



POSTOPERATIVE INSTRUCTIONS ANTERIOR CRUCIATE LIGAMENT(ACL) RECONSTRUCTION

DIET:

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot or ankle occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing.
- Remove surgical dressing 48-72 hours post-operative– Apply clean, sterile dressing over incisions and change daily.
- Please keep steri-strips in place.
- To avoid infection, keep surgical incisions clean and dry – you may not shower until after your 1st post-operative appointment.
- **NO** immersion of the operative leg (i.e. bath, swimming pool)

MEDICATIONS

- Pain medication is injected into the wound and knee joint during surgery – this will wear off within 8-12 hours
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
Do not drive a car or operate machinery while taking the narcotic medication
- Primary Medication = Percocet (Oxycodone/Acetaminophen)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
- Max of 12 pills per day
- Plan on using it for 2 to 5 days, depending on level of pain
- Do **NOT** take additional Tylenol (Acetaminophen) while taking Percocet
 - Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
 - Zofran (Ondansetron) has already been called into your pharmacy for nausea if needed.
 - If constipation occurs, consider taking an over-the-counter laxative such as Colace or Miralax.
- If you are having problems with nausea and vomiting, contact the office to possibly have

your medication changed (843) 654-8868– ask for Nicole Fava, Dr. Haro’s PA)

- Ibuprofen 400-600mg (i.e-. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative ‘peaks and valleys’, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage

ACTIVITY

- Full weight bearing as tolerated. Use crutches to assist with walking as needed.
- Do NOT place pillows under knee (i.e., do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle to elevate leg.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- May return to sedentary work or school 3-4 days after surgery, if pain is tolerable

ICE THERAPY

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit
 - Use Cryocuff as frequently/continuously as tolerated x 14 days

EXERCISE

- Begin exercises 24 hours after surgery (Heel props, quad sets, heel slides, straight leg raises and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few days following surgery – it is safe and, in fact preferable to bend your knee and complete exercises listed above (unless otherwise instructed by physician).
- Complete exercises 3-4 times daily until your first postoperative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first postoperative visit unless otherwise instructed.
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin after your first postoperative visit. You will be given a script for this at that time.
- If you have any questions or concerns please contact Nicole Fava PA-C (843) 654-8868 or by email at **HaroPA@southeasternspine.com**

****Emergencies****

- Contact Dr. Haro or Nicole Fava PA-C at (843) 654-8868 or by email HaroPA@southeasternspine.com if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101° – it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist, hand or lower extremity

- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
- ****If you have an emergency after office hours or on the weekend, call (843) 654-8868 and you will be connected to our on call service. Do NOT call the East Cooper Hospital or the Surgery Center.**
 - ****If you have an emergency that requires immediate attention, proceed to the nearest emergency room.**

Follow-Up Care/Questions

- Nicole Fava, PA-C (Dr. Haro's Physician Assistant) will call you on your first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please email HaroPA@southeasternspine.com or call directly (843) 654-8868
- If you have additional questions that arise at any time, whether for Dr. Haro or Nicole, please send an email to HaroPA@southeasternspine.com or call (843) 654-8868.
- If you do not already have a postoperative appointment scheduled, please contact the scheduling office during normal office hours (843) 654-8868

Immediate Post-Operative Home Rehabilitation After ACL reconstruction

Perioperative Home Rehabilitation 0-7 days

- ***Emphasis on range of motion and pain/swelling control***
- ***Minimal*** activities for first 7 days to minimize swelling.
- ***Formal physical therapy should start no later than 3-5 days after surgery***
- Keep leg elevated at all times (above level of heart), except when doing exercises, going to bathroom or eating for first 7 days after surgery
- Recommend nearly continuous use of ice machine
- Weight bearing as tolerated, however up only for bathroom/eating for first week post-op
- Crutches are used until leg control and gait normalizes, but may be discontinued once therapist deems leg control and gait are adequate
- Emphasis is on regaining/maintaining full terminal extension
 - Heel props- 10 minutes, 5 times daily
 - Prone hangs 10 minutes, 5 times daily
 - Towel Stretches, Hold in full extension with quadriceps contracted for 10 seconds, 5 times daily
 - Active quadriceps contraction 10 seconds, 5 times daily
- Ankle Pumps 10 times every hour
- Knee flexion towel heel slides- 10 times (holding for 10 seconds), 5 times daily



- Heel Props



Figure 2. The patient holds on to the ends of a towel that is wrapped around the ball of the foot. While using 1 hand to hold part of the leg above the patella down on the table, the other hand pulls the ends of the towel so that the knee is hyperextended and the heel lifts off the table. This stretch is held for 10 seconds and the patient performs 10 repetitions 3 to 4 times per day.

- Towel Stretches



Figure 6. Patient activates the quadriceps muscle in order to raise the heel off the table.

- Active Quadriceps Contraction



Figure 4. In prone position, the patient suspends both knees off the edge of a table, allowing the knees to passively extend. A weight may be added to the ankle to increase the stretch. This exercise is performed for 10 minutes 3 to 4 times per day.

- Prone hangs



- Towel Heel slides