

POST-OPERATIVE INSTRUCTIONS

Knee Arthroscopy: ACL reconstruction

Dr. Sostak

visit www.healthy-txt.com/drsostak for more detailed instructions

PAIN MEDICATION: You will receive your pain medication prescription before you leave the surgery center. After the first day or two, as the pain lessens, you may decrease the frequency with which you take the medication. Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable. Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this. Narcotic pain medications can cause constipation; I recommend using Senokot-S, an over-the-counter stool softener, 1 tab twice a day to help prevent this. You can increase to 2 tabs twice a day as needed. In addition Miralax or Milk of Magnesia can be used if no results with the Senokot-S.

MILD PAIN: If you are having minimal pain and would like to switch to a milder medication, please take Tylenol/acetaminophen (extra strength or regular). Do not take Tylenol and norco together (this would be too much acetaminophen). Do not exceed more than 4000mg of Tylenol/acetaminophen in a 24 hour period.

Try to avoid medications such as Advil, Aleve, Motrin, or Ibuprofen for about 3 months after surgery- some studies show that these medications could slow healing. Also, if you are taking an aspirin per day (for blood clot prevention), you should be cautious combining aspirin with anti-inflammatories (NSAIDS) such as Advil, Aleve, Motrin, or Ibuprofen. These medications together can increase risk of GI bleeding. Please contact your medical doctor with questions about taking aspirin together with NSAIDS.

ICE: It is helpful to use ice or a cold therapy unit to decrease pain and swelling. For the first few days after surgery, please try to ice at least 5 times daily, for 20 min each time. If you have an ice therapy unit, you are encouraged to keep the ice unit on as much as possible for the first 48 hours. You may also elevate your leg on a few pillows while lying down to decrease pain and swelling.

CPM: A CPM (continuous passive motion) machine may be ordered for you to be used after surgery. This machine will be delivered to your home and you will be instructed in how to operate the machine. The purpose of the machine is to start gentle passive motion

of the knee the day of surgery. The knee likes to move and this gentle motion helps to prevent and relieve pain. Take your brace off when using the machine. Try to use the machine for at least a few hours each day. The machine will be picked up about 3 weeks after your surgery.

STIM MACHINE: A stim machine may be ordered for you to be used post-operatively. If so the stim pads will be placed under your dressing. The purpose of the machine is to help gently stimulate the muscles to bring blood flow to the knee to help with healing and help relieve post-operative pain. The machine will either be delivered to your house or to the surgery center. You will be instructed on proper use and operation of the machine. The machine will be picked up 3 weeks after your surgery.

DRESSINGS: Underneath your knee brace, you will have a soft dressing and ace wrap applied over your incisions. It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection. Leakage immediately after surgery is normal and actually helps to drain some of the fluid that accumulates in the joint during surgery. The dressings may become slightly moist or blood-stained; this is normal and usually not a cause for alarm.

KNEE BRACE: The hinged knee brace should remain on, locked in extension, anytime you are up walking. If you are sitting or lying down resting, the brace may be removed. Please try to sleep with the brace on, at least for a few nights. This will help to better stabilize the knee and prevent any twisting type motions.

The brace will typically remain locked for 2 weeks, then will be unlocked (allowing bending) for an additional 2 weeks. If you also had a meniscus repair your brace will remain locked in extension when walking for 6 weeks. Your Physical Therapist will help determine when the brace may be unlocked. This is dependent on quadriceps strength and other factors. After 4 weeks total, your brace can usually be removed, unless you also had a meniscus repair and then the brace will be used for 6 weeks. Your physical therapist or Dr Sostak will let you know how to progress.

WEIGHT BEARING: You may put full weight on your operative leg immediately after surgery (with the knee brace on, locked in extension). You will be given crutches to use for comfort, but they are not required. Wean off the crutches whenever you are comfortable walking without them.

BATHING/DRESSING CHANGE: Your dressing will be removed at your first post-operative visit typically 3-4 days after surgery. Until that time you are to keep the dressing dry. Sponge bathing usually works best during this time unless you can cover

the leg and safely shower. You may have steri-strips over your incisions (small white strips of tape). If so, leave them in place until they fall off on their own or until they are removed at your first post-op appointment. You may let soap and water gently wash over your incisions, but do not scrub them. Pat them dry with a towel, then you may leave the steri-strips uncovered if you'd like. Or, you may cover each of the steri-strips with band-aids if there is still any drainage. Please reapply the large ace wrap to protect the incisions. The ace wrap is also helpful underneath the knee brace (stops the brace from rubbing on skin). You may not soak in a bathtub or go in a pool until your incisions are healed (usually 2-4 weeks).

OFFICE VISIT: Your first post-op visit will be scheduled 3-4 days after surgery. At this visit, we'll take off your dressing, check your incisions, and answer any questions you may have.

WHEN TO CALL: Please call our office at (630) 584-1400 if you develop a fever greater than 101°F, increasing pain that is not responding to pain medication, redness, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood. If it is after hours, the answering service will contact the physician assistant on call.

DAY AFTER SURGERY: You will be receiving a post-operative phone call from the surgical staff within a few days after surgery to check on you and assist you with any concerns.

DRIVING: Please do not attempt driving until you are off the pain medications. You should wait to drive until you can comfortably and safely operate the vehicle (get from gas to brake). **PLEASE DO NOT DRIVE WITH KNEE BRACE ON.** If the brace were to lock up or get stuck, this could be dangerous. If you had a Right ACL reconstruction, it may be about 1 month before you can safely drive. If you had a Left ACL reconstruction, you may drive once you're off pain medication and can comfortably and safely operate the vehicle.

