

Dr. Catherine Coady

POST OPERATIVE ACL RECONSTRUCTION INSTRUCTIONS

SURGICAL FINDINGS:

PATELLA:

TROCHLEA:

MEDIAL FEMORAL CONDYLE:

LATERAL TIBIAL PLATEAU:

MEDIAL TIBIAL PLATEAU:

LATERAL FEMORAL CONDYLE:

MEDIAL MENISCUS:

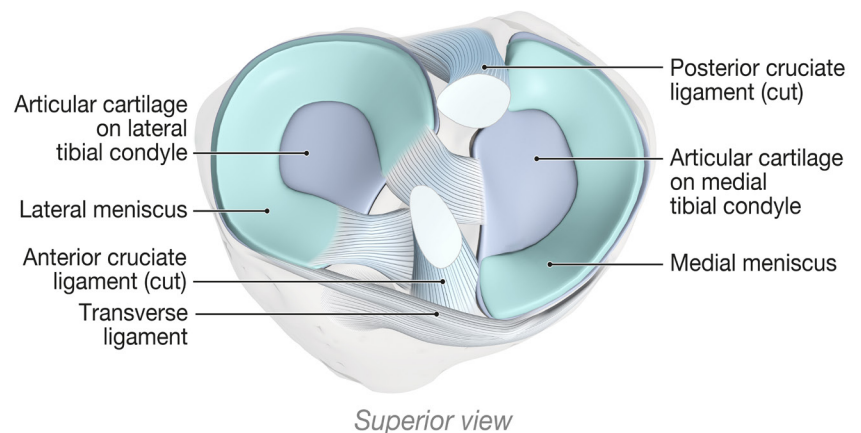
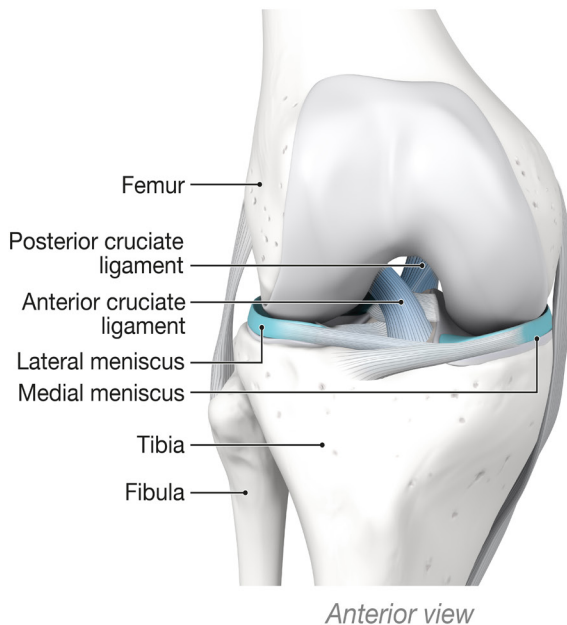
LATERAL MENISCUS:

ANTERIOR CRUCIATE LIGAMENT:

POSTERIOR CRUCIATE LIGAMENT:

OTHER FINDINGS:

Menisci and cruciate ligaments



SURGICAL PROCEDURE:

WOUND CARE:

- You may remove the dressing in 2 - 3 days and apply band aids to wound(s).
- Please leave the steri strips (white strips across your wounds) in place until your first post-operative visit.
- Keep wounds clean and dry.
- You may loosen the ace bandage and re-apply it if you find it too tight.
- You may shower in 2 - 3 days if you feel that you are safe to do so. It will be easier to use a walk-in shower.
- You may want to place a shower chair in the shower for added security.
- Do not soak in a bathtub or swim until after your first post-op visit.
- After ACL surgery there is a variable amount of pain and swelling in your operative leg. You may notice swelling extending above your knee. This usually diminishes over time. You may also notice swelling and bruising extending into your anterior shin area. This is known as periostitis and can be very painful. If this occurs, you may find it helpful to elevate your leg, apply ice packs to your shin and loose the shin strap of your brace while at rest. This should also improve after several days.
- You may notice that you have small patches of skin numbness after ACL surgery - this can occur from the graft being harvested from your leg and/or from the scope portals for ACL reconstruction surgery. This numbness may be permanent. It does not affect the motor function of your leg.
- **DO NOT** place pillows under your knee joint as this promotes a flexed knee position. You may place pillow(s) under your foot to elevate your leg.

