



Postoperative Instructions for Knee ACL Reconstruction

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PAIN:

- You will be sent home from the surgery center with prescriptions for pain medication.
- After the first day or two, as the pain lessens, you may decrease the frequency with which you take the medication.
- Keep in mind that many people have an increase in pain around day 3 or 4 after surgery. Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable.
- It is also helpful to use ice, as well as to elevate your leg to decrease pain and swelling.
- Elevation should be achieved by placing pillows under the heel or calf—not under the knee—in order to keep your leg straight.
- If these measures are not adequately controlling your pain, please call our office.

MEDICATIONS:

- Most pain medications need a handwritten prescription for refills and cannot be obtained after hours or on the weekends. Please plan accordingly.
- Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this.

DRESSINGS:

- You will have a soft dressing applied over your incisions.
- It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection.
- Leakage immediately after surgery is normal and actually helps to drain some of the fluid that accumulates in the joint during surgery.
- The dressings may become moist or blood-stained; this is normal and usually not a cause for alarm.

BATHING:

- You may remove your dressing 48 hours after your surgery to take a shower.
- You may have steri-strips over your incisions (small white strips of tape). If so, leave them in place until they fall off on their own or until they are removed at your first post-op appointment.
- You may let soap and water gently wash over your incisions, but do not scrub them. Pat them dry with a towel, then cover each of the incisions with a band-aid or gauze and an ace wrap.
- You may not soak in a bathtub or go swimming until your sutures have been removed and your incisions are well healed.

DRIVING:

- You may not drive while you are taking pain medications.
- Once you have discontinued the pain medications, your doctor will let you know when it is safe to drive, depending on your specific procedure.

WHEN TO CALL:

- Please call if you develop a fever greater than 102°F, increasing pain that is not responding to pain medication, redness, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood.
- For any concerns, call our office at 952-442-2163. After hours, the answering service will contact the physician on call.

EXERCISES:

- Start home exercises in approximately 48-72 hours after surgery.
- If you are having too much pain, you may limit the number of sets or repetitions.
- See images on the last page for exercise instructions.

AFTER SURGERY:

- Your leg should remain in the immobilizer anytime you are up and walking until the therapist says that your quad strength has returned enough to walk without it (usually 1-3 weeks, but may be longer if you had a meniscus repair).
- You may remove the brace when you are at rest, sitting, or sleeping.
- The crutches are to be used as needed.
- It is normal to need them early on and wean from them as your pain improves.
- You will begin physical therapy about 3-5 days after surgery.
- Please contact us if you did not receive a therapy prescription at the time you scheduled your surgery.

7-14 DAYS POST-OP:

- You will have your first office visit.
- X-rays will be taken, and, if you have non-absorbable sutures or staples, they will be removed at this visit.
- You will review surgical pictures and be given the opportunity to ask questions.
- You may notice a small area of numbness on the outside of your knee, below your kneecap.
- Although it may shrink over time, there will likely remain a small area of permanent numbness.

4-6 WEEKS POST-OP:

- You will have another office visit.
- You will be continuing to progress your range of motion and strength in physical therapy.
- It is important that you are able to get your leg completely straight by now; otherwise it will be very difficult to ever get it completely straight.

3 MONTHS POST-OP:

- You may be able to begin running and biking by now, but still should avoid any cutting, pivoting, or full contact sports.
- You will be set up for an appointment to be fit for an ACL stabilizing brace (usually with Minnesota Prosthetics and Orthotics, who come to our Waconia office twice a week).

3-4 MONTHS POST-OP:

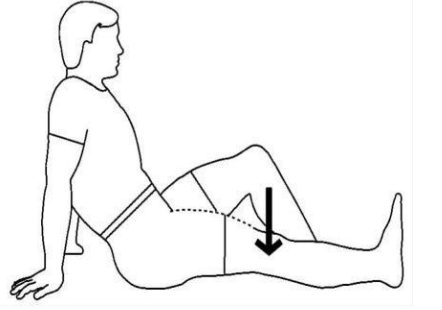
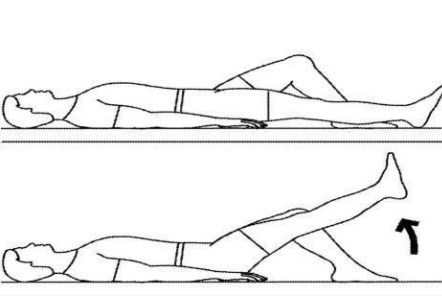
- You will most likely have finished physical therapy by now.
- Often it is helpful to transition to an aftercare program to continue to improve your strength and function, so you can safely resume all activities when cleared.
- You will receive information about this program from your therapist.

6-9 MONTHS POST-OP:

- You will have your final office visit.
- If things have progressed as expected, you will likely be able to resume all activities as tolerated.
- You are advised to wear your ACL stabilizing brace for any athletic activities for the first six months of your return to sport (i.e. at least one year after surgery).
- Be aware that, for some people, it may actually be a year or more after surgery before you have full strength and full confidence using that knee.

POSTOPERATIVE HOME EXERCISES:

- You may begin these exercises by postoperative day 2, but back off if you are having increased pain after doing the exercises.
- If you are told to be nonweightbearing or to avoid bending your knee, then disregard the exercises below which would violate such restrictions.

<p>1 Quad sets</p>	<ul style="list-style-type: none"> • Sit with leg extended. • Tighten quad muscles on front of leg, trying to push back of knee downward. • Hold exercise for 4 Seconds. Rest 3 Seconds between sets. • Perform 3 sets of 10 repetitions, starting once a day and working up to three times a day. 	
<p>2 Straight leg raises</p>	<ul style="list-style-type: none"> • Lie on back with uninvolved knee bent as shown. • Raise straight leg to thigh level of bent leg. • Return to starting position. • Hold exercise for 4 Seconds. Rest 3 Seconds between sets. • Perform 3 sets of 10 repetitions, starting once a day and working up to three times a day. 	
<p>3 Knee flexion</p>	<ul style="list-style-type: none"> • Sit in chair, moving heel of involved leg under chair, until you feel a stretch (you will not be able to get full motion due to the swelling in your knee). • Return to starting position. • Hold exercise for 4 Seconds. Rest 3 Seconds between sets. • Perform 3 sets of 10 repetitions, starting once a day and working up to three times a day. • DO NOT DO THIS ONE IF YOU HAD A MENISCUS REPAIR AND WERE TOLD NOT TO BEND YOUR KNEE! 	