

DISCHARGE INSTRUCTIONS: ACL RECONSTRUCTION

Dr. Tenholder Patients

You have had reconstruction of your anterior cruciate ligament (ACL). The new ligament is secured to your bone at each end with implants that keep it stable while it heals and attaches to your bone. This healing process takes about 6–12 weeks, and during this time, it is critical to protect the repair. Before you can safely return to sports or activities that involve pivoting, your protective muscle strength and conditioning must also return to normal. This recovery typically requires about 9 months.

GENERAL INSTRUCTIONS

1. After ACL surgery, you must follow weight-bearing restrictions. When walking, keep your brace locked in extension and use crutches. In most cases, you will be limited to 50% partial weight-bearing on the operative leg (about half the weight you normally place when walking). Your discharge paperwork will specify if your restrictions differ. Between 2–4 weeks after surgery, your physical therapist will increase your weight-bearing and transition you to a lightweight carbon fiber ACL functional brace. The timing of this change depends on how quickly your muscle strength and control return.
2. After surgery, you were placed into a knee immobilizer (a hinged range-of-motion brace that is locked in a straight position at 0 degrees). Wear this brace at all times when you are upright, walking, or sleeping. You may remove the brace if you are seated or lying down and staying still. The brace hinges can be unlocked to allow your knee to bend, but you must re-lock the brace in full extension before walking.
3. The top priority, early on, is getting your knee fully straight. Sit on a firm chair or couch and place your heel on an elevated surface (coffee table), with nothing under the knee. Do not attempt this in bed; the mattress is too soft and will prevent full extension. Relax your thigh and lower leg muscles, then gently press down on your thigh. The goal is to have your knee flat by your 1st postoperative visit.
4. You may take pain medication before exercising, but it is not required. After exercising, apply ice to your operative knee to help reduce discomfort and swelling.
5. Do not drive until you can do so safely and are no longer taking narcotics.
6. To reduce the risk of blood clots (DVT), you will take a blood thinner for 2 weeks. Most commonly, this will be 325mg COATED ASPIRIN (ECOTRIN), taken twice daily, with breakfast and dinner. The most effective way to prevent clots is to stay mobile. Walk regularly and perform ankle pumps throughout the day. This will also help decrease swelling.

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 – This should be taken only as often as necessary. Do not take pain medication with alcohol, sleep aids, or other sedatives.
3. Anti-inflammatories (NSAIDs) – Most patients will be given a prescription for NSAIDs 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 their upper thigh to numb the knee after surgery. This typically lasts 6-12 hours. Begin taking your pain medication before, or as soon as, you notice the nerve block wearing off (return of tingling or sensation in the thigh or lower leg). Once the nerve block starts to fade, it wears off quickly, and if you do not have pain medication in your system, it can be hard to get the pain back under control.

PHYSICAL THERAPY

1. Physical therapy will typically start after your first postoperative visit. When you see Dr. Tenholder postoperatively in the office, a prescription for physical therapy, along with an ACL protocol (directions for the therapist), will be given to you and should be taken to the therapist at your first visit.
2. Post-op 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 antibacterial 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.



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CALL DR. TENHOLDER IF:

1. Pain is not controlled or significantly worsens the first few days after surgery.
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 (fever) is 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 follow-up visit is usually scheduled 5-10 days after surgery. The date and time were chosen by you and our surgery scheduler during the scheduling process and included in the folder you received at your pre-op appointment. If you did not receive this information or don't remember the details, please call the office at 850-863-2153. Any of the receptionists can assist you, or you can contact our surgery schedulers directly.