CONTROL PAIN:

You will be sent home with a prescription for a strong narcotic medication. You should take this medication for severe pain, as directed on the prescription bottle label. If you had a femoral nerve block and have not taken any narcotic medication, you may want to take the prescribed medication dose before you go to bed as there is a possibility that you may wake up with significant pain when the nerve block wears off. Many patients take the narcotic medication fairly regularly for 2 -3 days and then wean off this medication.

For the first few days, you may also find it beneficial to take an anti-inflammatory such Ibuprofen (Advil®) every 6 hours (as long as you don't have any contraindications to taking this medicine) AND Tylenol (Acetaminophen) Extra Strength every 6 hours (as long as you are not taking a medicine with Tylenol in it like Tylenol with Codeine or Percocet® which also contain Acetaminophen). Pediatric patients should take age/weight recommended doses of Ibuprofen and Tylenol.

Taking this combination of medication regularly for the first few days after surgery as well as using ice (or the cold therapy unit) will help control your pain and you may find that you do not require as much narcotic medication after surgery. Pediatric patients should take age/weight recommended doses of Ibuprofen and Tylenol.

CONTROL SWELLING:

Following discharge from the hospital you should go home elevate your leg and regularly apply ice to the knee (5 times per day for 20 minutes at a time). Do not put ice packs directly on the skin as this may cause damage to the skin. If you purchased or rented a Cold Therapy Unit, please use this unit as directed by the manufacturer.

You may get up as tolerated. As your pain and swelling decrease you can start to move around more and spend more time up on your crutches. Applying ice, gel packs or using the Cold Therapy Unit are very effective ways to reduce pain, swelling, inflammation and narcotic use.

Please **DO NOT** leave the cold therapy unit pad on continuously for 2 weeks until you are reviewed in clinic. You should only have it on while using the device. Leaving it on continuously may cause skin irritation.

WEIGHTBEARING:

- ☐ You may put 30% of your weight through your operative leg. You will be provided with specific instructions on your first post op visit when you can progress with your weightbearing status.
- ☐ If you had a *meniscus body repair (suturing)*, you may put 30% of your weight through your operative leg. You will be provided with specific instructions on your first post op visit when you can progress with your weightbearing status.
- ☐ If you had a *meniscus root or radial repair (suturing)*, you must be toe touch weightbearing with crutches for up to 6 weeks post op

POST-OPERATIVE BRACE:

Your brace will be **LOCKED AT ZERO DEGREES** (full extension) when you leave the operating room. If you have a cold therapy cuff, it will be placed on your knee under the brace in the operating room. If you remove the cold therapy cuff post-operatively, you may need to tighten your post-op hinged knee brace to ensure that it is secure on your leg.

After 24 - 48 hours, you may unlock your brace to whatever setting has prescribed by your surgeon (see below). The brace is generally set from zero degrees to 90 degrees. *The brace may be set at a different setting if you had suturing or your meniscus or a multi-ligament reconstruction of your knee.*

ACL RECONSTRUCTION **WITH** MENISCUS REPAIR INSTRUCTIONS:

- ☐ If you have had suturing/anchoring of your meniscus and/or repair of multiple ligaments as well as the ACL reconstruction: your brace has been set to _____ degrees. Your brace should remain on your knee unless you are showering or undergoing physiotherapy unless you are advised otherwise. Some of the post-operative exercises will be limited to allow for protection of your meniscus repair.
- ☐ You may remove your brace at rest and range your knee from _____ degrees.

ACL RECONSTRUCTION **WITHOUT** MENISCUS REPAIR INSTRUCTIONS:

- ☐ If you have had an ACL reconstruction and/or trimming of your meniscus (referred to as “meniscectomy”): you may unlock your brace 1 - 2 days after surgery to allow 0 to 90 degrees of movement.