PREVENTION OF BLOOD CLOTS: Although the risk is very low, there is a small chance of developing blood clots into the leg after a surgery. A blood clot in the leg is called a DVT or deep vein thrombosis. Some patients will be asked to take a 325mg aspirin daily for 3 weeks after surgery to prevent blood clots. Some patients at higher risk of blood clots will require another form of anticoagulation such as lovenox injections or coumadin. Those at higher risk include patients who have had prior DVT, or have

clotting disorders. We will advise you on an individual basis if you need to take a medication.

RETURN TO WORK: This will vary, based on the nature of your job. If you have a desk job, you may return to work as soon as you are off the pain medication, comfortable driving, and feel that you may perform your job. Most patients with desk jobs take at least 1 week off work to rest and focus on therapy. If you have a labor-intense job that may require more walking, squatting or heavy lifting, you may need a few months off work. We can discuss this in more detail during your 1st post-operative visit and we can give you work status notes (including light duty if this is an option for your job).

RETURN TO SCHOOL: It's ok to return to school once pain is tolerable and can be managed during school hours without narcotic pain medications. Typically your surgery will be on Thursday and you should be able to return to school at some point the following week.

PHYSICAL THERAPY: You will start physical therapy within 3-7 days after surgery. Most patients will go 2-3 times/week for 12 weeks.

MOST COMMON QUESTIONS ACL RECONSTRUCTION

WHEN CAN I DRIVE?

Please do not attempt driving until you are off the pain medications. You should wait to drive until you can comfortably and safely operate the vehicle (get from gas to brake). PLEASE DO NOT DRIVE WITH KNEE BRACE ON. If the brace were to lock up or get stuck, this could be dangerous. If you had a Right knee surgery, it may be about 1 month before you can safely drive. If you had a Left knee surgery, you may drive once you're off pain medication and can comfortably and safely operate the vehicle.

CAN I WALK WITHOUT CRUTCHES? You may put full weight, partial weight, or no weight on your operative leg immediately after surgery depending upon your comfort level. You will be given crutches to use for comfort, but they are not required. Wean off the crutches whenever you are comfortable walking without them.

WHEN CAN I GO BACK TO WORK? This will vary, based on the nature of your job. If you have a desk job, you may return to work as soon as you are off the pain medication, comfortable driving, and feel that you may perform your job. Most patients with desk jobs take at least 1 week off work to rest and focus on therapy. If you have a labor-intensive job that may require more walking, squatting or heavy lifting, you may need a few months off work. We can discuss this in more detail during your 1st post-operative visit and we can give you work status notes (including light duty if this is an option for your job).

WHEN CAN I RESUME NORMAL WORKOUTS?

Stationary bike: within 1-2 weeks after surgery. It is best to start doing a stationary bike during physical therapy.

Weight training: You may do upper-body weights and core strengthening within 1-2 weeks post op. For lower-body strengthening, please rely on your physical therapist to outline a program for you.

Light jogging: 3 months post-op, but start on an even-surface/treadmill to make sure your knee feels comfortable. Your physical therapist may have you first attempt jogging on a treadmill in therapy to make sure your knee is comfortable and ready.

Swimming: 1 month post-op. Specifically, a gentle free-style or flutter kick. No frog kick or whip kick for 3 months post-op.

Golf: Putting within 1-2 weeks after surgery (with your brace on)
3 months post-op: Chipping, pitching, and half-swings with your short irons

4 months post-op: Full but gentle swings with irons

5-6 months post-op: Full play with no restrictions

**The reason for golf restrictions is because you must avoid excessive pivoting/twisting of the knee, to protect the knee*

Contact sports, such as basketball, football, and hockey: You will be fully released without restrictions likely between 6-8 months post op.

HOW CAN I LEARN MORE ABOUT ACL INJURIES?

Please visit: <http://orthoinfo.aaos.org/topic.cfm?topic=a00549>

SPORTS SPECIFICS ACL RECONSTRUCTION

We know you are eager to return to your sports and hobbies. We want to guide you safely through that process. Please use the following as a guide

GOLF

Putting within 1-2 weeks after surgery (with your brace on)

3 months post-op: Chipping, pitching, and half-swings with your short irons

4 months post-op: Full but gentle swings with irons

5-6 months post-op: Full play with no restrictions

*The reason for golf restrictions is because you must avoid excessive pivoting/twisting of the knee, to protect the ACL

BASKETBALL

3 months post-op: Jogging and light dribbling/passing drills, free-throws

4-5 months post-op: "Shooting around" but no contact, agility/plyometric training with the guidance of a professional (NO cutting/pivoting)

6-8 months post-op: No restrictions

SOCCER

3 months post-op: Jogging

4-5 months post-op: Agility/plyometric training with guidance of professional (NO cutting/pivoting)

6-8 months post-op: No restrictions

FOOTBALL

3 months post-op: Jogging and throwing drills

4-5 months post-op: Agility/plyometric training with the guidance of professional

(NO cutting/pivoting)

6-8 months post-op: No restrictions

WRESTLING

3 months post-op: Jogging

4-5 months post-op: Agility/plyometric training with the guidance of a professional

6-8 months post-op: No restrictions

HOCKEY

3-4 months post op: may skate on ice but no pivoting or rapid movements

6-8 months: no restrictions

BASEBALL/SOFTBALL

3 months post-op: Jogging and throwing drills.

4-5 months post-op: Throwing and batting drills with restrictions (NO cutting/pivoting)

6-8 months post-op: No restrictions