

Anterior Cruciate Ligament (ACL) Repair

POST OPERATIVE INSTRUCTIONS

Overview

This is a protocol that provides you with general information and guidelines for the initial stage and progression of rehabilitation according to the listed timeframes. Specific changes may be made by the care team as appropriate given each patient's operative findings.

Questions

If you have any concerns or questions after your surgery, during business hours call **763-302-2231**. You may need to leave a message.

After hours 763-520-7870

Address

Maple Grove

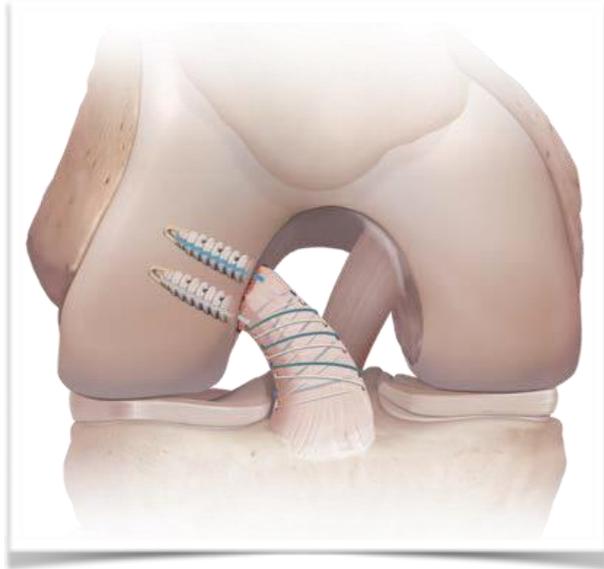
9630 Grove Circle N., Suite 200
Maple Grove, MN 55369

Minnetonka

15450 Highway 7, Suite 100
Minnetonka, MN 55345

Robbinsdale

3366 Oakdale Ave. N Suite 103
Robbinsdale, MN 55422



WEIGHT BEARING STATUS

- Toe-Touch weight-bear (TTWB) with crutches for ____ weeks.

DIET

- Progress to your normal diet as tolerated.

WOUND CARE

- Leave surgical dressing in place for 2-3 days.
- You may loosen the ACE wrap if it feels too tight, or if swelling occurs in foot or ankle.
- Swelling, bleeding, or oozing from the incision sites is not uncommon. If bleeding or drainage occurs from the incisions, re-apply (or reinforce) an ACE wrap under gentle compression.
- Once surgical dressing has been removed, keep incisions clean and covered.
- You may shower in 2-3 days with gentle soap and running water.
- No pools, tubs, baths, or immersion until the incisions have fully healed.



More Information

Deep Vein Thrombosis (DVT) prophylaxis

- Deep vein thrombosis (DVT) is a serious condition because blood clots in your veins can break loose, travel through your bloodstream and lodge in your lungs, blocking blood flow (pulmonary embolism or PE).
- Symptoms: Pain and swelling in the affected leg. The pain often starts in the calf and can feel like a cramping or tightness.
- Risk factors: Smoking, obesity, pregnancy, oral contraceptives, prolonged sitting, and surgery.
- Prevention: Stop smoking, muscle activation, walk and engage in an active recovery, and take Aspirin 325 mg daily for patients 18 years and older.
- Pain, swelling, and calf tightness are common following knee surgery and is not a indication that you have a DVT.
- Ultrasound is the only reliable method of diagnosis for a suspected DVT.

MEDICATIONS

- Local anesthetics were used at the time of surgery. This will wear off in 8-12 hours. If you received an anesthetic “block” from the anesthesiologist, this could last even longer.
- Most patients will require oral narcotic medications for a short period of time following surgery. Use these medications judiciously and take only as much as needed to control your pain.
- Narcotic pain medications have common side effects including: nausea, vomiting, somnolence, and constipation. These side effects go away following cessation of the medication.
- Ibuprofen and acetaminophen can be used as adjuvant pain relievers. It is often helpful to take these medications in between narcotic doses.

DR. ARTHUR'S TOP 3:

An active recovery is essential for the success of your surgery. These are Dr. Arthur's Top 3 most important instructions following surgery:

- **Muscle activation is essential:** Activate your quadriceps, hamstrings, and calf muscles as much as possible.
- **Range of motion is essential:** Don't be afraid to move the knee...But please limit your knee motion to less than 90 degrees flexion. Deep flexion of the knee can put stress on the knee and jeopardize the repair.
- **Full knee extension is essential:** Get your knee into full extension (fully straight) for 20 minutes, 3-4 times daily.

ACTIVITY

- **An active recovery is the answer for a successful recovery.**
- Crutches will be needed to protect the repair.
- A knee immobilizer is also provided as a comfort and a support. You are encouraged to remove the knee immobilizer occasionally and bend and move the knee as tolerated.
- Loss of normal muscle activation is common following surgery. An active recovery program will expedite a return to muscle function.
- Until active quadriceps muscle function returns, the knee immobilizer will be necessary to avoid having your knee “give way,” thereby preventing you from falling and/or injuring yourself.

PHYSICAL THERAPY

- Physical therapy should be scheduled 2 weeks from surgery. You will not be able to bear weight on the leg during the early recovery, but you can still work on muscle activation and gentle motion of the knee.

DRIVING

- No driving until instructed by your surgeon.

ICE THERAPY

- **Use ice judiciously.**
- Ice is good at relieving the pain, but may be detrimental to your body's natural healing process.
- Ice will adversely decrease blood flow into the surgical site, which can inhibit the ability of your body to deliver important growth factors and stem cells to their target site.
- Ice will also inhibit the body's natural mechanism to clear the swelling and inflammation that accumulates at the surgical site, which can cause unwanted congestion in the soft-tissues.
- **Much better than ice: dedication to an active recovery through joint range of motion and muscle activation.**

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POST-OP APPOINTMENTS

- Your first post-op appointment should be scheduled 7-10 days from surgery.
- At that appointment, you will have your sutures removed and review the surgery with Dr. Arthur. Please bring your operative pictures with you to this appointment to enhance your understanding of the surgery.
- We will also order an X-ray and assess your knee for range of motion and muscle activation.
- Subsequent appointments will be guided based on your level of recovery.

WHAT TO EXPECT AFTER SURGERY

- Swelling, bruising, and slight oozing from the incisions are common and to be expected.
- It is encouraged to remove the knee immobilizer once you are able to fully activate your quadriceps muscle and can perform a straight leg raise.
- Narcotic pain medication can be discontinued as soon as the immediate post-op pain has adequately subsided. Ibuprofen and/or acetaminophen can be used throughout the recovery process.
- Physical therapy should be started 5-7 days following surgery.
- Most patients return to work within a few weeks of surgery. If your job is demanding or you need help or guidance, Dr. Arthur will work with you to find the appropriate timing on returning to work.