

# Anterior Cruciate Ligament Reconstruction Post-Operative Orders

#### Thomas Conner, MD ThomasConnerMD.com

Shawn H, Care Coordinator Office: 763-520-7870 Fax: 763-302-2401

You received a block and light sedation. Please rest and relax the day of surgery. Be aware of possible dizziness and exercise caution when you are on your feet. A responsible adult must be with you for the first 24 hours following surgery for safety.

- Do not drive for 24 hours after surgery or while using narcotic pain medication.
- Do not operate power machinery.
- No important decision-making or signing of legal documents for 24 hours.
- Do not use alcoholic beverages for 24 hours or while taking narcotic medications.
- If you are unable to urinate, feel uncomfortable and it has been 8-10 hours since you last urinated, go to an urgent care or an emergency room

#### DIET:

• Eat your usual diet. Start with something light like soup or crackers.

## ACTIVITY:

- For the first 48 hours after surgery keep your leg elevated above the level of your heart as much as possible. Keep ice packs on your knee continuously during this time. Only get up to walk for going to the bathroom, sitting at the table to eat, and going to bed.
- You should only bear 50% of your weight on your operative leg for the first week after surgery. Use your crutches at all times.
- After the first week of surgery, you may begin putting all of your body weight through your operative knee as you can tolerate. Use your crutches as needed. They are to help you balance, as well as for your comfort.
- You will use your knee immobilizer for up to 2 weeks after surgery. This should be worn any time you are up walking or putting weight on your leg to help prevent falling. It may come off if you are resting on a couch/bed or especially when icing the knee. Please wear it at night to bed for 2 weeks after surgery. This is so your knee will be straight in the morning making it easier for you to rehabilitate.
- Start ankle pumps and quad sets immediately after surgery and then advance activities as directed by physical therapy.

• Do not put a pillow under your knee. This will keep your knee flexed making it harder to achieve full extension. You may put pillows under your calf.

## MEDICATION:

- Resume all of your home medicines.
- You will be prescribed a short acting narcotic for home (oxycodone, dilaudid, percocet or norco). Please take this as needed. If you are prescribed oxycodone or dilaudid, it is OK to take Tylenol with this medication and doing so will help with pain. If you are prescribed Percocet or Norco, these medications already contain Tylenol and you should not take Tylenol while you are taking these medications. We will refill short acting narcotic pain medications as needed. Please call Shawn at 763-302-2225 to help arrange with appropriate lead time (call when you have 10-15 pills left as opposed to 0). Narcotic prescriptions require an original signed prescription and cannot be called or faxed into a pharmacy so you will have to arrange having someone with a photo ID come to clinic to pick up the prescription in person. This does not have to be the patient.
- Taking an anti-inflammatory medication (NSAID) is recommended as long as you have no medical contraindication to do so. These include ibuprofen, motrin, advil, naproxen, aleve. Please take as directed if prescribed or follow dosing instructions on the bottle if you are taking an over the counter medication.
- Zofran (odansetron) take 1 tablet every 6 hours as needed. This is an anti-emetic medication that can help resolve some nausea and/or vomiting associated with anesthesia and other medications you are taking.
- These pain medications may be taken in any combination according to how much pain you are having.
- The use of narcotic pain medications can cause constipation. We suggest you use an over-the-counter stool softener while taking these medications (Colace, sennakot).

## WOUND CARE:

- Leave the dressings on your knee until 2 days after your surgery. You may then remove the bulky ACE bandage.
- You may get some bleeding through your dressing immediately after your surgery. This is very normal and nothing to be alarmed about. Simply reinforce your dressing if this happens.
- There are some small white paper tapes over your wounds (Steri-strips). Leave these in place until your follow-up appointment.
- You may shower over your wound the day you remove all the dressings. Do not scrub it- just let the water run over it and gently pat it dry.

#### **PHYSICAL THERAPY:**

- Make sure you have an appointment with a physical therapist. If you do not, please call 763-520-7870 and get in as soon as possible. If you need a referral to be seen outside of the TCO system, please call Shawn at 763-302-2225 and she can fax a referral to the location you plan to be seen. If you are being seen within the TCO system, the referral is placed electronically.
- Continue the exercises the therapist gives you at home.

## FOLLOW-UP:

• Please make sure that you have a post-operative appointment set up for 10-14 days and in 6-8 weeks after your surgery with Dr. Conner. Please call 763-520-7870 to schedule if this was not arranged at the time you booked surgery or if you have any need to change a date/time of the appointment.

#### DRIVING (IF APPLICABLE):

- You may not drive while taking narcotic pain medications during the day.
- If you had surgery on your left leg and have automatic transmission, you may return to driving once you can comfortably position the leg in the car and are off your pain medications during the daytime.
- If you had surgery on your right leg, we recommend you do not drive for 4 weeks after surgery, or until you feel you could easily put necessary pressure to break quickly.

#### Call the office at: 763-302-2225 or 763-520-7870 to report any of the following:

- Persistent fever (101 or greater)
- Sudden increase in pain and swelling
- Wound redness or drainage
- Increased skin temperature around incision
- Deep calf pain and swelling

\*\*\* Call 911 or go to the nearest Emergency Room if you experience shortness of breath, chest pain or other medical emergency.\*\*\*

Nurse:\_\_\_\_\_\_ Responsible Adult:\_\_\_\_\_