



## **ACL Reconstruction Post-Op Discharge Instructions**

### **Your Surgeon:**

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### **Activity and Brace instructions:**

Wear the brace at all times including sleeping. **Keep the knee and brace locked straight when up and walking.** You may unlock the brace to allow the knee to bend to 90 degrees when sitting. Do not bend the knee past 90 degrees. Work on gently bending and straightening the knee up to 90 degrees.

### **Additional instructions for crutches and weight bearing:**

Follow only the instructions that are checked off:

- If you had an ACL reconstruction only**
  - Walk with crutches, only put part of the weight on your leg while walking for the first 2 weeks.
  
- If you had an ACL reconstruction with a meniscus repair or microfracture**
  - Walk with crutches, you may rest your leg on the ground for balance but do not put any weight on the leg.



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## ACL RECONSTRUCTION POST-OP INSTRUCTIONS

**What to Expect:** It is normal to feel tired and washed out after surgery. Rest is important, but walking is also important to prevent problems and to regain your strength and energy. Pace yourself according to how you feel. Rest when you feel tired.

You may have a sore throat if you have had general anesthesia. This is normal and will go away in 1-2 days.

If you have a nerve block, the local anesthetic may keep your leg numb for up to 24 hours.

Your leg can remain painful and swollen for several weeks time, depending on the problem you have and the amount of surgery that was done. You may experience some bruising around your incisions. You should elevate your knee higher than the level of your pelvis (2 pillow usually works) as often as possible to minimize the swelling.

You were given thigh/knee high TED stockings that should be worn at all times until your follow-up visit. You can remove them for showering and to wash them.

**Pain Management:** You can expect to have pain for the first week or so after surgery. The pain is often worse at night. You will be given a prescription for pain medication upon discharge from the hospital. **This will be sent electronically to the pharmacy on file.** You should take this narcotic pain medication as directed for moderate to severe pain. You should take your pain medication with food. If you cannot tolerate this pain medication because of nausea or itching, please call the office. You should call the office for a refill several days before you run out of pain medication. **Refilling your new prescripion may take 2-3 business days.** Narcotics will not be refilled by the on-call physician after hours or on weekends.

For mild pain, you may take acetaminophen (Tylenol). (However remember that medications such as Percocet, Vicodin, and Tylenol #3 contain acetaminophen and you should not take more than 3000 mg of acetaminophen daily.)

**Pain medication can cause constipation. To make it easier to have a bowel movement you should drink extra fluids, eat foods high in fiber, or take a stool softener such as colace.**

Pain medications can also cause itching of the skin. For mild itching you can take Benadryl.

You may take non-steroidal anti-inflammatory medication like Motrin, Advil, Ibuprofen, Aleve or Naprosyn.

Do not drive, drink alcohol or make important decisions while taking narcotic pain medication. Please call your doctor if the pain medication is not working.

### **Other Medications:**

You were given a prescription for Aspirin 81 mg, which you should take daily for 4 weeks. You may obtain this medication over the counter at the pharmacy. (Do not take if you have a history of stomach ulcers, bleeding disorders or allergy to aspirin).

You should pump your ankles up and down several times an hour to keep the blood circulating in your leg. Don't lie in bed or on the couch for hours and hours at a time. It's good to move around (with the help of crutches) to get the blood flowing in your legs.

**Treatment of Nausea:** If you received a Scopolamine patch (behind your ear) in the hospital, leave it in place for 24 hours. Be sure to wash your hands immediately after taking it off.

If you are nauseous or vomiting limit your intake to clear liquids only, and advance diet as tolerated. If still nauseous or vomiting after 12 hours, please call the office.

**Dressing:** Keep your dressing clean and dry. Your dressing can be removed in 3 days. You may remove the bandages but **leave in place the underlying white/yellow steri-strips**. You may leave the incisions open to air or cover the incisions with a dry dressing and change bandages as needed.

You may shower after 5 days but keep the incisions clean and dry with a dressing. After 5 days you may let the water wash over the incision, but do not scrub the incisions or submerge it in a pool or bath. If you want to shower before this time you must keep your dressing dry, wrapping it in saran wrap or a plastic bag. Antibiotic creams or other ointments should not be used. Do not submerge the incisions in water until directed by your surgeon after the skin is fully healed.

Your sutures are typically under the skin and will dissolve on their own, or they will be removed 10-14 days after surgery.

You should wear the knee high TED stockings for the first 4 weeks.

**Brace/Crutches:** Wear the brace at all times including sleeping. **Keep the knee and brace locked straight when up and walking.** You may unlock the brace to allow the knee to bend to 90 degrees when sitting. Do not bend the knee past 90 degrees. Work on gently bending and straightening the knee up to 90 degrees.

Walk with crutches. Refer to the instructions checked off on the first page for your weight bearing status of the leg.

**Cooling Unit:** Use the cooling unit/ice bags on your knee for the first week, 30 minutes at a time every 1-2 hours. This will help reduce the pain and swelling and is often more effective than pain medication, especially in the first 3 days. **Always remember to place a towel or t-shirt between the cooling unit and your skin for protection, and to remove the unit/ice for at least 30 minutes between uses to allow the skin to recover.**

After the first week the cooling unit can be used as needed (at the end of the day and after physical therapy).

**Exercises:**

You should pump your ankles up and down several times an hour to keep the blood circulating in your leg. Continue doing this until you are walking without crutches.

You may unlock the brace while sitting or lying down and work on gently bending and straightening the knee from 0 degrees (fully straight) to 90 degrees (bent at a right angle). Do not bend the knee past 90 degrees.

You should not do any sports or athletics until you have seen your doctor at your first post-operative visit.

A prescription for physical therapy will be given to you at your first post operative visit. Your physical therapy program is important to a successful outcome.

**What Activities am I allowed to do at Home:** You should plan on taking today and tomorrow off from work or school. You can resume work/school when the pain and swelling subside (this can be a week or more depending on what type of work you do and the procedure that was done for your knee)

You should drink lots of fluids, and eat light foods at first like toast, crackers, soup and ginger ale.

Avoid smoking or caffeinated drinks as they impair healing.

**Postoperative Visit:** You should have a follow up appointment scheduled. If you do not, you should call the office the day after your surgery to schedule your post-operative visit.

Plan to wear loose comfortable clothing your post-operative appointments with pant legs that easily roll above your knee to so that the surgical incisions and knee can easily be examined. Alternatively, wear shorts underneath pants that can be easily removed so that the knee can be examined.

**When to Call:** If you have any trouble breathing or are having chest pain, you should dial 911 right away.

For any of the following danger signs, you should call your doctor's office: fever above 100.6 (after the first day or two – a slight fever can be normal the first day), redness or draining from the knee after the first day or two, and/or numbness, tingling, or discoloration of the foot, or if you have severe pain not relieved by pain medication, or if the numbness/tingling returns after the block has worn off.