Please be very careful on uneven ground, slippery surfaces and stairs to minimize falling. You may remove the knee brace while doing exercises or if you are in a safe, protected environment (there may be limitations if you have had a meniscus repair with sutures/anchors). The long leg post op hinged knee brace should be worn while sleeping for the first two weeks unless instructed otherwise.

CRUTCHES:

- ☐ You will require crutches to assist with ambulation, please ambulate 30% weightbearing with crutches. Your crutches/cane may be discontinued when you can ambulate well after your first post op visit.
- ☐ If you had a **peripheral meniscal repair (suturing)**, please walk **PARTIAL** weight-bearing (30%) with crutches until your first post-op appointment. Further instructions will be provided at that time regarding how your weightbearing status will be progressed.
- ☐ If you had a **meniscal root or radial repair (suturing)**, you should ambulate toe touch weightbearing with crutches until advised otherwise.
- ☐ Other: _____

To **MANAGE STEPS WITH CRUTCHES**, use the following guide:

UP - good leg, bad leg, crutches

DOWN – crutches, bad leg, good leg

BLOOD CLOT PREVENTION:

If you have a personal or family history of blood clots, you need to let the surgeon know before your surgery. If you are on the birth control pill, are a smoker and/or have an increased BMI, you may want to take one baby Aspirin daily to help thin the blood and possibly reduce the chance of developing a blood clot. You can take this in addition to the Ibuprofen. It is important to perform calf pumps and move around to help reduce the chance of getting blood clots. *If you develop calf pain and/or shortness of breath after surgery, you should go to your nearest Emergency Department immediately. A blood clot cannot be diagnosed over the phone.*

AIR TRAVEL:

There is a risk of blood clot after any lower extremity surgery and this is increased during air travel. It can also be uncomfortable to sit on an airplane after surgery. We recommend waiting until at least 2 weeks after surgery for any flight. If you are able to take Aspirin (81mg or 325 mg), it is recommended that you take one tablet twice daily 2 days prior, on the day of and the day after your flight. It is also recommended to do regular calf pumps and wearing compression socks while on the flight.

WORK/SCHOOL:

You may return to work and/or school as soon as you are comfortable and are safe to do so. This may be 2 – 4 weeks for sedentary work / school or 10 - 12s weeks for jobs that involve lots of walking, standing +/- kneeling.

DRIVING:

You may resume driving when you have full control of your leg and you are pain-free. The ability to safely return to driving can vary significantly between patients and the procedure(s) performed. You should **not drive** while you are using narcotic medications. If your surgery is on the left side and your car has an automatic transmission, you may drive in about 2-4 weeks. If your surgery is on the right side (or if your car is manual transmission), it may be 4-6 weeks before you are safe to drive. This will be tailored for each individual – you must be off of your crutches and have good control of your leg before you can drive.

SPORTS:

The length of time to return to sport will greatly vary between each individual and will depend on the specific procedure. Your physical therapy exercises and activity modifications will be reviewed and adjusted at each visit. Do not resume sports until have discussed this on the first post-op visit.

ADDITIONAL INSTRUCTIONS:

Signs and symptoms to report: persistent fever greater than 38.5 degrees, wound redness or drainage, persistent calf pain or any other concerning symptoms.

If you have any problems, please call the clinic during business hours 7am to 3pm: (902) 473-2575

In case of a medical **EMERGENCY** at night, on weekends or when the office is closed, you need to proceed to your nearest Emergency Department for assessment.

FOLLOW UP APPOINTMENT:

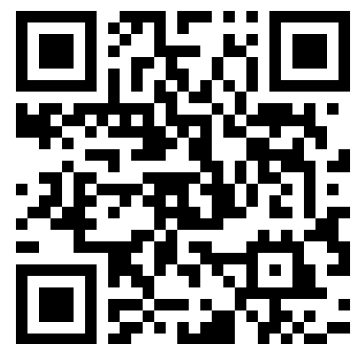
You will be contacted by the office for your follow up appointment. If you have any issues, please call the office at @ 345-640-6360 during business hours.

