

## **INSTRUCTIONS FOR PATIENTS WHO HAVE HAD ARTHROSCOPIC KNEE SURGERY**

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

Your operation was performed through a small anterior incision and two smaller portals. The interior of your joint was visualized with a small telescopic device. Reconstruction of the anterior cruciate ligament and either a repair or removal of the meniscus cartilage if appropriate was performed. You may experience fluid or swelling in the joint. This is usually due to fluid used during your surgery or bleeding into the joint. This fluid is usually reabsorbed by your body over time. If it is significantly painful, this fluid may be removed at the time of your first postoperative appointment.

**Cryo/Cuff®** (blue ice pack): Use the Cryo/Cuff® after surgery. The Cryo/Cuff® should be used for 2-3 hours at a time with a 1-2 hour break. Bedtime use is optional - wear it if you like or, you may find it easier to sleep without it. The Cryo/Cuff® is yours to keep.

**Immobilizer** : The immobilizer should be worn whenever you are up and about and while sleeping for the first 7-14 days. You may remove the brace if you are resting on the couch or bed, or to perform your exercises. Once you can perform 10 straight leg raises without a lag, you may walk with the brace unlocked (slide drop locks on side of brace down).

**Ace wrap**: The wrap may be removed any time the Cryo/Cuff® straps have been undone to allow your skin to get some fresh air and to allow your circulation to re-equilibrate. Otherwise the ace wrap needs to be on at all times for the first 5-7 days after your surgery.

**Bandage**: There is a soft compression dressing around your knee. This dressing should feel comfortable and will absorb any drainage from your knee. The dressing may become moist from blood or arthroscopic fluid; this is not a cause for alarm. If the area in question is exceptionally large or continues to bleed, please call the office. You may remove the bandage in 2 days. You may then shower and get the wounds damp but do not soak. Promptly dry the wounds when you get out of the shower and cover with band-aids or gauze and the ace wrap again.

**Wounds**: The wound is closed using either dissolvable (clear) or non-absorbable (black) stitches. These sutures may be cut at your two-week visit. There are also tape strips across your wound (Steri-Strips), which help the incision heal properly. These strips may fall off before your visit, do not be alarmed. They do not need to be replaced.

**Crutches:** Crutches are used for at least the first week after your surgery however you may gradually put as much weight as you can tolerate on your surgical leg in the immobilizer. Patients who have had a simultaneous meniscal repair or other delicate surgery may be instructed by their surgeon to remain non-weightbearing on crutches for longer periods. The crutches are yours to keep.

**Bathing:** You can shower two days after the date of surgery. You can bathe or swim two weeks after surgery.

**Post-operative exercises:** Pump your ankles up and down to decrease swelling and the formation of blood clots in your legs. Do this several times an hour for several days after surgery. To relieve pain and reduce swelling, keep your leg elevated above your heart. Basic exercises include quadriceps setting exercises ("quad sets"). With your leg out in front of you, contract your thigh muscle and try to press the back of your knee against the underlying surface, hold it for 5 seconds and release. Do at least 3 sets of 10, every couple of hours. Some degree of increased pain is expected during these exercises but you should return to your baseline comfort level shortly after stopping. Be sure to ice with the Cryo/Cuff® after exercising. If you find all of the exercises difficult, try to focus on the quad sets, straight leg raises, and gravity assisted hangs.

**Nutrition:** You may eat a regular diet as tolerated. Drink plenty of fluids - at least 64 ounces of fluids daily (eight 8-ounce glasses). Water, juice, milk, coffee, tea, and soda are all fine. You should not drink alcoholic beverages while on your pain medicine. Please take a multi-vitamin with iron and 500-1000mg of Vitamin C daily. Fiber rich foods can help minimize constipation (which is caused by narcotic medication and being sedentary).

**Sleep:** It is important to try to maintain your normal routine. Try not to sleep too much during the day; get up at your normal time and go to bed according to your usual schedule. This will help you to quickly restore your normal sleep patterns. It will also help you maintain your normal energy level.

**Pain mediation:** Percocet or Vicodin may be taken (1 or 2 pills) as frequently as every 4 hours with food to help control pain - in addition to any antiinflammatory medication (Ibuprofen, Aleve or Celebrex depending on your physician's recommendation). Patients who are concerned about using Percocet or Vicodin may want to take 1 tablet, and if no pain relief occurs in 30 minutes, take a second pill. You should evaluate your pain while *resting*. The goal is to have bearable *resting* pain (you can anticipate increased pain with movement and activity). Remember it is much easier and requires less medication to keep pain under control than it does to regain control of pain. You should not hesitate to use the medication as long as you stay within the dose guidelines. ***Percocet is only available with a written prescription and can not be called in over the phone by your physician. You should never drink or drive when taking Percocet or Vicodin.***

**Pain:** It is normal to have some knee discomfort for several days and even weeks after the surgery. If you have severe pain which is not controlled by the Percocet or Vicodin please call our office at (301) 340-9200. We have a doctor on-call 24 hours/day. You should also call us if you have any problems or questions with your recovery.

