



ACL Reconstruction Manual

Dr. Edward Szalapski

PREPARING FOR SURGERY

- **Discuss procedure details with Dr. Szalapski.**
 - Dr. Szalapski will review the procedure with you. The procedure involves taking a graft from your own tendon in your knee and using it to reconstruct a new ACL ligament. In rare instances, a cadaver donor graft will be utilized. He will review which type of graft is best for your situation.
- **Make a pre-operative physical exam with your Primary Care Physician**
 - The pre-operative physical exam is necessary to make sure you are healthy enough to undergo surgery. Please refrain from making this appointment until you have scheduled surgery with Jessica, our care coordinator as this needs to be performed during a particular time frame. In some instances, you may need further testing further specialized testing prior to surgery (for example with a cardiologist)
- **Make a post-operative appointment**
 - We request that you follow up in clinic 1 week following your surgery. Typically at this appointment, assess wound healing, check your range of motion, and give you therapy exercises to perform at home.
- **Taking time off work**
 - This varies between patients and the type of job you have. Typically, patients need a minimum of 3-4 months off work if they have a physical job, such as a construction worker. If a patient has a desk job, they may be able to return to work earlier, as early as 2-3 weeks from surgery depending on progress. If you need paperwork filled out for your employer, please bring this to the office prior to your surgery and avoid bringing any paperwork to the hospital or surgery center.
- **Preparing your house for your return after surgery**
 - This is an outpatient surgery which means that you will be returning home following the procedure. There are some things we recommend doing prior to surgery to make your transition back to home easier. These include removing tripping hazards (such as throw rugs), preparing for meals for after surgery and moving items you use regularly to a place that is easy to access. In addition, it is often helpful to wear loose clothing such as sweat pants that can fit over your brace. You will need to have a ride to and from the surgery center and should have someone staying with you at least 24 hours following surgery.

- **Medications to have at home**

- Extra-strength Tylenol and oral anti-inflammatories (Advil, Ibuprofen, Aleve etc.)- are great to help supplement your pain control regimen. Please note that you **SHOULD NOT** use Advil, Ibuprofen, or Aleve if you have a history of stomach ulcer or kidney disease.
- **Stool Softeners** - Many patients develop constipation following surgery from a combination of narcotic pain medications and being sedentary. Constipation can be alleviated by getting up to walk frequently, drinking plenty of water and having a diet rich in fiber (wheat bran, oats, fresh fruits and vegetables). Miralax (which can be purchased over the counter) is also helpful. Take 1 capful daily with 8 oz. of liquid until you get results. If you have developed constipation from previous narcotic use or continue to have difficulty with these over-the-counter options, let us know.

DAY OF SURGERY

- You will receive notification from the hospital or surgery center prior to surgery when to arrive on the day of surgery. On the day of surgery, you will meet with Dr. Szalapski in the pre-operative area for any last minute questions prior to surgery. The anesthesiologist will also meet with you to review your history and discuss anesthesia.
- Surgery will typically take 1-2 hours. This time includes getting you positioned, time for anesthesia, and the actual procedure.

AFTER SURGERY

- We recommend that you take a “6-pack” immediately when you start to feel pain getting out of control in the first 24 hours after surgery. This will help you stay ahead of the pain. The 6 pack includes:
 - 2 narcotic pain medications (typically Oxycodone or Dilaudid)
 - 2 Tylenol
 - 2 anti-inflammatories (such as Ibuprofen or Advil)- **DO NOT** use these medications if you have a history of stomach ulcer or kidney disease
- Try to keep your incision(s) clean and dry following surgery. No baths.
- Ice frequently. We recommend the ice be on at least 20 minutes on and 60 minutes off (to protect skin from being frozen), a minimum of 3 times a day. This can be repeated as often as you need for pain and swelling.
- In order to protect your ACL reconstruction, you should wear the knee immobilizer at all times when up transferring, or using crutches. You will also be non-weight bearing on your surgical extremity at all times for the first week after the procedure.
- At your first post-operative visit (week 1), we will assess your range of motion and take an x-ray. Then you will start physical therapy. At that time, we will allow you to begin to weight bear in the knee immobilizer.

- At your second post-operative visit (week 2), we will remove suture and assess wound healing as well as range of motion
- Perform ankle range of motion exercises to prevent stiffness. This is performed by simply lifting the foot up and down like you are pumping a gas pedal.
- Try to wean off narcotic pain medication as soon as tolerated. You may supplement with Tylenol or Ibuprofen as needed. You should expect swelling in the operative extremity, which often develops in the foot and ankle. Continue to ice often. **DO NOT USE IBUPROFEN** if you have a history of stomach ulcer or kidney problems.

Week 0 – Week 6

- Follow up in clinic at week 1. We will check an x-ray, and assess progress. Start physical therapy.
- Follow up in clinic at weeks 2 for further evaluation and removal of sutures. At this time, you will begin to weight bear with the knee immobilizer in place
- After you have enough strength, your physical therapist will clear you to begin to weight bear without the knee immobilizer.

Week 6 – Week 12

- Follow up at week 6 to reassess progress and assess graft stability
- Continue physical therapy

Week 12 and Beyond

- Follow up visit at 12 weeks post operatively
- Continue working with physical therapy.
- You may begin non-impact exercise that does not involve cutting or jumping around this time frame
- Transition back to work and other activities as tolerated.
- Most patients are back to cutting sports and rigorous activity around 9 months postop although this can take up to one full year. Attempting to return sooner than 9 months can result in rupture of the ACL graft.