

POSTOPERATIVE INSTRUCTIONS

ANTERIOR CRUCIATE LIGAMENT(ACL) RECONSTRUCTION

DIET

- Begin with clear liquids and light foods (jello, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing. Loosen bandage if swelling of the foot or ankle occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing.
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply waterproof band-aids or clean gauze and tape over incisions and change daily.
 - If you have stitches leave in place
 - Steri strips should be left on but if they start to peel up, ok to trim the ends. They might fall off on their own and that is ok.
 - If you have Brijjits (plastic stickers), keep in place and do not peel off
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing water-proof bandages over incision areas during the first week. Please remember to change bandages daily.
- After 1 week ok to shower without any bandages over incisions
- NO immersion of operative leg (i.e. bath)
- Brace may come off to shower.

MEDICATIONS

- Pain medication is injected into the wound and knee joint during surgery or you may have a nerve block – this will wear off within 8-12 hours.
- Most patients will require some narcotic pain medication for a short period of time, which can be taken as per the directions on the bottle.
 - DO NOT drive a car or operate machinery while taking narcotic medication
- Primary Medication = Norco (Hydrocodone) or Percocet (Oxycodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Do NOT take additional Tylenol (Acetaminophen) while taking Norco or Percocet
- Common side effects of pain medication are nausea, drowsiness, and constipation.
 - To decrease the side effects, take medication with food.
 - If constipation occurs, consider taking an over-the-counter laxative such as prune juice, Senekot, Colace (or Periocolase), or Miralax.
 - If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed
 - For nausea, take prescribed Zofran

- ☐ •Ibuprofen 600-800mg (i.e., Advil) may be taken in between the narcotic pain medication to help smooth out the postoperative “peaks and valleys”, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.
- ☐ Aspirin 81 mg: please take a daily over the counter baby aspirin for the first 4 weeks after your surgery. This is to prevent blood clots which is a very rare but serious postoperative complication.

ACTIVITY (based on meniscus repair, please see handout from surgery for instructions)

- ☐ No weight on your operative leg. Ok to rest your foot on the floor. Keep your brace on when up and moving.
 - ☐ Ok to put full weight on your operative leg. Keep your brace on when walking for the first 2 weeks.
- Use crutches to assist with walking as needed.
 - Elevate the operative leg to chest level whenever possible to decrease swelling.
 - Do NOT place pillows under knee (i.e., do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle to elevate leg.
 - Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery.
 - Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
 - If pain is tolerable, may return to sedentary work or school 3-4 days after surgery.

BRACE

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) for the first week then ok to remove while sleeping.
- Remove brace for flexion (bending) exercises done in a non-weight bearing position (i.e. lying or sitting).
- Remove brace for showering.

ICE THERAPY

- Begin icing immediately after surgery.
- Please use ice packs to ice the surgical site. Ice packs can be applied for up to 20 minutes out of every hour until your first post-op visit.
- If braced, loosen brace to avoid added pressure.

EXERCISE

- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few days following surgery – it is safe and, in fact preferable to bend and extend your knee.
- **Complete exercises 3-4 times daily until your first postoperative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first postoperative visit unless otherwise instructed.**
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin about 2 weeks after surgery

FOLLOW-UP CARE/QUESTIONS

- Follow up appointment: 2 weeks as scheduled
- Call (909) 862-1191 x32594 with questions during business hours or send a message using MyChart. After hours please call the after hours nurse line 1-909-793-3311 TTY 711

****EMERGENCIES****

- Contact the clinic if the following occur:
- Painful swelling or numbness
- Unrelenting pain
- Fever (note – it is normal to have a low-grade fever (101° and under) for the first day or two following surgery) or chills
- Redness around incisions
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

Proceed to the nearest emergency room if you have an emergency that requires immediate attention.