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<h3>POST-OPERATIVE INSTRUCTIONS</h3> <h3>ACL RECONSTRUCTION</h3>
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Wound Care

Do not remove your surgical dressings or ACE wrap. You are to wear your white compression stockings (TED hose) for two weeks after your surgery to help prevent blood clot formation. Keep the dressings clean, dry, and intact. Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood persists despite elevation and icing, please call the doctor.

Be sure to watch for signs and symptoms of infection after surgery, which includes: increased swelling, wound drainage, or a fever greater than 101.5°. If you notice any of these signs and symptoms please notify Dr. Farber.

Showering

Showering is allowed with plastic covering the wounds. Be sure to keep the original dressing clean and dry. Do not immerse your incisions under water: no baths, swimming, or hot tubs for at least two weeks after surgery.

Ice

Icing is very important for the first 5-7 days after surgery. Please ice your knee four to six times a day for up to 20 minutes at a time using a large bag of crushed ice. Care must be taken with icing to avoid frostbite to the skin. To avoid frostbite, place a towel or T-shirt between the ice and your skin. If you are using a CryoTherapy device, please follow the instructions given by the device representative.

Eating

The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient shows signs of dehydration (lack of urination) please call the doctor or the surgical center.

Activity

- You should remove the brace four to six times a day to work on range of motion exercises (see Exercises below).
- Leg elevation for the first week is also encouraged to minimize swelling.

Weightbearing

- If the meniscus is normal at the time of surgery OR if a partial meniscectomy (removal of the torn portion of the meniscus) is performed, you may partially weight-bear with crutches with the brace locked in extension. You should use crutches. The brace will be locked in full extension when ambulating for two weeks.
- If the meniscus is torn AND a meniscus repair is performed, you should be non-weightbearing using crutches until instructed by your surgeon.

Exercises

The following exercises are to be started the evening of surgery. While exercise is important, don't over-do it.

- **Straight Leg Raises:** This exercise should be done while wearing the brace. Raise leg 12 inches off the bed, couch or chair. Hold in position for a count of 10 seconds. Do 10 repetitions, five sets per day.
- **Quad sets:** This exercise should be done while wearing the brace. Sitting with your leg straight, pull your toes toward your nose and tighten your thigh (flexing your quadriceps muscles). Hold for a count of 10 seconds. Do 10 repetitions, five sets per day.
- **Foot pumps:** This exercise should be done while wearing the brace. Sitting with your leg straight, alternate pointing your toes to the floor ('pushing on the gas pedal') and pulling your toes toward your nose. Do 30 repetitions, five sets per day.
- **Towel Rolls:** This exercise should be done without wearing the brace. Sitting with your leg straight, place a rolled towel under your leg just above the ankle. Make sure nothing is resting behind your knee. Use your leg to roll back and forth over the towel allowing your knee to fully extend. Do for 30 minutes, five sets per day.



- **Prone hangs:** This exercise should be done without wearing the brace. Lie on your stomach with your leg hanging over the edge of the bed or couch. Allow gravity to straighten out your leg/knee fully. Then flex your knee and repeat. If needed rest a pillow or towel under your thigh to protect your knee. Do 20 repetitions, five sets per day.



- **Knee Bends:** This exercise should be done without wearing the brace. Lying on your back, keeping your leg straight, lift your leg towards your face. Slowly bend your knee until you reach 90° of flexion, while supporting the back of your knee with your hands. Then, slowly straighten your leg back out. Do 10 repetitions, five sets per day.
- **Passive Knee Flexion:** This exercise should be done without wearing the brace. Sit on the edge of a bed or table and let gravity gently bend the knee. The opposite leg is used to support and control the amount of bending. This exercise should be performed 5 times a day for 10 minutes. It is important to achieve at least 90 degrees of passive flexion by 2 weeks after surgery.



Physical Therapy

You will be prescribed Physical Therapy to start after your first follow-up visit. There is a standard protocol that you will follow with your therapist.

Medications

Take as prescribed. **Narcotic pain medications:** Percocet or Vicodin is used for severe pain. It can be taken up to every four hours as necessary. Most patients only require Vicodin or Percocet for the first week. Once pain is better controlled, you may simply take extra strength Tylenol one to two tabs every six hours. Take these medications with food. If you have any problems taking the medications please stop them immediately and notify the office.

Local anesthetics are put into the joint during surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery when the effect of these medications wears off. Using the pain medication as directed will help control pain with little risk of complication. Taking pain medication before bedtime will assist in sleeping. It is important not to drink or drive while taking narcotic medication. You can supplement the narcotic medications with 200 mg or 400 mg of ibuprofen every 4-6 hours. You should resume your normal medications for other conditions the day after surgery. We have no specific diet restrictions after surgery but extensive use of narcotics can lead to constipation. High fiber diet, lots of fluids, and muscle activity can prevent this occurrence.

Driving

For right knee ACL surgery this is generally around 4 weeks after surgery. For left knee ACL surgery you may return to driving 2 weeks after surgery. Driving while under the influence of narcotic medications (ie Percocet or Vicodin) is extremely dangerous and discouraged in all patients.

Follow-Up

Your initial follow up visit will usually be 10-14 days after surgery.

If you have any questions, concerns or problems please feel free to contact the office at (480) 219-3342