



Post-Operative Instructions: ACL Reconstruction

Pain Management:

- You should have been provided a prescription for narcotic pain medication prior or on the day of your surgery. Take as directed.
- Note: Maximum 10 tablets in a 24 hour period. (This maximum includes all narcotic pills, Tylenol or acetaminophen).
- Do not drink alcohol while taking pain medication.
 - **Note: Taking more than the recommended safe dose of narcotics, or mixing narcotics with alcohol can lead to liver failure and death.**
- Ibuprofen can be used in addition to your pain medication and can be helpful in controlling pain.
- Ice to control swelling and inflammation can also be effective in helping to control pain.

Nerve Block:

- Often with ACL surgery an anesthesiologist performs a nerve block that numbs the knee and leg. The nerve block helps with pain control and typically lasts 6-12 hours. If it lasts longer don't be concerned.
- When the nerve block starts wearing off make sure to start taking your pain medication. The transition of the nerve block wearing off can be difficult. It is recommended to try and stay ahead of the pain.

Ice:

- You should have been provided with an ice machine. It should be refilled with ice and water every 6 hours and the cooler should be placed at knee height.
- Keep a layer (pants or dressing) between the ice and your skin to avoid frost bite.
- It is recommended that you ice frequently during the first 72 hours following surgery.

Diet:

- Following surgery, nausea is very common. Begin with clear liquids and progress to your daily diet as tolerated.

Medications:

- Resume your pre-surgical medications unless instructed otherwise.

Wound Care:

- A large amount of fluid is used during your surgery and drainage from the wounds is common during the first 2 days after surgery.
- Increasing pain, increasing redness around your incision or yellow, thick drainage, more than 3 days following surgery, is concerning and should be reported to your surgeon.
- Change your dressing the second day following surgery. Apply Band-Aids over incisions.



- Swelling and bruising in your knee and leg is common following surgery; don't be concerned.
- Your sutures will be removed by our surgeon, his nurse or physician assistant at your first post-surgical office visit.

Bathing:

- You may shower 24 hours after your surgery. Simply allow the water to run over the incisions and blot dry.
- Do not submerge the operative site in water such as a bath tub or hot tub until cleared by your physician.
- If you are unsteady following your surgery you should use a shower chair or stool.

Activity:

- You may put as much weight on your operative leg as tolerated but need to be in your knee brace locked in extension with crutches for assistance for 3 weeks post-operatively.
- Wear your brace except during bathing and CPM machine exercises. Your brace should be locked in extension for weight bearing and at night; otherwise it may be opened up to allow motion.
- Start using the CPM machine the 1st day following surgery. These exercises are to be performed for 15 minute sessions three times per day. Start the CPM from 0-45 degrees and advance 5-15 degrees per day as tolerated.
- You are encouraged to move around in a controlled environment, using crutches to help you. You should always wear your knee brace when moving around.
- Driving may be resumed when you are off narcotic pain medications and feel you can safely control your vehicle. Estimate is 14 days after surgery; however, this can vary from person to person.

Common Post-Surgical Issues:

Constipation:

- This means difficulty with bowel movements. This is very common following surgery and is related to decreased level of activity and narcotic pain medication.
- Some things that can be helpful in addressing this issue:
 - Minimize use of narcotic pain medicine
 - Fluids: Drink a lot of water or Gatorade
 - Walking
 - Foods high in fiber or prune juice.

Difficulty Urinating:

- May develop temporarily following surgery, this is typically seen in men.
- This problem should be monitored by the post-surgical nurses; however, if you are discharged home and unable to urinate (pee), you will need to go to the emergency room or contact your urologist.

Nausea:

- The feeling that you are going to throw up is a common post-surgical issue typically related to general anesthesia and narcotic pain medication.
- The following can help:
 - Minimize narcotic pain meds
 - Avoid carbonated drinks
 - Avoid dairy
 - Start with bland foods such as chicken soup.



Itching:

- This generally represents an allergic reaction to either a new medication or the tape from your dressing.
 - If the itching and rash is around your dressing you may take off your dressing
- Benadryl (over the counter) can be helpful. The dose is 25-50mg every 8 hours. Benadryl can make you sleepy and give you a dry mouth.
- If the rash does not improve notify your surgeon. If you develop a more severe reaction such as wheezing, chest tightness or shortness of breath go to the emergency room immediately.

Follow-up appointment:

- Your follow-up appointments should have been scheduled prior to your surgery (see attached page). If an appointment schedule is not attached to this instruction packet please call our office to confirm dates and times.

Work:

- If you have a desk job you should be able to return to work 7-10 days after surgery.
- If you work in an occupation that requires more strenuous activity or light duty is not available your return to work will be delayed (*Refer to return to work protocol*).
- Maximal medical improvement and full duty without restrictions is estimated at 6-9 months.

Questions:

- If you have and problems or concerns please contact Lake Cook Orthopedics and speak with a nurse or physician assistant. They will be in contact with your physician to make sure the issue is addressed.
- **Don't hesitate to call.** Problems are often simply addressed when caught early but can become more difficult to address at a later date.