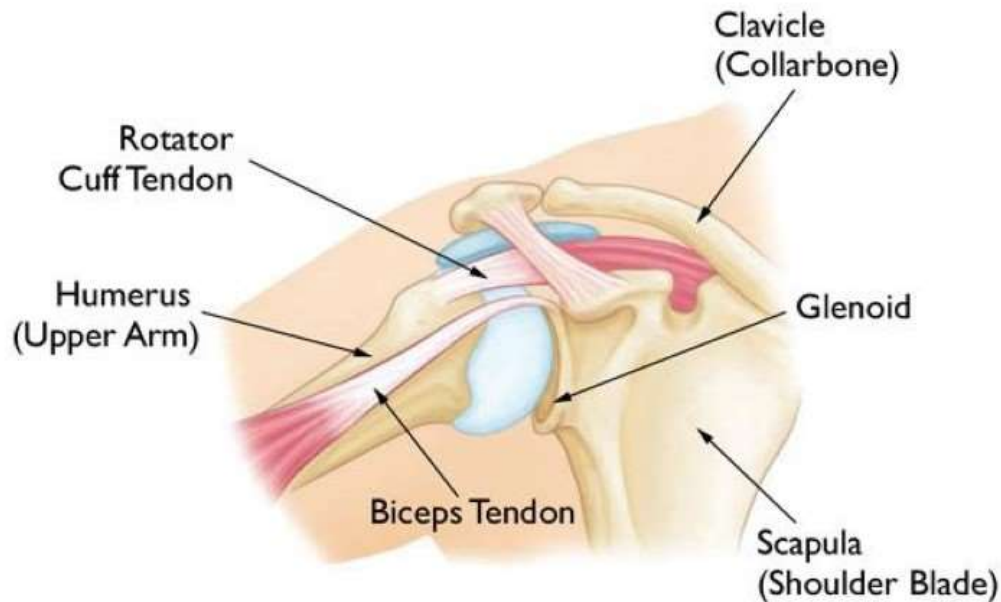


# Biceps Tendonitis and SLAP tear

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## **Anatomy/Description**

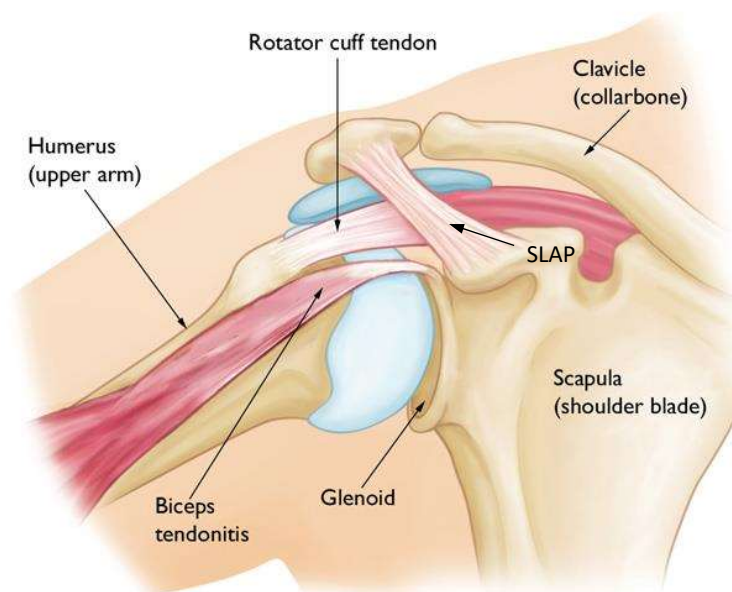
The shoulder joint is a remarkably complex structure that allows a wide range of arm movement and power when it is functioning properly.

The shoulder is made up of three bones; the humerus, scapula and clavicle. The humerus is held into the glenoid by an arrangement of muscles and tendons that are referred to as the rotator cuff. The biceps tendon attaches the biceps muscle to the bones in the shoulder. The long head of the biceps attaches to the superior glenoid via the superior labrum, thus a detachment here is called a SLAP tear, where SLAP stands for Super Labrum Anterior to Posterior. The short head of the biceps tendon attaches to a section on the scapula called the coracoid process.

Biceps tendonitis is the inflammation of the long head of the biceps tendon. As the tendonitis develops, further inflammation results in the tendon becoming swollen and the covering (sheath) can thicken or enlarge.

A SLAP tear refers to the detachment of the superior labrum from the glenoid.

Sometimes the damage can lead to a complete rupture at the labral/tendon complex which presents as a visual deformity resembling a “Popeye” like prominence in the upper arm.



## **What Causes Biceps Tendonitis or SLAP tears?**

Biceps tendonitis and SLAP tears are usually a secondary problem due to greater rotator cuff damage. However it can also occur due to everyday wear and tear, weakening the tendon either by overuse or by repetitive stressful activity. The overhead motion required of sports such as tennis, swimming, football etc., is a common contributing factor.

An acute SLAP tear can be due to trauma such as a motor vehicle accident, work injury from lifting heavy objects, fall onto an outstretched arm or a shoulder dislocation.

