

DISCHARGE INSTRUCTIONS: ACL RECONSTRUCTION

You have undergone reconstruction of your anterior cruciate ligament (ACL). The new ligament is fixed to your bone at each end with a variety of devices/implants. Those devices hold the ligament tight and in-place while the ligament heals biologically to your own bone. That healing process takes 6-12 weeks, during which time you must be careful to protect the repair. Return to sports and pivoting activity also requires return of normal protective muscle strength and conditioning, which typically takes 9 months.

GENERAL INSTRUCTIONS

1. There are weight-bearing restrictions after ACL surgery. When walking, you should have your brace locked in extension and use crutches. Most commonly you will be allowed 50% partial weight-bearing on the operative leg (half of the weight you would normally place on your leg while walking). You will be notified on your discharge paperwork if your restrictions are any different. Somewhere between 2-4 weeks after surgery, your physical therapist will advance your weight bearing and switch you to a light weight carbon fiber ACL functional brace. This depends on how quickly your muscle function returns.
2. You were placed into a knee immobilizer (hinged "range of motion brace" that is locked in a straight position/0 degrees) immediately after surgery. You should wear this brace whenever you are upright or walking, and during sleep. If you are seated or laying down, and remaining still, you may take the brace off. You may "unlock" the brace hinges and allow the knee to bend, but need to re-lock the brace in extension for walking.
3. **Getting the knee straight is the most important goal** of the initial postoperative period. Sit on a chair or couch, place your heel on another elevated surface (coffee table), with nothing behind the knee. This **cannot** be done in the bed; the mattress is too soft and can prevent full extension. Relax your thigh and lower leg muscles, and gently press down on your thigh manually. The goal is to have your knee flat by your 1st postoperative visit.
4. It is advised, but not necessary to take your pain medication before you do your exercises and apply ice to your operative knee after exercising.
5. Do not drive until you can do so safely and are no longer taking narcotics.
6. To help prevent blood clots (DVT), you will be prescribed a blood thinner for 2 weeks. Most commonly, this will be 325mg COATED ASPIRIN (ECOTRIN). This should be taken twice daily, with breakfast and dinner. Your best defense against blood clot is mobility (walking). Perform ankle pumps on a regular basis during the day. This can also help with swelling.

Fort Walton Beach

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COMFORT (see postop pain control instructions for details and precautions)

1. Ice –Place crushed ice over your knee for 20 minutes, four times a day.
2. Pain Medication –These should be taken only as often as necessary. Do not take pain medication with alcohol, sleep aids, or other sedatives.
3. Anti-inflammatories (NSAID's)—Most patients will be given a prescription for NSAID's, or asked to obtain some over the counter. If so, this will be on your discharge instructions from the surgical facility.
4. Nerve block—Most patients receive a nerve block placed in upper thigh to numb the knee after surgery. This can last 6-12 hours on average. Start taking your pain medication before, or at, the first sign that the block is resolving (return of tingling or sensation in the thigh or lower leg). Once they start resolving, nerve blocks wear off quickly, and if you do not have pain medication circulating, it can be hard to get the pain back under control.

PHYSICAL THERAPY (PT)

1. Physical therapy will typically start after your first postoperative visit. When you see Dr. Tenholder postoperatively in the office, a prescription for PT, along with an ACL protocol (directions for the therapist), will be given to you and are to be taken to the therapist at your first visit.
2. Postop exercises—beginning the day of surgery, you should start performing ankle pumps, quad sets (contracting your thigh muscles/simulate crushing an egg behind your knee), straight leg raising in the brace, and knee range of motion in the brace.

WOUND CARE

1. Remove the surgical bandaging the day after surgery. Use peroxide to remove any dried blood the first time, but do not use peroxide repetitively. Clean the incisions with anti-bacterial soap and water, and place Band-aids (patches or gauze for any larger incisions). Any white steri-strip butterfly bandages are glued to the skin and should be left in place.
2. You may shower 3 days after surgery. Keep it brief and try to keep the surgical site out of the water.
3. Bathing, swimming, and soaking should be avoided until one week after the stitches are removed.
4. It is common to see bruising around the thigh, knee, and calf develop 1-5 days after surgery.

Call Dr. Tenholder if:

1. Pain is not controlled or significantly worsens the first few days after surgery.

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2. Excessive redness or drainage of cloudy or bloody material from the incision, infection, loosening of the stitches, or dislodging of the steri-strips. Some mild bloody drainage should be expected for a day or two.
3. Temperature elevation greater than 101.5 degrees.
4. Numbness or weakness in leg below your knee that persists after the nerve block wears off. Weakness of your quadriceps is normal.
5. Any severe increasing pain, or pain at the center of the back of the calf, knee or thigh.
6. Go to the ER immediately for any chest pain, sudden increase in heart rate, or shortness of breath (possibly a blood clot in the lungs)

Return to Dr. Tenholder's Office:

Your first return to our office is typically within 5-10 days after your surgery. The postoperative appointment day and time was selected by you and my surgery scheduler during the scheduling process, and was included in the folder you received at your preop appointment. If this was not communicated to you or you do not recall the specifics, please call the office at 850-863-2153. Any of the receptionists can inform you. Alternatively, you can call my surgery scheduler directly.

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