PROLIANCE
ORTHOPEDIC ASSOCIATES
SPORTS MEDICINE

POST-OPERATIVE INSTRUCTIONS

Anterior Cruciate Ligament (ACL) Reconstruction + Meniscus Repair
Limited Weight Bearing Protocol

Day of Surgery

Rest on the day of surgery. The main goal on the day of surgery is to prevent swelling and pain and to proactively start the recovery process. Icing and elevation are the two best methods to achieve these early goals. When lying in bed or on the couch, put a pillow under the calf so that the knee stays straight (not a pillow under the knee that causes the knee to bend). The brace can be unbuckled and the Ice Machine can be applied to the knee directly over the ACE wrap. The ACE wrap and bandage provide a barrier for the Ice Machine cuff and so that it can be left on for hours without risk of frostbite. Avoid sitting in a normal seated position with your leg down the first day. Having the leg down will increase swelling and pain.

The second goal of your early recovery is to make sure the leg can easily straighten. This is done by supporting the calf with a pillow as you elevate the leg to ensure that the knee is forced straight. When resting, your leg should be in this position. Your leg will feel very heavy. Have someone help move your leg around or use a towel around your heel to support the leg when moving.

You will need to use crutches for the first 6 weeks to protection the repaired meniscus. This restriction is in place even if you are not experiencing any knee pain. "Toe-touch" weight bearing is allowed. See below for more information.

Day after Surgery

1: Remove the Bulky Bandage. Undo the straps on your brace and underneath you will see the ACE wrap, which can be removed as well. Save the ACE wrap. Underneath the ACE wrap will see some gauze pads that may or may not have some dried blood on them. It is normal for there to be some dried blood and discoloration of the gauze. If the gauze is saturated or an incision is actively draining call our office at (425) 656-5060; this is very unlikely. Please remove the gauze pads and throw them away. This will uncover the skin and tape strips over the incision. These tape strips are called Steri Strips and they are to remain in place until they fall off on their own, usually around 2 to 4 weeks. As they fall off you do not need to re-cover the incisions. There should be no need for Band-Aids or other home dressings. Do not put any cream or ointments on the incisions or skin around the knee until 4 weeks after surgery.

2. Replace and Adjust the Brace. You may now reapply the brace. If the brace straps or hinges are rubbing on an incision you may reapply the ACE wrap between the skin and brace to decrease friction. The brace will often be loose because the knee is less swollen and the gauze has been removed. The straps are adjustable and you will need to undo the Velcro and shorten the straps to tighten brace. With the bulky dressing off, the ice machine will also work better.

Sleeping: When sleeping you can take the brace off but keep it by your bedside because you will need to be put on when you get up. Patients have found that it is comfortable to support the leg with pillows so that it remains slightly elevated as you sleep.

3. Start working on knee range of motion. To work on knee range of motion you may remove the brace and start to bend the knee using the following technique:

Lie in bed on your back.

Use your hands to start bending the knee by pulling your thigh up with your hands allowing your heel to drag along the bed. Then use your hands to pull your shin or heel gently towards your thigh. You will feel some pressure in the knee and this is ok, but there is no need to force the leg back too much. Use common sense. **Stop at 90 degrees to protect the meniscus repair from deep flexion. For the first 6 weeks, the knee should not bend past 90 degrees.**

To straighten your leg back out, use your other leg under the heel to slowly extend under control. Repeat the knee flexion exercises multiple times a day

When not doing exercises, ice and elevate the leg and work on extension. The two positions for the knee are out straight or working on motion. Although the most comfortable position is "slightly bent" or with a pillow UNDER the knee, avoid this position. Either keep the leg straight or work on motion.

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Day after Surgery (Cont'd)

4. Quadriceps muscle activation and strength.

Getting your quadriceps strength back after surgery is important. The quad exercises after surgery are "quad sets" and "straight leg raises."

- Quad Sets: With the leg straight try and tighten and contract your quads. This is accomplished by attempting to straighten your leg as much as possible or by trying to lift your leg straight up. You should feel the muscles on the front of your thigh contract. Try this on your non-operative leg to get a sense of what contracting your quads feels like. When you contract the quads, hold for 6-10 seconds and then relax. Repeat frequently throughout the day in sets of 10.
- Straight leg raise: On the side of the brace there are two orange tabs than can be pushed down to lock the brace out straight. With your leg straight, push the two tabs down and lock the brace. Now, with your leg straight, try and lift the leg straight up in the air about 6 -12 inches. You might not be able to do this immediately, but over time your strength will return and you will be able to perform this exercise. Hold for 10 seconds and repeat. Remember to unlock the brace by pulling the tabs back up after you are done to allow the knee to bend. As you gain strength, this exercise can be done without the brace if you are able to keep the leg straight as you elevate it

Post-Op Day Two until Next Clinic Visit

The goals during this time are:

1. Continue to work on getting the knee straight and improve range of motion using the above technique.
2. Continue to work on quadriceps activation by doing frequent quad sets and straight leg raises.
3. Attend physical therapy and work on the modalities and exercises your therapist recommends.

Frequently Asked Questions

Weight-bearing: To protect the meniscus repair, you can only do "toe-touch" weightbearing for 6 weeks after surgery. This means that your body weight must go through the non-operative leg when you walk with crutches. The foot on your operative leg can only touch the ground to rest.

