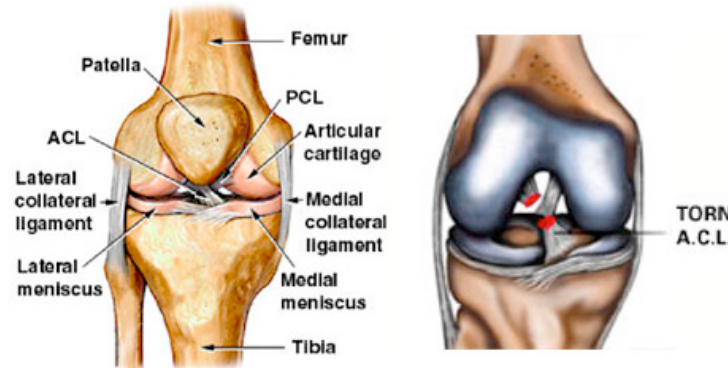


## Post-Operative Care for ACL Reconstruction

Dr. Zachary P. Arntson



### DIET

When you get home take it easy. Find a comfortable chair, couch or bed, put your leg up and relax. Get up to go to the bathroom or just briefly to get something to eat. Eat lightly at first and advance your diet as tolerated. If you feel nauseated, it could be from some of the medicines received at the hospital or from your pain medication prescription. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting occur, fill the prescription for Zofran or Phenergan that Dr. Arntson has given you and use as directed. A low-grade fever (100.5) is not uncommon in the first 24-48 hours after surgery.

### WOUND CARE

There will be a dressing on your leg. If you notice some blood staining the night of the surgery or that next day, do not be alarmed. Sometimes the small incisions may ooze for a short time after surgery. If you see blood actually dripping, please call my office for instructions. You may be instructed to go the Emergency Center at Mercy/Unity Hospital for examination. If you notice some numbness or tingling in your foot, this may be from a tourniquet, which is sometimes used at surgery. This is temporary and usually resolves in a day or so.

You may remove the dressing 72 hours after surgery. At that time, you may get into a shower and get the leg wet. **Do not** immerse the leg in a bath, pool, Jacuzzi or lake water. **Do not** do anything to the wounds themselves. **Do not** put any ointments, creams etc. on them. Simply allow water to hit the leg. Soap the rest of your body, pat the leg dry with a clean towel, and put band-aids over the incisions (if steri-strips are not already over the incisions). If your incisions are dry, then it is OK to keep them open to air without a dressing on. Let the steri-strips fall off on their own. If the incisions ooze a little (this is normal) then use some gauze pads from the drugstore and change the dressing daily. Hold it on with the ace wrap. Keep this dressed until seen in the office.

## PAIN MEDICATION

You have been given a prescription for pain medication. Take it as directed. If you only have mild pain, you may try taking Tylenol or Advil to avoid some of the side effects of prescription pain medicines such as nausea, constipation, or drowsiness. Be aware that pain medicines are only supposed to last about 3-4 hours. Don't be alarmed if after a few hours you need to take some more. It is not uncommon to experience more pain as the swelling within the knee increases and you begin to become more mobile with your knee. Taking pain medication before bedtime will assist in sleeping. **Do not drive if you have taken any prescription pain medication!!!** Pain medication can lead to constipation. High fiber diet, lots of fluids, and a stool softener (i.e. Colace) may be prescribed to you by Dr. Arntson will help prevent this occurrence. You should resume your normal medications for other conditions the day after surgery.

Generally, don't plan a very ambitious schedule for yourself in the few days after surgery. If you are too active too early, then your knee will swell and become more painful. This may prolong your recovery.

During the first week after surgery, it is often helpful to use cold on your knee. Ice cubes, re-usable cold packs or a bag of frozen vegetables all work well. Place them over something like a washcloth or pillow case, leave on for 15-20 minutes then off for an hour. You can repeat this as often as needed. Do not put anything frozen directly on your skin. You may get FROSTBITE!

## BLOOD CLOT PREVENTION

You should take an aspirin (325mg) daily for two weeks after surgery. This will lower the risk of a blood clot developing after surgery. Should severe calf pain or significant swelling of the calf and ankle occur. Please call Dr. Arntson's office at 763-441-0298.

## ACTIVITY

Unless otherwise instructed at the time of surgery, you may put full weight on the operative leg as you tolerate beginning the day of surgery. Begin walking with 2 crutches, putting as much weight as you can tolerate on the surgical leg. You may wean to 1 crutch (used on the non-operative side) as your confidence and strength increase. Keep your knee brace locked in extension when up and walking. When seated or lying down you may unlock the brace. Range of motion, straight leg raises, and ankle pumps (move your ankles up and down) are encouraged for the first 7 days after surgery and are to be started the evening of surgery. While exercise is important, don't over-do it. Common sense is the rule. **Focus on getting the knee completely straight several times a day.** Try sitting for 20 minutes with the heel elevated on a chair or coffee table and nothing behind the knee, letting the knee fully extend. Physical therapy will begin 3-7 days after surgery.

Driving is allowed only when off narcotic pain medicine. Usually driving is allowed 1-2 weeks if left ACL surgery with automatic cars and 2-4 weeks with manual cars or right ACL surgery. You may return to work or school when you feel able. The exact amount of time off will depend upon the amount of pain and swelling you have and the kind of work that you do.

## CONCERNS

Although ACL reconstruction surgery is pretty safe, problems do occasionally arise. If you develop any of the following signs or symptoms, please call my office (763-441-0298). Go directly to Mercy/Unity Hospital Emergency Center if the symptoms are particularly severe!

- Temperature greater than 102 degrees F measured by thermometer, along with redness around the incisions and increasing pain around the knee that does not respond to pain medication.
- Swelling in your lower leg and calf muscles with tenderness when you gently squeeze the calf
- Shortness of breath and pain on deep breathing