



General Post-Operative Instructions **PCL Reconstruction/Repair**

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WOUND CARE

- After surgery, wounds are typically covered with gauze, cotton padding and an ACE bandage. This should be left in place for 2 days. After this, dressings may be removed and waterproof Band-Aids or a non-stick dressing should be placed over the incision sites. Leave any steri-strips (adhesive paper strips over the incision) in place.
- There may be stitches or staples visible when changing dressings. These should be left in place until removed in clinic.
- You may shower once the initial dressing is removed with the waterproof Band-Aids in place. Do not submerge the wounds in water (bathtub, pool, lake) for at least 2 weeks after surgery. If possible, cover the incision with large waterproof band aids when bathing. Clear plastic wrap can also be used. It is ok if some soap and water gets onto the wound, but you should try to avoid scrubbing on the wound until it is completely healed.
- Because of the fluid used to inflate the knee during surgery, some drainage is expected.
- If the dressings become saturated or drainage continues beyond the first few days, call the office.

ICING

- Icing is an important part of recovery from surgery. It is used to decrease swelling and inflammation.
- A continuous flow ice machine is often offered to patients to use after surgery. If you have chosen to rent/purchase this machine, it should be used continuously for approximately the first 48 hours after surgery.
- If you did not rent/purchase the ice machine, you can substitute a bag of ice or frozen vegetables.
- After the first 48 hours, the unit should be used in 20 minute intervals every couple of hours for the first 3-4 weeks after surgery.
- Keeping your leg elevated above your heart will also help decrease swelling.
- Your brace can be opened or removed to apply ice. Remember to put your brace back on before moving around.

DIET

- After surgery, some patients experience nausea. This can be related to anesthesia or pain medication. It is best to begin with clear liquids and light food (crackers). You may progress slowly to your normal diet if not nauseated.

- Patients are sometimes prescribed an anti-nausea medication after surgery. This can be used to treat nausea. If nausea or vomiting persists despite medication, call the office.
- Pain medication can also cause constipation. In addition to discontinuing the pain medication when appropriate, an over-the-counter laxative, high-fiber diet or fruit juice may be helpful.

MEDICATIONS

- Most home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon or primary care provider.
- Typically, patients are given a prescription for narcotic pain medication. Most commonly, this is hydrocodone + Tylenol (Norco) or oxycodone + Tylenol (Percocet). This should be used as instructed if pain is not otherwise well-controlled. Typically, patients require narcotic pain medication for around 2-5 days following surgery.
- Try to take pain medication with food to help decrease nausea.
- Prescribed pain medication may already have Tylenol (Acetaminophen) mixed with it. Do not take any other medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage.
- Taking medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking narcotic pain medication (hydrocodone, oxycodone, dilaudid, etc.).
- Pain medication typically takes about 30-45 minutes to take effect.
- Some patients may receive a nerve block prior to surgery. This block lasts a different length of time in each patient, but typically lasts 12-18 hours. When you begin to feel some tingling in the extremity, the block is beginning to wear off. This is a good time to begin taking oral pain medication.
- Pain medication likely will not take away all of your pain. It is okay and expected to have some discomfort.
- Because of the risks of prolonged narcotic use, in most cases narcotic pain medication will not be prescribed after 4-6 weeks from surgery. Plan to wean narcotic use after surgery accordingly.

ACTIVITY

- Crutches are used initially after surgery for protection.
- A brace is typically applied to the leg after surgery. This is to help protect the repair during the early part of your recovery. There may be some additional padding added to the brace behind your shin (tibia) to take some stress off the healing PCL/Graft. The brace should be locked in full extension (straight) during walking for about the first 6 weeks after surgery until your quadriceps strength improves. Your therapist will help you decide when it is safe to unlock the brace. The initial brace is usually discontinued about 6 weeks after surgery. The brace is then sometimes replaced by a dynamic PCL brace that supports the knee and helps to take stress off the healing PCL/Graft.
- The brace should be left in place at all times for the first two weeks after surgery, except during therapy, icing and while taking a shower. It should be worn during sleep for the first two weeks. Be careful if you get up at night and are not wearing the brace to avoid stumbling over cords/rugs and falling on your operative leg.
- For the first 6 weeks after surgery, weight bearing is limited to "toe-touch." This will be advanced after 6 weeks from surgery. After this progression (around 7-8 weeks from

surgery), you may place full weight on the operative leg, but should continue to use crutches for protection until your therapist tells you it is okay to no longer use them.

- Do not resume sports, use exercise equipment or perform strenuous physical activity (including lifting weights) until your surgeon says it is okay. Running and cutting exercises will be reintroduced by your physical therapist when you are ready. This will vary from patient to patient.
- Return to full sports activity is usually between 9-12 months after surgery. Timing of return to sports depends on several factors and will need to be discussed with your surgeon and therapy team.
- Return to work depends on your job requirements, specifics of your surgery and pain/swelling levels. This can be discussed at your follow-up appointment.
- Physical therapy is prescribed after surgery. This is an important part of your recovery and we encourage patients to attend all physical therapy appointments.
- Return to driving after surgery is okay once narcotic pain medication has been stopped and you are cleared by your surgeon. The length of time until patients are able to return to driving varies depending on the specific surgery and which leg is involved.

BLOOD CLOT PREVENTION

- Though uncommon, blood clots (also called deep vein thrombosis or DVT) can occur after surgery. To decrease the risk of this problem, you should flex your ankle and toes up and down ten times per hour (when awake) for the first 4-6 weeks after surgery.
- Elevation of the operative leg also helps decrease swelling and prevent blood clots.
- Most patients will be instructed to take 325mg aspirin daily for approximately 4 weeks after surgery. This may differ in certain situations.
- Be sure to let your surgeon know if you have a history of blood clots.

REASONS TO CALL THE OFFICE

Please call the office for any of these concerns:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Excess drainage at surgical incisions
- Worsening pain in the operative leg not controlled with medication
- Excess nausea/vomiting
- Numbness in the operative leg
 - Some numbness can be expected initially after surgery if a nerve block was used
- Redness around the incision site
- Any other questions or concerns

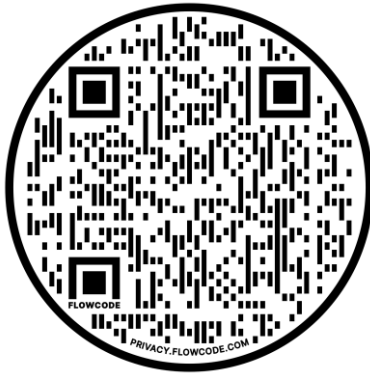
FOLLOW-UP APPOINTMENT

- A post-operative follow-up appointment will be made for you at the time your surgery is scheduled for 2 weeks after surgery. If you do not have an appointment scheduled after surgery, please call our office.

SUGGESTED VIDEOS

Please scan the QR codes below to watch Dr. Hess patient education videos for additional post-op instructions.

Knee Brace Instructions



Knee Post-Op Exercises

