

ACL REPAIR/RECONSTRUCTION SURGERY

BEFORE SURGERY

- Please follow the instructions that you were given when scheduling surgery.
- Pre-operative Physical Therapy: You will need pre-operative crutch training and exercise instruction. *This should be done within one week of surgery and can be arranged with our Physical Therapy Department.*

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- *You must bring your crutches with you on the day of surgery.*
- Follow the directions that you were given regarding when and where to go on the day of surgery. Your nurse will review information related to your specific procedure and answer any questions that you may have. Often general anesthesia is used for this type of surgery. This means that you will be sleeping during the procedure. Sometimes spinal anesthesia is used. You will meet with the anesthesiologist/anesthesia nurse on the day of surgery who can answer questions and explain the type of anesthesia you will be having. The nurse and the anesthesiologist will prepare you for your surgery. An IV will be started in your arm prior to surgery.

SURGERY

When it is time for your surgery, you will be taken to the operating room. Monitoring equipment will be attached to your chest and arms. Your knee will be washed with an antiseptic solution. Surgery will take approximately _____ hours.

AFTER SURGERY

After your surgery, you will be taken to the recovery room where the nurses will continue to monitor you. Pain medication will be given to you as needed. A warming blanket called the Bair Hugger is sometimes used to increase your body temperature to the desired range. Your leg will be elevated on 1 – 2 pillows. A thick bandage will be around your knee and a special cold therapy unit will be in place. You will be asked to do some simple movements of your foot and ankle to increase circulation. Average time in the recovery room is about one hour.

When you return to the Nursing Unit, your care will continue as before. You can have fluids to drink. Pain medication will be given to you as needed. Your family can rejoin you and sit with you until it is time for you to go home. The nursing staff will assist you with crutch walking.

You are ready to go home when:

1. You are managing your pain.
2. You are able to urinate without difficulty.
3. You are able to walk with your crutches.

When it is time for you to go home, a nurse will briefly review your discharge instructions with you. ***Please refer to these information sheets if you have any questions once you are home from the hospital. They contain more specific information regarding your surgery.*** It is important to have a responsible adult with you for the first 24 hours to help you with meals, getting to the bathroom, filling your cold therapy device, etc.

PHYSICAL ACTIVITY

- You should use your crutches with 25% weight bearing on your surgical leg for about 2 weeks following surgery. (***Refer to the crutch walking instruction sheet that you were given at your pre-operative Physical Therapy appointment.***) Usually, you can begin weaning from your crutches after your follow up appointment with your doctor.
- You may begin your exercises immediately following surgery. (***Refer to the exercise cards that you were given by the Physical Therapist.***)
- Lie down and elevate your leg on 1 – 2 pillows (above the level of your heart) as much as possible the first 2 – 3 days after surgery. The pillows should be placed under your lower leg only. They should not be placed under your knee. This is to ensure that your knee remains extended. After the first few days and you begin increasing your activity, plan several rest periods throughout the day and elevate your leg above your heart. This will help to relieve the swelling and pain.
- You will have Physical Therapy following your surgery. Your doctor will discuss this with you at your follow up appointment.
- Until you resume more normal activity, work at pumping your ankles frequently (every 1 – 2 hours). This helps with circulation and preventing blood clots from forming.
- You should be ready to drive a car once you can bend your knee 90 degrees and walk without crutches. (About 2 weeks).
- Students usually return to school about a week after surgery. Light sedentary jobs can often be resumed in 2 – 3 weeks. Return to heavy or strenuous occupations may take several months. You will need to discuss returning to work with your doctor.

WOUND CARE

- Bleeding during the first 24 hours following surgery is normal. If bloody drainage is noted through the ace wrap, do not remove the existing dressing, but apply a fresh layer of dressing and a new ace wrap (elastic bandage) over top. Apply direct pressure over the area where the drainage is noted. Lie down, elevate your leg, and apply ice. If drainage continues throughout the night, call the office for further instructions.
- You should change your dressing the day following surgery. The incision is usually closed with dissolvable sutures and several steri-strips. The steri-strips are applied with a very sticky solution and should be left on until your follow up appointment. Reapply a dressing and the ace wrap.
- You should continue to use the ace wrap on your leg for about one week following surgery. This aids in circulation and to keep the swelling down. It should be rewrapped daily or when it becomes wrinkled. Apply it with your leg elevated on the bed or couch. Begin at your ankle and wrap it past your knee. Apply it snugly, but not too tight. If your ace wrap is too tight, your toes will swell and may become discolored. If this happens, loosen the ace wrap.