**Other precautions:** If you develop a fever (temperature greater than 101 F or 38.3 C) or chills, or symptoms such as unexpected pain, redness, swelling in either leg, rash, blisters, numbness, tingling, itching, hives or shortness of breath, please contact our office. Problems following this type of surgery have been minimal; however, if you have a problem or questions, do not hesitate to call the office. The answering service will handle your call to the office after hours or on the weekend, and one of the Orthopaedic Associates physicians will return your call.

**Follow-up:** You should be scheduled to see your physician for a follow-up visit approximately 10 to 14 days after surgery. He will check your incisions, remove the suture and review the operative photos and findings.

**Work:** Plan to take several days off from work. Depending on the type of work you do, you may be able to resume work once the swelling and pain subside (this may be a week or more). Some types of work prohibit returning to full duty until several weeks/months of therapy. Discuss return to work your physician.

**Sports:** Discuss specifics with your physician prior to returning to sports.

## ***Anterior Cruciate Ligament Reconstruction — Accelerated Rehabilitation***

This protocol is a guideline for your rehabilitation after ACL surgery. You may vary in your ability to do these exercises. Please call your physician if you are having a problem with your knee, or if you need clarification of these instructions.

### ***PHASE I: The first week after surgery***

You will go home with a knee immobilizer, crutches and a cold therapy unit if purchased.

#### **GOALS:**

1. Protect the reconstruction – avoid falling
2. Ensure wound healing
3. Attain and maintain full knee extension
4. Gain knee flexion (knee bending) to near 90 degrees
5. Decrease knee and leg swelling
6. Promote quadriceps muscle strength
7. Avoid blood clots in the leg veins

#### ***INSTRUCTIONS:***

1. DIET – You may eat a regular diet. Drink plenty of fluids.
2. PAIN MEDICATION – You may have been given a femoral nerve block that will minimize your pain over the first 24 hours and then experience discomfort in your knee for several days to a week. This is normal after ACL surgery. You will be given a prescription for pain medication to be taken by mouth as directed.
3. BRACE/CRUTCHES – Use crutches to leave the hospital. Your brace should be worn at all times and is set for full extension (straight) while walking. If you can perform 10 straight leg raises without any lag you may unlock brace while you walk. Continue to use the crutches until you can walk without a limp.
4. SWELLING – Cold therapy will reduce your pain and swelling. Use your cold therapy unit or an ice pack for 20 minutes each hour and after exercising to decrease the swelling. Elevate your leg above the level of your heart the first few days after surgery to help minimize the swelling.
5. WOUND CARE – Remove your bandage on the second morning after surgery yourself. Leave the white Steri-Strips in place. You may wrap an Ace wrap around the knee after changing the bandage to cover the incision. You may shower after 48 hours and get your incision wet, but do not soak it in the bathtub.

#### ***EXERCISE PROGRAM***

***ANKLE PUMPS:*** You should do at least 10 ankle pump exercises each hour.

***QUADRICEPS SETTING:*** Lie on your back with the knee extended fully straight. Tighten and hold the front thigh muscle making the knee flat and straight. If done correctly, the kneecap will slide slightly upward toward the thigh muscle. The tightening action of the quadriceps should make your knee straighten and be

pushed flat against the bed or floor. Hold for 5 seconds for each contraction. Do as many as possible in sets of 10 until the knee is out straight and then at least 20 repetitions three times a day. To test your strength, you may perform a straight leg raise to about 18 – 24 inches. If you can do ten of these without your brace on and with your knee completely straight (no lag) you may unlock your brace while you walk.

**HEEL SLIDES:** While lying on your back, actively slide your heel backward behind the knee. Keep bending the knee until you feel a stretch in the front of the knee. Hold this bent position for 5 seconds and then slowly relieve the stretch and straighten the knee. While the knee is straight, you may repeat the quadriceps setting exercise. Repeat 20 reps, three times a day.

**SITTING HEEL SLIDES:** When sitting in a chair, slide the heel backward as if trying to get the foot underneath the chair. Hold for 5 seconds and slowly relieve the stretch by sliding the foot forward. You can help with the opposite foot if necessary. Repeat 20 reps, three times a day.

**HEEL PROP:** Lie on your back with a rolled towel under your heel, or sit in a chair with the heel on a stool. Let the knee relax into extension (straight). If the knee will not straighten fully, you can place a weight (2 to 3 lb for women and 3 to 5 lbs for men) on the thigh, just above the kneecap. Try to hold this position for 5 minutes, three times a day.

**PRONE HANG:** Lie face down across your bed so that the kneecap is just off the edge of the mattress. Let your leg drop down toward the floor so that your knee straightens fully. If the knee will not fully extend, then attach a weight around the ankle to help pull the leg down. Use an amount of weight as described above for the heel prop exercise. Try to hold this position for 5 minutes, three times a day.

**OFFICE VISIT:** Please return to see your physician approximately 10 to 14 days after your surgery. At this time, your wound and progress will be checked.