## **Symptoms.**

- Pain – with movement of the shoulder or lifting objects, especially overhead
- Tenderness
- Sensation of locking, snapping, popping, catching or grinding
- Reduced shoulder strength

## **Non-Surgical Treatment.**

Initial treatment may begin with non-surgical options such as rest, application of ice packs to reduce swelling, non-steroidal anti-inflammatory medication progressing to steroid injections such as cortisone and physiotherapy.

Should these interventions fail, Dr Dao may recommend a surgical approach, especially if the tendonitis is secondary to a greater injury or complication.

## **Surgical Treatment.**

### **Biceps Tenodesis:**

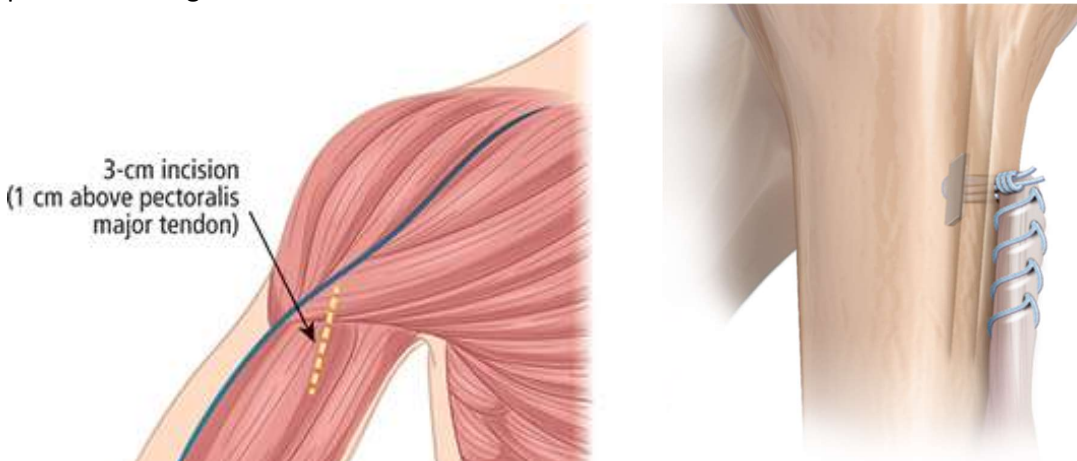
Attempting to repair a SLAP tear invariably leads to increased stiffness in the shoulder which is typically permanent. Dr Dao generally prefers to perform a biceps tenodesis. Dr Dao will initially assess the condition of the biceps tendon, which is done arthroscopically, also known as key-hole surgery. This is done through several small incisions less than 1cm long.

The arthroscope is a thin instrument containing a miniature video camera and light. It is inserted through a small incision in the shoulder. Using small instruments Dr Dao is able to visualize the damage to the tendon. The damaged tendon will then be released from the attachment.

Dr Dao will then make an incision about 3-5cms long just above the pectoralis major tendon (inner-upper arm), and remove the damaged portion of the biceps tendon. The rest of the tendon will then be reinforced with a thick stitch and secured to the humerus with a small button.

The wound will then be closed with skin stitches and a small adhesive dressing.

An ice pack is often applied in recovery to help defuse swelling and ease pain. Your arm will be placed in a sling or shoulder immobilizer.



## **Recovery and Follow Up After Bicep Tendonitis Repair.**

As soon as possible following surgery you should start moving your fingers, wrist and elbow. A post-operative appointment will be made for you to see Dr. Dao in approximately 14 days. Your sutures will be removed at this consultation.

An exercise program is important to your recovery and begins soon after your surgery. Provided that no other tendons were needed to be repaired, Dr. Dao will remove your sling at that first post-operative consultation and start with gentle exercises that gradually help you regain shoulder movement. At 3 months you will start stretches and exercises that are intended to strengthen the muscles. Dr. Dao will advise you about return to work and normal activities, however it is advisable to avoid contact sport for the first 6 months.

Recovery takes time and depends on the type of surgical repair. It usually takes several months (possibly up to a year) for strength and comfort of your shoulder to return.

## **Frequently Asked Questions.**

### **Q: Will my ruptured biceps tendon heal by itself?**

A. No, the tendon once ruptured does not heal on its own.

### **Q: Will I need surgery to repair my biceps?**

A. There are initial non-surgical treatment options, such as rest, non-steroidal anti-inflammatory drugs and physical therapy. However these treatments do not restore a ruptured tendon or unstable SLAP tear and therefore a surgical approach may sometimes be preferred.

### **Q. Is there any risks associated with the surgery?**

A. All surgery has risks. Dr. Dao will discuss this with you, but these risks typically include anaesthetic risks, the risk of wound infection or deeper infection which may require further surgery. There is also a risk of the damage to nerves and blood vessels close to the surgical area. Surgery cannot improve the strength of tendons and there is risk of re-rupture of the tendon particularly if the rehabilitation advice is not followed. The repaired tendon may not heal or may heal incompletely.

### **Q. Will the pain and discomfort in my biceps resolve?**

A. The pain, discomfort and swelling may take several weeks to resolve as the tendon heals. Most patients will regain near full range of motion by the final follow up appointment.

### **Q. What do I do if there is severe pain, discharge, increased swelling, worsening flexibility, inability to move the arm or any concerns following surgery?**

A. During business hours, please contact the rooms on 8078 0633 or outside business hours please attend your local emergency department.