ACL

General Post-Operative Instructions for ACL Reconstruction

Dressings:

Knee dressing may be removed 48 hours after surgery. The small tapes covering the incision should be left in place. Please reapply sterile 4 X 4.

Bleeding:

In some cases, oozing at the point of incision does persist for several hours. If this should persist beyond this amount of time, please contact our office. If the tapes covering the incisions are removed, this sometimes does remove the clot covering the wound, which is why it is preferable to leave those in place.

Showering:

Please keep incision dry until sutures are removed and no hot tub for six weeks postop.

Swelling:

Swelling is commonly experienced after the surgery. Use of an Ice Therapy unit is recommended. This ice compression unit is offered and

recommended by the physicians for postoperative pain and swelling. Regular ice packs can be used if you do not want to purchase or rent the Ice Therapy unit. Ice therapy should be used for no more than 30 minutes per session, with a 30 minute rest time between sessions. Also, we recommend a thin layer of clothing as a barrier between your skin and the cuff to reduce the risk of frostbite. You can use the Ice Therapy unit as many times per day as you wish in 30 minute sessions. We recommend using a minimum of three times per day.

Elevation:

Elevation is very important after surgery. For the first 4 days, it is very important that the leg not be left in a hanging position such as the typical sitting position with the foot on the floor. – After knee surgery, the circulation in the leg is not normal and blood can pool in the leg, causing a blood clot, which is potentially fatal. Unless you are specifically instructed otherwise, you may bear full weight on the operated leg. If you are not actively walking, however, it is best to have the leg at or above the level of your heart and keep the foot moving up and down, tensing it or relaxing the calf muscle as much as possible; 50 times an hour while awake should be minimum for this.

Relief Of Pain:

For mild pain: Use pain-relieving medication such as Advil or Motrin. Take 1 to 2 tablets every 4 hours as needed. Do not take more than 6 tablets in 12 hours or severe pain: A prescription for stronger medication will be dispensed. Cold compresses, as noted, often aid in relieving pain. Do not take strong medications on an empty stomach. Do not drink alcohol while taking prescribed pain medication.

A long acting local anesthetic is generally administered in the knee at the end of surgery to decrease pain. The local anesthetic will last for an average of 8-12 hours, with a range of 6-36 hours. Somewhere during this time period, you should expect that your knee will begin to hurt more, indicating that the local anesthetic is wearing off. When this feeling is noted, it is advisable to begin taking some of the pain medication as soon as the block is felt to wear off, and to try to stay ahead of the pain for the first 12 hours after the block wears off only. After that, pain medication should be taken only to treat pain, as opposed to prevent it. It is not safe to set an alarm to take pain medication at a specific interval, as this can result in overdosing of medication.

The interval for taking pain medication, noted on the bottle every 3, 4, or 6 hours, is a minimum interval only. Pain medication does not need to be used any more often than your pain requires.

Diet:

The day after surgery, drink lots of fluids and eat soft, nutritious foods. An adequate diet is essential for the healing process.

Nausea And Vomiting:

Although unusual, both can be experienced after anesthesia in surgery. If you have a tendency for this, please discuss it with the anesthesiologist. Otherwise, it is usually alleviated with a clear liquid diet.

Drowsiness:

After anesthesia, drowsiness may persist for quite a while. It should cause no undue concerns.

Activities:

Let pain and swelling be your guide.

Common Complaints After Surgery:

At times, patients complain of a sensation of liquid within the knee joint; this is the reabsorbing of fluid from the surgery. Other patients also noted occasional clicking with movement; this is the readjustment of your muscles and control of the knee joint, which is alleviated with your exercise program.

Signs Of Trouble:

If, at any point after surgery, you develop a fever higher than 101.5° F, or if you notice significant redness, swelling, or foul smelling drainage from the incision, please contact us during our regular office hours. If you experience significant calf pain or swelling, this would be another issue that would be best dealt with immediately. You should go directly to the ER if it is at night or the weekend.

Rehabilitation Work:

Rehabilitation is typically begun under the supervision of a physical therapist. Rehabilitation is an ongoing project, however, that is principally self-directed. You will need to be doing your rehab exercises essentially every day. The number of visits required with the physical therapist will vary, depending on the extent of knee surgery and how things progress post operatively. A separate rehab protocol is available, which outlines the rehabilitation after surgery, but this is only an outline, and rehabilitation

should be individualized based on your particular situation and particular issues inherent in your knee.

Return To Sport:

The time line for return to sporting activities is variable for ACL surgery (4-12 months). Patients' response to surgery and healing pace, type of surgery, effort, pre-fitness level, and type of sport, all play roles. Because every athlete heals at a different pace, to evaluate your status, we recommend you participate in our return to sport functional knee exam. During this exam we will review your current rehab protocol, evaluate key exercises, landing positions, explosive motion, and make recommendations for your training regimen. We suggest that you initially take a pre-test at 3-5 months to ensure that you are on track to return to your sport at the anticipated time. The final exam is customarily 5-9 months post op. The majority of patients return to sports 5-9 months postop. We hope these periodic exams will keep you on pace to return to your sport in an accelerated and safe manner

Graft Information:

PATELLAR TENDON ACL: After a patellar tendon type ACL reconstruction, a single long incision will be present at the front of the knee. The area from the incision toward the outside of the knee will be numb initially. Some of the sensation, but not all, may return over a period of many months.

HAMSTRING ACL RECONSTRUCTION: After hamstring ACL reconstruction, there will be a moderate sized incision at the front of the knee. You can expect bruising and soreness up along the inner thigh from removal of the ham string tendons. Some, but not all, patients will have an area of numbness along the outer portion of the knee or upper leg.

ALLOGRAFT ACL RECONSTRUCTION: After an allograft reconstruction, there will be an incision similar to that from a hamstring reconstruction of moderate length on the front of the knee.

MENISCUS REPAIR: If you had a meniscus tear (torn cartilage) that was repaired, as opposed to having the torn portion removed (meniscectomy), the area is typically more painful after the surgery and regaining range of motion is more difficult than without a meniscus repair. While it is possible for a meniscus repair not to heal and require further surgery, if a meniscus tear is of a pattern amenable to repair then this is frequently attempted to try to maintain the maximum amount of cartilage tissue in the knee and minimize the risk of long term arthritis.

If you have additional questions or should problems develop, please do not hesitate to contact us. (503-214-5200)