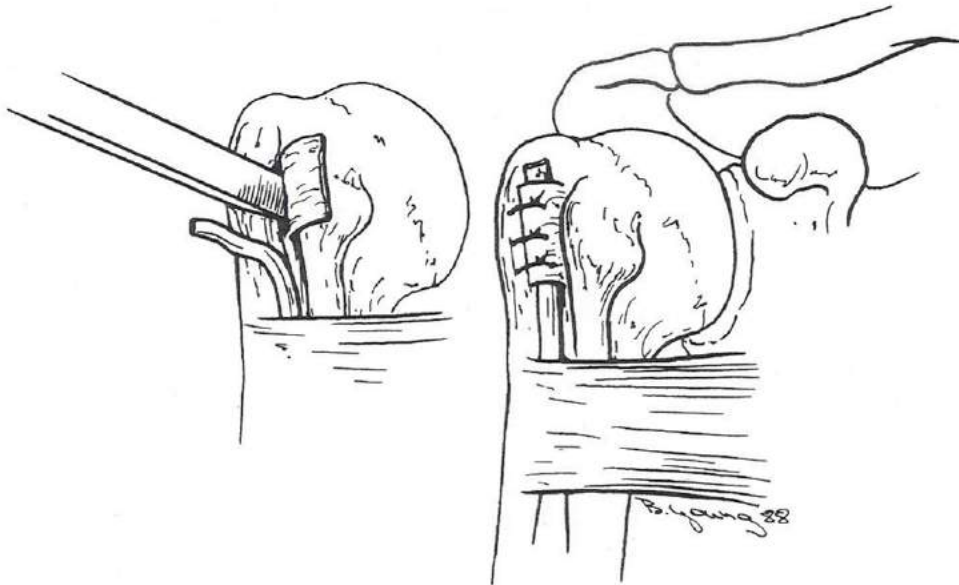
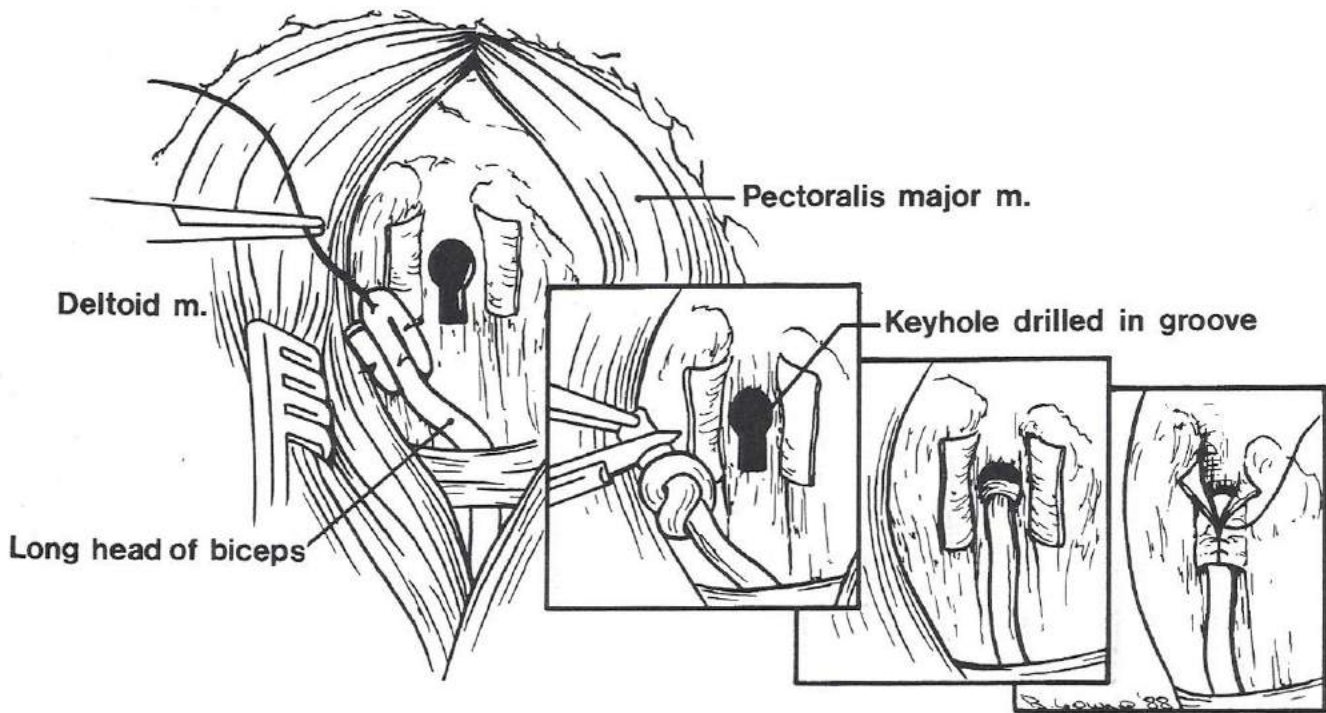


Biceps Tenodesis

(Tenodesis (ten-od'-ěsis)[*teno-* + Gr. *Desis* a binding together]
tendon fixation; suturing of the end of a tendon to a bone)



Hitchcock procedure. With an osteotome, a bed is made in the intertubercular groove by elevating a portion of the floor from the outside inward. The tendon is roughened and then sutured beneath this osteal periosteal flap with heavy nonabsorbable sutures. The transverse humeral ligament is laid down over the tendon and the osteal periosteal flap.



Keyhole tenodesis as described by Froimson. The biceps tendon is rolled into a thick ball in the proximal stump; this is sutured together in a knot. A keyhole is made in the groove using a dental bur. The tendon is then inserted into the keyhole, and the transverse ligament is repaired over the tendon with a nonabsorbable suture. Post has recommended marking the groove and the tendon with methylene blue before making an incision in the tendon in order to determine the normal tension of the tendon postoperatively. (Modified from Froimson AI and Oh I: Keyhole tenodesis of biceps origin at the shoulder. *Clin Orthop* 112:245-249, 1974.)

Dr. John G. Skedros, Fellowship-Trained Shoulder and Elbow Surgeon