

Anterior Cruciate Ligament Reconstruction Postoperative Instructions

ACTIVITY

- You may be weight bearing as tolerated after surgery but must wear your knee immobilizer and use crutches while ambulating.
 - Your knee brace will allow full extension and up to 90° of flexion, which will be gradually increased at the discretion of your physical therapist.
 - You should lock your brace in full extension while sleeping.
- It is common for your knee to be swollen or to feel and hear clicking or popping in your knee. This may take 4-6 weeks after surgery to resolve.
- Physical therapy will have been ordered prior to your surgery. You should have your first physical therapy appointment a few days after your surgery.

DRESSING

- You will have a soft dressing applied over your knee.
- Keep this dressing clean, dry and intact.
- Due to the large amount of fluid in your knee, some dressing saturation is to be expected.
- On post operative day 2, you may remove the dressing and cover your incisions with new dressings. Please keep any Steri-strips in place.
- Starting on post operative day 2, you may shower but should avoid scrubbing your incisions. No soaking your incisions in a bath or hot tub. Please place new dressings on your incisions after showering.

PAIN CONTROL

- You will be prescribed pain medication (outlined below) for your postoperative pain.
- We also recommend icing frequently for pain or swelling after surgery.
 - You can use any form of ice (icing machine, a bag filled with ice cubes, bag of frozen veggies, or reusable ice pack).
 - Use a protective layer (such as a dish towel) between the ice and your skin, so that you do not freeze your skin.
- Ice for 20 minutes at a time, with at least 20 minutes off in between icing sessions.

MEDICATIONS

- Oxycodone 5 mg, 1-2 tablets every 4-6 hours as needed
 - This is a narcotic pain medication for moderate to severe pain. It is our goal to wean our patients off this medication within the first week following surgery.
- Tylenol 500 mg, 2 tablets every 8 hours
 - We recommend this as a baseline pain medication for the first week following surgery.

- DO NOT exceed 4000 mg of Tylenol in a 24-hour period.
- Ibuprofen 200 mg, 3 tablets every 8 hours
 - If you can take NSAIDs, over the counter Ibuprofen can be helpful for mild to moderate pain and can replace narcotic pain medication
- Aspirin 81 mg, 1 tablets twice a day
 - This is an anticoagulant that you will begin taking on postoperative day 1. While the risk of blood clots is low following knee surgery, we recommend patients take this for 4 weeks following surgery.
 - If you are already taking an anticoagulant medication, you should resume your medication 24 hours after surgery. You will not need to take Aspirin 81 mg in addition to your current anticoagulant medication.
- Zofran (ondansetron) 4 mg, 1 tablet every 6 hours as needed for nausea
 - This is an anti-nausea medication that can help resolve nausea associated with anesthesia and narcotic pain medications.
- Colace (stool softener) 100 mg twice daily
 - The use of narcotic pain medication can cause constipation. We suggest using an over-the-counter stool softener (Colace) while taking pain medication. Stop taking this medication if diarrhea develops.
- Resume all home medications the day after surgery.
- Variations in postoperative medications may be made on an individual basis.

DRIVING

- You are not allowed to drive while taking narcotic pain medication.
- If surgery was on your right knee, you will not be able to drive during the first few weeks.
- Dr. Schuette will discuss with you when it may be appropriate to return to driving.

POSTOPERATIVE APPOINTMENTS

- Your first postoperative appointment will be 1-2 weeks after your surgery.
 - Sutures or staples will be removed if required.
- Your second postoperative appointment will be approximately 6 weeks after surgery.

REASONS TO CALL THE OFFICE

- Please call Dr. Schuette's office (952-442-6943) if you have any questions or concerns, or develop the following:
 - Increased pain that is not responding to pain medication
 - Increased warmth or redness at the surgical site
 - Large amounts of bleeding or drainage
 - A sustained fever greater than 101° F
 - Excess pain or swelling of the calf
 - You significantly injure your operative body part