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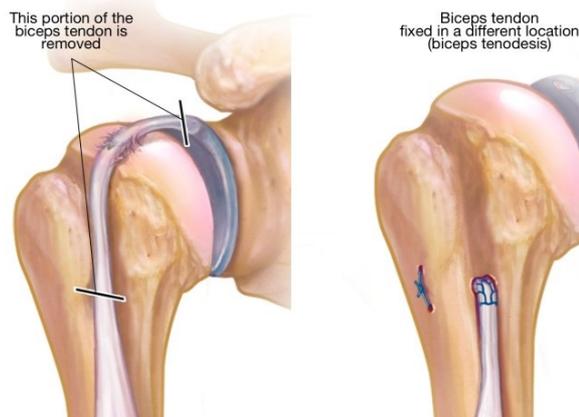
Biceps Tenotomy Versus Tenodesis

Lesions of the long head of the biceps tendon are a common cause of shoulder pain and are generally treated at the time of shoulder arthroscopy. Biceps tendon pathology can take on many forms, and operative intervention is typically reserved for cases of recalcitrant tenosynovitis or tendinosis, acute or degenerative tearing (including SLAP tears), or biceps instability. Failure to address symptomatic biceps pathology at the time of surgery can result in continued pain.

Debate exists as to which treatment to employ—biceps tenodesis or tenotomy—at the time of surgery. Proponents of tenotomy claim that it is simple, has low surgical morbidity, takes little operative time, avoids change to postoperative rehabilitation, and has good, predictable pain relief. Proponents of tenodesis claim that it helps avoid cosmetic deformity, may help avoid subjective cramping, and better maintains supination strength.

Both procedures result in high patient satisfaction and pain relief.

Biceps tenodesis



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