



ORTHOPEDIC
ASSOCIATES
of HARTFORD

Chris Lena MD, James Alvarez PAC

Arthroscopic and Reconstructive Surgery of the Shoulder and Knee Sports Medicine

MEA's Karen Smith, Jackie Zuidema, Annmarie Fiore

Tel: (860) 549-8249 - FAX: (860) 244-8813

www.oahct.com

ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION

1. **GENERAL:** You will feel a little off for a day or two after the anesthetic. During that time you should not drink alcoholic beverages, make any important decisions or engage in any potentially hazardous activities. It is very common to be slightly nauseated and you should start with a light, low fat diet until your appetite comes back.
2. **ACTIVITIES:**
 - a. **WEIGHT BEARING:** You are not to put any of your body weight on your foot. It is ok to rest the foot on the ground but do not shift any of your body weight onto it. Appropriate protection of the repaired ACL graft is required since even the most secure repair will potentially stretch the graft if it is loaded too soon. For this reason we do not allow weight bearing on the joint for 1 week after surgery. On the other hand motion is encouraged and some simple light-load toning muscle exercises are usually permitted.
 - b. **DRIVING:** You may drive a vehicle after 48 hours as long as you are able to safely operate the vehicle. If your injured knee is on the left and you have a car with an automatic transmission, you should be mechanically able to perform the functions associated with normal driving. If your right knee is the injured one, you are not able to use your right leg to push on the brake or accelerator and are thus not mechanically able to perform the functions associated with normal driving. **You cannot drive if you are taking narcotic pain medication!!!**
 - c. **WORK:** You may return to work as soon as you feel able and performing your regular job is possible given your activity restrictions.
3. **BANDAGES/SPLINT:** It is not unusual for some blood to show through on the dressing. Some bloody drainage is expected, and may last up to 24 hours. If your dressings become soaked, you may reinforce them with gauze pads available at any pharmacy. The splint and dressing should cover the wounds and support the leg but should not feel overly tight or uncomfortable. If it seems too tight you should undo the ACE only, and then re-wrap the ACE a little looser. If it continues to be too tight call the office or go to the ER if it is after hours. Your bandage should otherwise remain on until your follow-up appointment.
4. **MEDICATIONS:** A prescription will be provided to help relieve pain. Please use this medication as directed. This medication is strong, and should not be taken with alcohol or other pain medications, and may cause drowsiness. Exercise good judgment in its use. You may also try over the counter pain medications such as Aleve (Naprosyn) or Advil (Ibuprofen). Take as directed unless there are contraindications. **Take 1 Aspirin (325 mg) daily in addition to the pain medication (DVT prophylaxis).**
5. **SHOWER:** You may shower after 48 hours. You must keep the incisions **DRY!** Try taping plastic wrap or plastic bag around the area while showering (or there are commercially available products you can find in a pharmacy). You can remove the brace for showering. You cannot put weight on the leg. Do not take a bath or submerge the knee under water until told to do so.
6. **STITCHES:** There are stitches in the skin. After 7-10 days we will remove the sutures in the office.

7. EXERCISES: The thigh and calf muscles will shrink in size and strength quite rapidly unless they are exercised. Simple exercises should be started as soon as possible. The best exercises are as follows:

- a. Straighten your knee as much as possible and clench the thigh and calf muscles tightly. Hold the muscles clenched tight for 5 seconds, and then relax. Repeat this exercise 10-20 times every 30-60 minutes. You should try to do at least 100 per day to keep the tone and strength in the muscle.
- b. Start bending your knee the day after surgery and increase the bending until full motion has returned (you will need to remove the brace to bend your knee; this should be done without any weight on the leg).
- c. As important as bending your knee is, it is just as imperative that you work on fully straightening the knee which can be more difficult to achieve.

8. COMFORT: Pain and swelling after surgery is to be expected. While swelling is a normal response to the surgery, it can contribute to your pain. Using ice regularly and elevation (foot, ankle and knee above the level of the heart) is the best way to decrease your pain and swelling. It is critical that you spend the first week after surgery with your foot elevated above your heart as much as possible. If the following develop and persist after 24 hours, please call the office:

- a. Fever over 101 degrees.
- b. Swelling below the knee, in the calf, ankle or foot which does not respond to loosening of the ace wrap/bias wrap.
- c. Increasing pain in the thigh or calf.
- d. Discharge or drainage through the dressing which continues greater than 24 hours.

9. FOLLOW-UP: Please call the office (549-8249) the day after your operation and make an appointment for 7-10 days after your procedure. You will be checked, your dressing and splint will be removed (you may require additional bracing); x-rays will be taken if necessary, your procedure discussed and your rehabilitation will be planned.