PHYSIOTHERAPY:

Please follow the Phase 1 ACL Rehabilitation Guidelines that are found on the following website:

medicine.dal.ca/ortho/coady

**QR Code for Post Op ACL
REHABILITATION PROTOCOL**

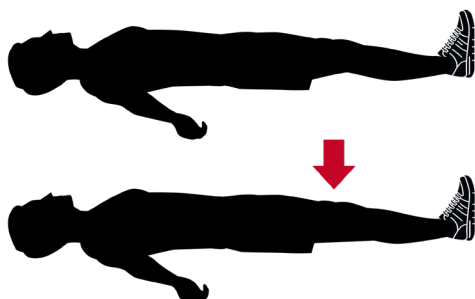


Post-operative rehabilitation is essential in optimizing your function and return to sport after an ACL reconstruction. The process of returning to physical and athletic activities is not based on time, it is based on the individual's ability to achieve certain milestones or criteria. The time needed to do this will vary from individual to individual. Post-operative rehabilitation begins the day after surgery. There are four phases to the post-operative rehabilitation. Your compliance with this program will have a direct effect on your function and return to sport.

POST-OPERATIVE EXERCISES

Please follow the detailed instructions in the **PHASE ONE** Post-Op Rehabilitation Guidelines found on the medicine.dal.ca/ortho/coady website. *If you have had suturing of your meniscus, specific restrictions will be provided to you in your post op instructions. The exercises below are a sample of some of the exercises in **PHASE ONE**.*

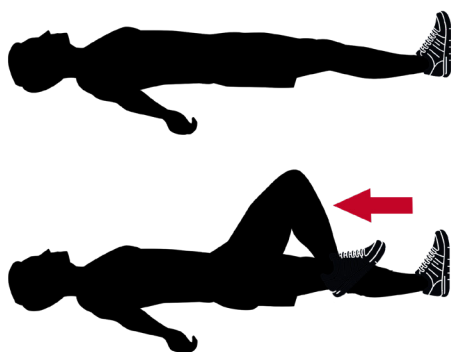
QUAD SETS/ KNEE EXTENSION



This is the **MOST IMPORTANT** exercise to do after ACL surgery. It is imperative to regain your full knee extension **ASAP** if you want to do well post op.

1. Lie on your back with your leg straight
2. Tighten the muscle on top of your thigh (quadriceps) by pushing the back of your knee down into the bed.
3. Hold for 5 seconds
4. Do 10 - 20 repetitions 3 times per day.
5. You may also place a rolled towel under the heel to regain full knee extension.

HEEL SLIDES (HIP & KNEE FLEXION)



1. Bend your hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed.
2. Slide your heel back down to the starting position. Keep your kneecap pointed up toward the ceiling during the exercise.
3. Do 10 - 15 repetitions, 3 times per day.
4. You can also work on your knee flexion while sitting in a chair.
5. Please follow the instructions that have been provided to you regarding how far you are allowed to bend your knee.

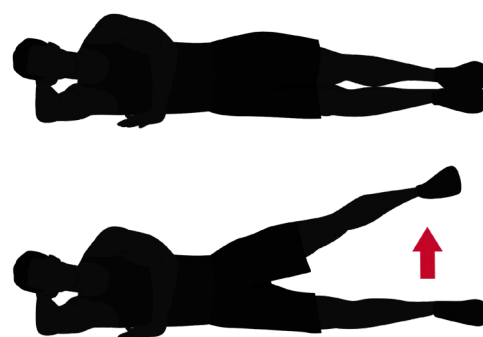
ANKLE PUMPS AND CIRCLES



Ankle pumps are important post operatively as they help with ankle mobility, minimizing swelling in your operative leg and can help reduce the risk of developing blood clots in your leg.