- Keep your incision sites dry until they stop draining. This will take approximately 3 – 5 days.
- You may shower. Cover your incision sites prior to showering if they are draining.
- No tub baths, hot tubs, or swimming in a pool or lake until your incision sites are completely healed and your sutures/staples have been removed (at least two weeks). Do not soak your knee under water.
- Swelling and discoloration/bruising of the knee is expected. This will gradually resolve.

PRECAUTIONS

Notify the office if you:

- Develop new or more severe pain that cannot be controlled by medication or the other listed methods of pain control.
- Develop redness, swelling, drainage, or foul odor from your incision.
- Develop calf pain or tenderness.
- Have persistent numbness/tingling of the affected foot or leg.
- Develop a temperature greater than 100.5 that is not associated with any other illness. It is not necessary to take your temperature every day. If you feel warm, take your temperature.
- Have any questions or problems.

PAIN CONTROL

- Several methods may be used to help manage your pain:
 1. **Cold Therapy.** If you have decided to use the cold therapy machine, the pad will be placed on your knee immediately after surgery and you will take the unit home. Over the first 1 – 2 weeks it should be used whenever you are resting and during the night. As the pain and swelling gradually resolve, it should be used following exercises and Physical Therapy. ***Please refer to the written instruction sheet that you were given.*** The nurse that scheduled your surgery will contact Otto Bock, the company that distributes this equipment, in regards to precertification. If you have any questions regarding your insurance coverage, you may call the company direct at 1-800-858-0683.
If your insurance does not cover the cost of the cold therapy machine, you may choose to use ice packs. These should be applied to your knee for approximately 20 minutes at a time. Care should be taken during cold application. Use a damp towel between the skin and ice and only keep the ice on the knee until the skin becomes numb. The ice should be alternated on for 20 minutes and off for 20 minutes frequently during the first several days and then whenever you are resting or doing your exercises.
 2. **Medication.** Several different types of medication are used to help reduce pain. They usually work best when they are used along with other methods of pain management.
 - NSAIDS (Non - Steroidal Anti-Inflammatory Drugs). Aspirin – like. These medications reduce the pain and swelling. They relieve mild to moderate pain. They can be used in addition to analgesics. They may or may not be prescribed for you.
 - Analgesics (Pain Medication). These medications are used to reduce your pain ***and must not be taken any more often than prescribed.*** In an effort to keep your pain under good control, you should take the pain medication routinely as prescribed during the first 24 – 48 hours following surgery. Then, as the pain lessens, begin taking it as needed (within the prescribed guidelines). As you become more comfortable, you may substitute Tylenol for pain control.
 - Pain medication should be taken with food as this will help to prevent any stomach upset.
 - Do not drink alcoholic beverages while taking pain medications.
 - Do not drive while taking pain medication.
 - Requests for pain medication should be made during normal office hours. Please Note: Pain medication will only be ordered during regular office hours.

3. **Nerve Blocks.** You may receive a femoral nerve block during or after your surgery to help manage your pain. This will be done while you are in surgery. If you are a candidate, your anesthesiologist will explain this to you prior to the procedure.
 4. **Local Anesthetic.** A long acting local anesthetic is commonly injected into your knee during the surgery. This often gives added pain relief.
- Your leg may swell, appear discolored, and become painful when kept down. Lie down and elevate your leg several times throughout the day to help with pain control.
 - Take one Aspirin twice a day for two weeks following your surgery. This thins your blood and helps to prevent blood clots from forming.

DO NOT TAKE ASPIRIN if you are currently taking Toradol.

DO NOT TAKE ASPIRIN if you have an allergy to aspirin, have a history of ulcer disease, or if another blood thinning medication was ordered for you when you were discharged from the hospital.

- You may resume your routine medications unless otherwise instructed.
- Often pain medication and inactivity cause constipation. Eat high fiber foods (fresh fruits, vegetables, bran) and increase your fluid intake if possible. Also, you may purchase Pericolace, a stool softener, at any pharmacy to aid in alleviating your constipation. Take this two times per day.

DIET

- After having General Anesthesia, start by taking liquids such as water or carbonated soft drinks. If this does not upset your stomach, try soup and crackers. After this, you may resume your normal diet.

FOLLOW UP

- You should be seen in the office for follow up 10-14 days following your surgery. Call the office when you are discharged from the hospital to schedule this appointment.

