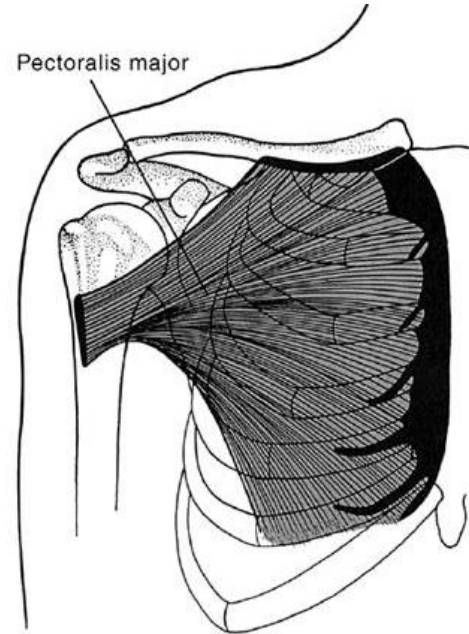


STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Pectoralis Major Repair/Reconstruction

Indications for Surgery

The pectoralis major muscle attaches to the humerus (arm bone) via tendons. The pectoralis major muscle is important for forcefully bringing the arm to the midline or across the body, as well as to rotate the arm inward. Pectoralis major ruptures can be a partial or complete tear of the pectoralis major tendon. Typically, the tendon tears off the humerus bone but occasionally the pectoralis may tear at the muscle-tendon junction. When the pectoralis major muscle is significantly or completely disconnected from the humerus bone, the muscle retracts and there is a loss of function of this muscle. This typically results in deformity and loss of the normal contour of the chest and loss of power with pressing or pushing with the arm. Athletic patients who wish to regain full strength and function often elect to have the pectoralis major tear repaired. For patients wishing to avoid surgery, loss of function of the pectoralis muscle does not typically impair normal activities of daily living and may elect to not have it repaired.



Contraindications to Surgery

- Infection
- Shoulder stiffness
- Inability or unwillingness to complete the postoperative program including immobilizing the shoulder in a sling for six weeks and performing physical therapy 2-3 times per week for four to six months
- Patients with poor general health which is not sufficient to proceed with surgery

Potential Surgical Risks and Complications

- Infection
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm from the nerve block
- Continued or recurrence of pain
- Stiffness or loss of motion of the shoulder
- Inability to return to the same level of athletics or work
- Persistent weakness of the shoulder
- Finding of an irreparable tear at the time of surgery (inadequate tendon to repair)



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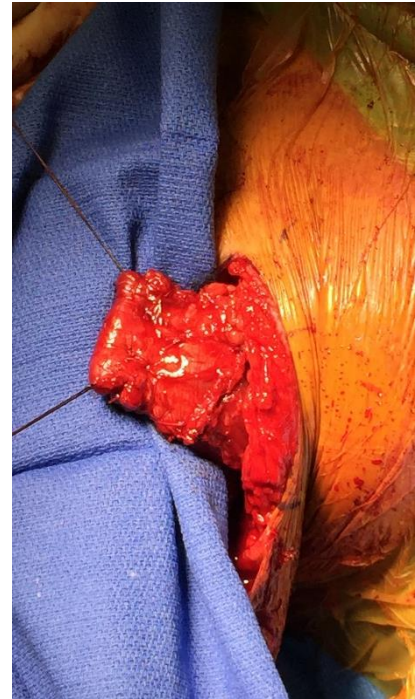
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Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- General anesthetic with interscalene block (See *Your Surgical Experience* booklet)

General Surgical Technique

Dr Chudik makes a small, limited incision over the anterior shoulder. He then retracts the soft tissues and identifies the torn pectoralis major tendon. The insertion site of the pectoralis major tendon on the humerus bone is also identified and prepared. Suture anchors are placed in the bone along the insertion site on the humerus. Sutures from the anchors are passed through the tendon end of pectoralis major muscle and tied down to reattach the tendon to the humerus bone in its proper position. Sometimes, when the pectoralis major tendon injury and tear is chronic (greater than four to six weeks or more) the tendon may have resorbed and scarred so that there is insufficient tendon to repair back to the bone. In these cases, Dr. Chudik has taken autologous graft from the iliotibial band along the thigh (expendable long flat band of tendon from the patient), folded the tendon graft over the free end of the remainder of the pectoralis major tendon, sutured it into place on the muscle to make a new pectoralis tendon and then repaired the muscle with its new tendon back to the humerus bone as described above. Then the arm is immobilized against the side of the patient for six weeks and requires four to six months to begin to return to physical activities such as weightlifting.



Intraoperative photos of pectoralis major reconstruction/repair with autologous iliotibial band graft



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Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®], Eliquis[®] according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

Do not eat or drink anything from midnight, the evening before surgery

Post-operative Course

- You will always use a sling with your arm against the side of your body except for bathing, dressing and exercises for six to eight weeks following surgery, especially while you sleep. This prohibits driving.
- You may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery.
- You must keep the wound clean and dry 10 to 14 days following open surgery. You may shower lightly after 14 days, but wounds cannot be submerged under water for three weeks.
- Driving after six to eight weeks.
- Return to school/sedentary work in less than one to two weeks as long as you are in your sling and do not use the extremity. No typing, writing or purposeful movement.
- Physical therapy should begin two to three days after surgery and continue for four to six months. The success of pec major repair is highly dependent on the post-operative rehabilitation. It is crucial to follow through on and maintain a proper therapy schedule.

Return to Activity

You may return to unlimited activities when there is no pain and full shoulder range of motion, muscle strength and endurance, and functional use has been restored. This usually requires four to six months following a pectoralis major repair/reconstruction. Dr. Chudik will tell you when it is safe to resume all activities. Dr. Chudik has special protocols for returning to throwing and golf.

Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or contactus@chudikmd.com to:

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment to remove sutures and review post-operative instruction

Notify My Office if Symptoms Worsen



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