Brace: The brace is needed at all times when walking or standing. The brace will be locked with your knee fully straight until your first PT visit and then will be unlocked to 90 degrees. You will need to have the brace on while up and walking for 6 weeks after surgery and during this time your flexion will be limited to 90 degrees. You do not need the brace for range of motion exercises, sleeping, PT, or when resting.

Physical therapy: This should start within 1 to 5 days of surgery. You will be given a prescription outlining the necessary physical therapy and your physical therapist will be in direct contact with your physician regarding your progress. Take pain medications prior to your session if you anticipate having pain with motion.

Surgical incisions/bandages: You can remove the bulky bandage the day after your surgery. The incisions may drain a little, and you can place gauze on top of the incisions followed by the ACE wrap if needed. The ACE wrap can help provide a barrier between your skin and the brace. Do not apply any lotions or creams to the knee.

Showering: Beginning 48 hours after surgery you may shower. Remove your brace and ACE wrap. Leave Steri-strips in place. You may shower regularly and allow soapy water to flow over the surgical knee but do not scrub the knee. Do not submerge the knee in a bath/pool/hot tub until 4 weeks after surgery. Upon completing your shower pat the knee thoroughly dry, then reapply the ACE wrap and brace.

Driving: If the surgery is on your right leg, it will likely be 4 to 6 weeks until you can drive safely. If the surgery is on your left leg, you may drive sooner but **you must be off all narcotics and feel safe driving as required by law.** On either leg, there is no set timeline and it is not up to your surgical team to release you to drive. The rule is that you must be a safe and "unimpaired" driver. Surgery causes impairment just like drinking, so you must use your best judgement when returning to driving.

Work: You may return to sedentary work/school typically after 7 to 14 days and after your first post-op visit. At that time, we can collectively reassess a return to work timeframe. You will still need to ice and keep your leg elevated as much as possible to prevent swelling.

Don't see an answer to your question here?
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Or, visit our website: www.prolianceorthopedicassociates.com

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Medications

Here is a list of medications you will be prescribed

Aspirin: Take 1 tablet, 2 times a day with food. This medication is used as a blood thinner to prevent the formation of blood clots after surgery. Take this medication until the full course has been completed.

Narcotic Pain Medication: This is a narcotic pain medication and should be taken "as needed for pain". Please follow the frequency and dosage instructions on the bottle. After the first couple of days of acute pain, our goal is a rating of 6 out of 10 on the pain scale WITH medication. Pain is important in the healing process and "zero pain" should not be the expectation. See below for pain control techniques without medication. Narcotic medications require a hand signed, printed prescription and cannot be called into the pharmacy, so if you need a refill, please contact the office or talk with the physician assistant at your first postoperative visit

Pain and the use of pain medications can be minimized by many proven techniques:

Ice, elevation, and anti-inflammatory medications are helpful as discussed above.

Mindfulness meditation has been proven to help with pain control. Go to ***mindfulness-for-pain.mindful.org*** *for information, research, and guided meditations.*

Listening to music has been shown to lower pain levels and the need for narcotic pain medication use after surgery.

Acceptance that pain is a part of surgery and healing. The body identifies areas of pain as those areas needing blood flow and energy for healing and this is part of recovery.

Vistaril (Hydroxyzine): This is a medication that helps the narcotic work better for pain control. It can also help with muscle spasms and itching. Take as needed with pain medication. You can stop this medication when you stop the narcotic.

Anti-Inflammatory (Mobic or Naproxen): This is an anti-inflammatory medication that helps with pain and swelling. Take 1 tablet, 2 times a day with food. It is good to take this medication for as long as you have swelling or pain in the knee. You can stop taking this medication when the pain and swelling are better, but most people find it beneficial to continue use for at least 6 weeks after surgery.

Other Concerns/Questions

- **There may be some bleeding and fluid leaking** from the incision site. **This is normal** after this type of surgery and may continue for 24 to 36 hours. You may change and/or reinforce the bandages as needed. **Do not remove the Steri-Strips covering the incisions** even if they are wet or bloody, they will fall off on their own.
- There will be **MORE swelling on days 1-3** than there is on the day of surgery. This is also normal. The swelling will decrease with the anti-inflammatory medication, icing, and elevation. The swelling will make it more difficult to bend your knee. As the swelling goes down, range of motion will increase. It is normal to still have swelling for 6 to 12 weeks after surgery and some swelling with activity for up to a year. This is common and expected.
- **You may develop swelling and bruising** that extends from your knee down to your shin and/or calf and perhaps even to your foot over the next week. Do not be alarmed. **This too is normal,** and it is due to gravity pulling the blood and fluid down the leg.
- **There may be some numbness** adjacent to the incisions and on the outer side of the knee and calf. **This is common** and generally resolves but may last for 6-12 months.
- **It is also often normal to develop a low-grade fever** after surgery (up to 100.5 degrees). This can last 2-5 days after surgery and often comes down with deep breathing exercises. If you have any concerns just let us know. A low grade fever early after surgery does not automatically mean you have an infection.
- All incisions were closed with absorbable sutures. **There will not be any suture or staple removal required** after surgery.

Pain medication may make you constipated. Below are a few solutions to try in this order:

1. Decrease the amount of pain medication if you aren't having major pain.
2. Drink lots of decaffeinated fluids
3. Drink prune juice and/or eat dried prunes
4. Take Colace - an over the counter stool softener available at the pharmacy
5. Take Senokot - an over the counter laxative
6. Take Miralax - another over the counter stronger laxative
7. If none of the above works, call the office.

Don't see an answer to your question here?
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