



POST-OPERATIVE ACL INSTRUCTION SHEET ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION

GENERAL INFORMATION

Anterior cruciate ligament reconstruction is generally done as an outpatient procedure, meaning that you will go home from the hospital the same day as your surgery. Anesthetic can be either general, where you go to sleep, or regional, where an injection is given in the back to numb the legs. In order to go home, you will need to demonstrate an ability to keep down food or fluids, go to the bathroom, and get up and move around a little bit.

PAIN MANAGEMENT

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. If you have not had any problems with stomach ulcers, kidney disease, or aspirin or anti-inflammatory allergies, an anti-inflammatory can be taken along with your pain medication, as long as both medications are taken with food. An average sized adult, for a period of less than 2 weeks, could take 3 Advil/Nuprin/ibuprofen 3 times a day, at the 200 mg over the counter strength. This must always be taken with food. Similarly, Aleve could be taken, 2 pills twice a day. Icing is beneficial, particularly for the first 4 days, and can be applied as often as 10-15 minutes out of the hour while awake. It should be applied a minimum of 4 times a day during the first 4 days. Care should be taken not to place the ice directly over the skin at either the Ace wrap or dressing, or a towel between ice and the skin. The Game Ready Unit is an ice unit that is offered for postop pain and swelling. A support staff will contact you to discuss the unit. Regular ice packs can be used if you do not want to rent the Game Ready.

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 extremely serious. 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.

REHABILITATION WORK

Unless you are specifically instructed otherwise, it is okay to remove the knee immobilizer to begin working on bending and straightening the knee. The knee immobilizer should be on at all times while weight bearing on the leg, and also while lying in bed at night. The purpose of the immobilizer while walking is to provide support, as the muscles will typically not be fully functional after surgery. The purpose of wearing the immobilizer in bed at night is to keep the leg straight, as it is typically most comfortable to lay with the knee in a slightly bent position. The most difficult part of the early rehabilitation is obtaining full straightening of the knee, and if you are able to keep the knee from ever getting stuck in a slightly bent position, the rehabilitation is substantially easier.

INCISIONS

Your knee will typically have 3 small incisions surrounding the knee cap for the arthroscopic component of the surgery. There will generally be a small hole, about the size of a freckle, on the outside of the knee, which is used for placement of a pin during the surgery. There will generally be another incision used for placement of the ACL tunnels, as well as removing the tissue to be used for a new ACL. You may change the dressing 48 hours after surgery. If you do choose to change the dressing, then place a small piece of gauze, available at the drug store, over each incision, and then cover it with an Ace wrap. This should be once a day until your office appointment. If you are uncomfortable with changing the dressing, you can choose to leave it in place until your office visit. The incision should be kept dry until after your sutures are removed. You may choose to either take a sponge bath or cover the area carefully with plastic and tape the edges securely and take a shower.

PATELLAR TENDON ACL

After a patellar tendon type ACL reconstruction, a single long incision will be present at the front of the knee. Generally, 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.

POST OPERATIVE FOLLOW UP

Please call Barbara, or the nurse covering for her, the day after your surgery, to check in and troubleshoot any problems or questions that arise. Roughly a week from surgery should be your first follow up appointment in the office. At that time, the sutures will be removed. You will receive a P.T. prescription. You are free to do as much bending and straightening on the knee as you would like up until this point, as long as the immobilizer is worn according to the above instructions.

IMMOBILIZATION

The knee immobilizer should be worn for 2 weeks after typical ACL reconstruction, and for 6 weeks after ACL reconstruction that includes a meniscus repair.

REHABILITATION

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.

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 Barbara or the nurse covering for her during our regular office hours. If the problem occurs after office hours, please call the answering service at **503-214-5200**. If you experience significant calf pain or swelling, this would be another issue that would be best dealt with immediately.

SUMMARY

Anterior cruciate ligament reconstruction is a surgery that frequently helps patients improve their activity level, but requires a major commitment in terms of rehabilitation and proper postoperative care of the knee. Other questions will generally arise; please feel free to address them to myself and/or Barbara as needs arise.