

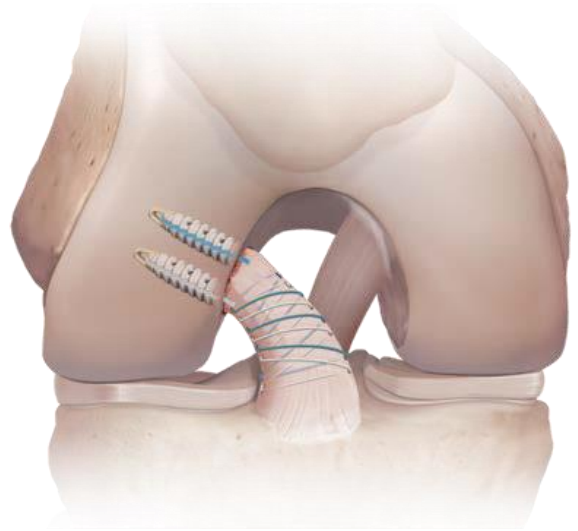
## **Anterior Cruciate Ligament (ACL) Repair Post-Op Instructions**

**Andrew Arthur, MD**

763-302-2231 | AndrewArthurMD.com

### **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

### **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.

## 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.**

## 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.

## BLOD CLOT (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 81 mg twice 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.

## ICE MACHINE



NICE1 COLD + COMPRESSION THERAPY



BREG® POLAR CARE WAVE



BREG® POLAR CARE CUBE™

Patients are not required to purchase any of these devices. They are only offered as a supplemental modality to help with pain control. Patients may use ice packs from home or any other cold therapy device.

### Benefits

- Portable ice machines
- Reduces pain and swelling
- Gives constant cold therapy

### Price

- Call for pricing

### Contact

- Neu Medical – Nate Hammond PTA, CSCS
- [NHammond@NeuMedicalDME.com](mailto:NHammond@NeuMedicalDME.com)
- 952.484.4527

## NARCOTIC DISPOSAL

### Why You Should Dispose of Your Medications

- Children accidentally ingesting harmful medications.
- Use of medications for other reasons instead of their intended purpose.
- Use of expired medications which can cause illness or other harm.
- 33% of Americans report they have not cleaned out their medicine cabinets in more than a year.

### Flush?

Proper disposal is important. Medicines flushed down the toilet contaminate water, harm wildlife and pollute drinking water. According to the Minnesota Pollution Control Agency, U.S. Food and Drug Administration and Drug Enforcement Administration, flushing medications down the toilet is not the best way to get rid of unused medications.

### How You Should Dispose

1. Bring your medications to a local drug take-back location. (see list below).
2. The DEA has two National Drug Take Back Days every year across the U.S.
  - a. Go to the DEA, Diversion Control Division website for more information:  
[https://www.deaddiversion.usdoj.gov/drug\\_disposal/takeback/](https://www.deaddiversion.usdoj.gov/drug_disposal/takeback/)
3. Some drug take-back programs offer mail-back programs.
4. You should only flush medications if it's indicated by the medication instructions.
5. If you are unable to bring your medications to a drug take-back location, you can throw away medications by:
  - a. Mixing them with sawdust, kitty litter or coffee grounds.
  - b. Sealing the contents in a plastic bag.

**LOCATIONS TO DISPOSE****Brooklyn Center**

*Hennepin County District Court Brookdale*  
6125 Shingle Creek Pkwy, Brooklyn Center, MN  
Hours:

- Mon-Thurs 9 AM - 9 PM
- Fri & Sat 9 AM - 5 PM
- Sun Noon - 5 PM

**Brooklyn Park**

*Hennepin County Sheriff's Patrol Headquarters*  
9401 83rd Ave. N., Brooklyn Park, MN  
Hours: Mon-Fri 8 AM - 4:30 PM

**Edina**

*Hennepin County Library – Southdale*  
7001 York Ave. S., Edina, MN  
Hours:

- Mon-Thurs 9 AM - 9 PM
- Fri & Sat 9 AM - 5 PM
- Sun Noon - 5 PM

**Golden Valley**

*Golden Valley Police Department*  
7800 Golden Valley Rd, Golden Valley, MN  
Hours: 24 hrs a day, 7 days a week

**Maple Grove**

*Maple Grove Police Department*  
12800 Arbor Lakes Pkwy N, Maple Grove, MN  
Hours: 24 hrs a day, 7 days a week

**Minneapolis**

*Hennepin County Public Safety Facility*  
401 4th Ave. S., Minneapolis, MN  
Hours: 24 hrs a day, 7 days a week

**Minneapolis Police Department**

*1st precinct*  
19 N 4th St., Minneapolis, MN  
Hours: 24 hrs a day, 7 days a week

**Minneapolis Police Department**

*4th precinct*  
1925 Plymouth Ave. N., Minneapolis, MN  
Hours: 24 hrs a day, 7 days a week

**Minnetonka**

*Hennepin County District Court Ridgedale*  
12601 Ridgedale Drive, Minnetonka, MN  
Hours:

- Mon-Thurs 9 AM - 9 PM
- Fri & Sat 9 AM - 5 PM

**Osseo**

*Osseo Police Department*  
415 Central Ave., Osseo, MN  
Hours:

- Mon-Thurs 7:30 AM - 5 PM
- Fri 7:30 AM - 11:30 AM

**Spring Park**

*Hennepin County Sheriff's Water Patrol*  
4141 Shoreline Drive, Spring Park, MN  
Hours: Mon-Fri 8 AM - 4:30 PM

For more information visit [hennepin.us/medicine](https://hennepin.us/medicine)  
or call 612-348-3777.