



TWIN CITIES ORTHOPEDICS

Jozef Murar, M.D.

Twin Cities Orthopedics
4010 W 65th St, Edina, MN 55435
Tel: (952) 456-7000 Fax: (952) 832-0477
www.tcomn.com

Kelly Russell

Dr. Murar's Care Coordinator
Tel: (952) 456-7193

POST-OPERATIVE INSTRUCTIONS

ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION, LATERAL MENISCAL REPAIR, MICROFRACTURE OF FEMORAL CONDYLE

Activity

- Try and rest the first few days following surgery. When sitting or lying down be sure to keep your leg elevated up above the level of your heart to help decrease swelling.
- **Ice** or the **cryo-cuff** can be used as much as possible for the first 3-4 weeks to help decrease swelling. [please see "medication" section for more information on icing]
- **You will be NON-WEIGHTBEARING for 6 weeks because of the cartilage injury.** Please use crutches at all times to help provide support and aid in ambulation. Do not put any weight on the operative leg.
- You have been placed in a **hinged knee brace**. You will likely have to wear this for the first 6 weeks following surgery. The brace needs to be locked (straight) in extension when standing or walking. The immobilizer also must be worn while sleeping at night. You may remove your brace 4-5 times a day while seated or lying down, and begin to bend and straighten your knee. Your goal is to achieve full knee extension as well as flexion to 90 degrees by 7-10 days following surgery.
- Driving is not recommended when taking narcotic pain medication.
- Return to (sedentary) work or school the day after surgery if pain is tolerable. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Murar.

Dressings

- Remove the outer dressing and gauze wrap 48 hours after surgery. Leave the steri-strips (white tape adhesive strips) in place and let them fall off on their own. You may shower with these strips on. Let warm, soapy water run over the incisions, but

do not vigorously scrub over any of the incision sites as they are still healing. You may also place band-aids over the incisions after you remove the dressing if you prefer them covered.

- Please DO NOT BATHE, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER as this can increase risk of infection. Wait one month from surgery or until you are directed to do so. Showers as aforementioned above are okay.
- Small amounts of bloody drainage, numbness at incision site, knee swelling, and bruising are normal findings following surgery.
- Do not use bacitracin or any ointments under band-aids.

Medication

- You have been prescribed one of the following **pain medications**:
 - Oxycodone – Please take 1 tab every 4-6 hours as needed for pain.
 - Ultram – Please take 1 tab every 6 hours as needed for breakthrough pain
- In addition to narcotics it is advised that you take scheduled **NSAID (non steroidal anti-inflammatory)** and **Tylenol** (alternating) for the first three days and then as your pain gradually improves you will wean off the narcotics and take NSAID/Tylenol on an as needed basis.
 - **Tylenol (Acetaminophen)** – take no more than 4,000 mg in a 24 hour period. Do not take if you have liver disease.
 - **Ibuprofen (Advil)** – take no more than 2,400 mg in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
 - **Naproxen (Aleve)** – if you prefer this over the counter NSAID over Ibuprofen/Advil you may take this instead. DO NOT TAKE BOTH IBUPROFEN & NAPROXEN as this increases your risk for toxic side effects. Please take no more than 1,500 mg of Naproxen in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
- **ICE** – while you are resting use cryo-cuff or place cold ice packs on your knee for 15-20 minutes at a time. Place a clean, dry towel or pillowcase between your skin and the cold pack. Ice can be used as much as possible for the first 3-4 weeks to help decrease the swelling.
- You may have also been given a prescription for **enteric coated Aspirin 325 mg** which you should take once daily with food to decrease the risk of post-operative blood clot formation.
- You have been given a prescription for **Senokot** to take 2 tabs daily as needed for constipation. Sedation during surgery, narcotic medications, decreased fluid intake, and decreased activity all contribute to constipation. If you find that you are still constipated despite the Senokot medication, there are other over the counter medications that you can try: Miralax, Fleet enema, or bisacodyl suppository.
- If you have any side effects (i.e. Nausea, rash, difficulty breathing) from medication discontinue its use and call our office.

Physical Therapy

- Schedule Physical Therapy to begin within one week after surgery.
- A list of home exercises has been enclosed for you to do during your first week following surgery as well.

Follow Up

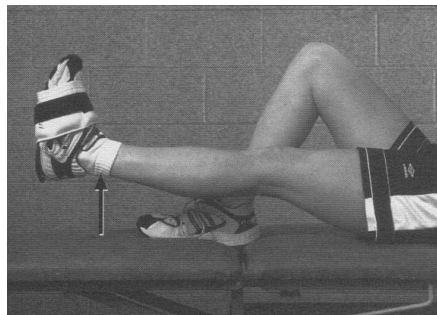
- You have likely already been scheduled for your first post-operative visit. If you have not received an appointment please contact the office to schedule an appointment 10-14 days after your surgery.
- You will be seen by Dr. Murar or his Physician Assistant for your first post-operative visit to review your intra-operative findings and to go over any questions you may have.
- If necessary, sutures will also be removed at that time if necessary.
- Call the office immediately if you develop a fever (>101.5), chills, excessive incision drainage, calf pain, or increased numbness in leg.
- If you have any questions or concerns please feel free to call the office.

Home Knee Exercises

Straight Leg Raise

With your leg straight, lift your heel 12 inches from the ground and slowly back down. No weight is needed on the foot during the first 2 weeks after surgery.

[3 sets of 15 reps as tolerated]



Isometric Quad Contractions

While lying on your stomach, place rolled up towel under ankle. Straighten knee against towel and hold for 15 seconds, stop, and then repeat.

[3 sets of 15 reps as

tolerated]

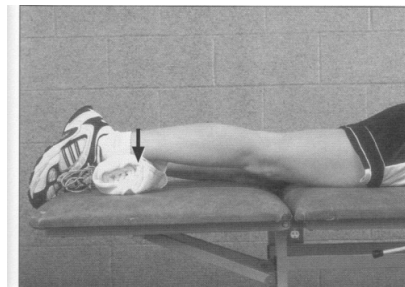


Figure 21.29 Quad set, prone.