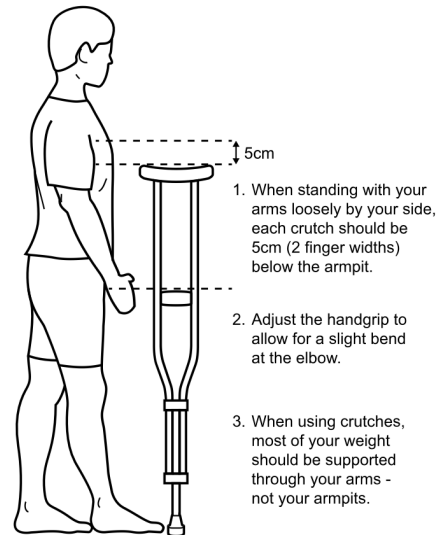
1. Bend both your ankles up, pulling your toes toward you, then bend both your ankles down, pointing your toes away from you.
2. In addition, rotate each foot clockwise and counterclockwise, keeping your toes pointed toward the ceiling.
3. Do these exercises multiple times per hour while awake.

SIDE LYING LEG RAISE

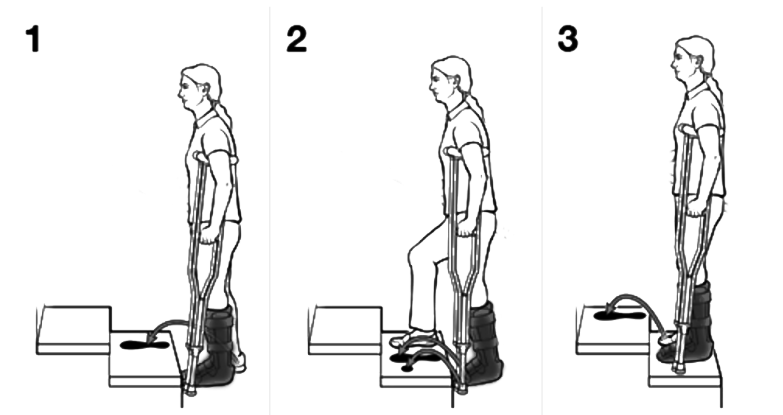


1. You may attempt to do this exercise one week post op as long as you **LOCK** your brace in full extension.
2. Lying on your side, tighten your gluteal muscles and lift leg upward, and hold for 5 seconds.
3. Slowly lower your leg down and relax.
4. Do 5 - 10 repetitions, 3 times per day.

HOW TO FIT YOUR CRUTCHES

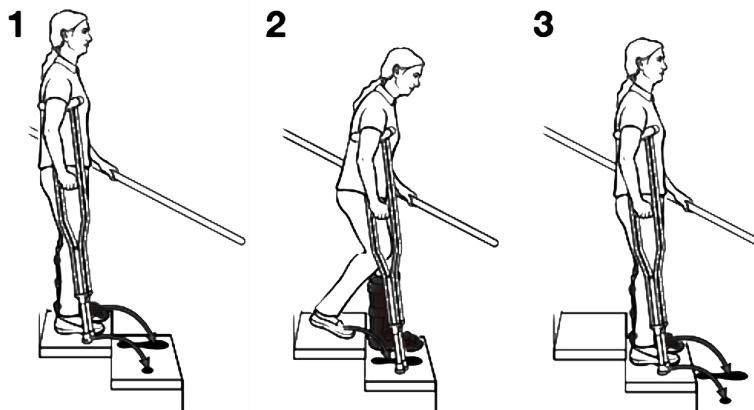


HOW TO GO UP STAIRS USING CRUTCHES



1. When going up stairs, support your weight on your hands and push up
2. Place your good foot up first.
3. Supporting your weight on the good foot, keep your weight forward and bring your operative leg and crutches up next - *following the instructions provided for how much weight you should put on your leg.*

HOW TO GO DOWN STAIRS USING CRUTCHES



1. When going down stairs
2. Place your crutches down on the stair below & your operative leg out first. *Please ensure you follow the weightbearing instructions for your operative leg that have been provided to you.*
3. Make sure you are balanced, then take the weight down through your crutches and step down with your good leg. If you prefer, you can use your crutch in one arm and use a handrail in the other as depicted above.