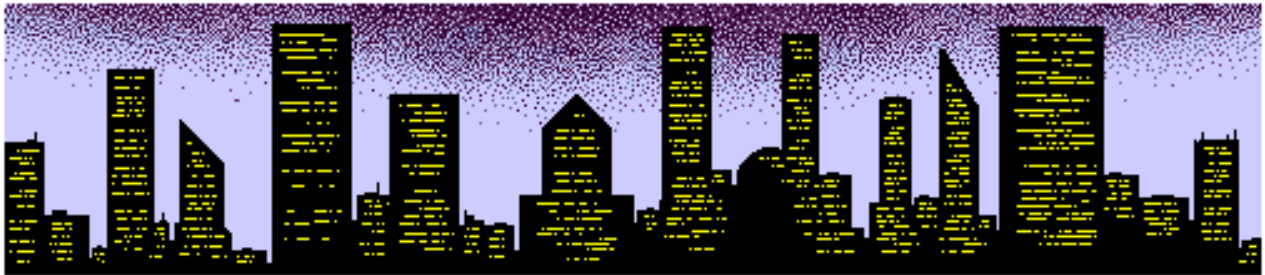


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Postoperative ACL reconstruction instructions

Hospital Admission

Most patients are able to have the procedure as an outpatient. In extenuating circumstances a hospital admission may be necessary for pain control and post-operative rehabilitation. If this occurs you will begin physical therapy the day after surgery.

Pain control

For most patients the first two days are the most difficult in terms of pain. This is because post-operative swelling peaks at about 48 hours and thereafter subsides. A special nerve block will be given to you in the recovery room which will eliminate most of your pain for the first 18 hours after surgery. In addition, you will be given a narcotic based medication to take. It is best to take the medication every four hours (at least one pill) for the first 48 hours. It is important to begin taking pain medication as soon as the nerve block begins to wear off. Do not wait until the knee becomes painful before taking the pain pills. Within a few days, you should try to take the pain medication only when needed and try to eliminate the narcotics altogether by the end of the first week. However, since pain response is very variable, your needs may necessitate a longer period of time. After the first week most pain requirements can be met by taking the narcotics just before a therapy session and just before bedtime.

Cryocuff instructions

A cryotherapy device will be placed on your leg in the operating room at the end of the procedure. The device is like a blood pressure cuff that is placed snugly around the knee and is designed to have ice cold water continuously flowing through it while it is on. It will substantially reduce the need for narcotic medication and will keep post-operative swelling to a minimum. You should try to use it continuously for the first **three** days. You will need to change the ice every 3 hours so you may want to buy some bagged ice from the supermarket prior to your surgery.

Dressing changes

A bulky dressing will be placed on your leg in the operating room. This can be removed three days after the surgery. If the ace bandage feels too tight, it is OK to unwrap it and rewrap it looser. It is important to not get this dressing wet and therefore you will need to hold off on a shower until after the first visit. Using a plastic bag to cover the dressing is not easy to do and, more often than not, is unsuccessful.

Motion

Restoring motion is the most important goal of the first month of recovery. If good motion can be obtained early in the post-operative course, pain is usually lessened and it is much easier to work on muscle strengthening and tone. You should aim for achieving full extension within 2 weeks with at least 90 degrees of flexion by 4 weeks, and full flexion at 6 weeks.

It is particularly important to be able to extend the leg fully within the first week after surgery. The best way to work on restoring full extension is to perform an exercise called "prone hangs" *twice* a day for at least 10 minutes. This is done by laying in a prone position with the lower leg hanging off the end of the bed. A five pound ankle weight should be applied and after two weeks when the postoperative pain subsides, you should add an additional five pound weight. Try to distract yourself by watching TV or reading during the time you are doing this passive stretch. The other way extension is achieved is by wearing the knee immobilizer at night for the first four weeks or until full extension is easily achieved without prior stretching. Most people sleep with their knees bent and this encourages the formation of a flexion contracture. Keeping the knee close to fully extended during sleep counteracts this tendency and allows for a faster recovery.

Flexion is best achieved also with a simple gravity technique. Remove the knee immobilizer and just let the leg hang off the end of the bed while you are sitting up. Again, the idea here is to just let gravity passively do the work and pull the leg into 90 degrees of flexion over a period of five to ten minutes.

Once you have achieved a good range of motion it will be possible to use an exercise bike to continue working on achieving full motion as well as building muscle strength and tone.

Physical therapy

Your physical therapy should begin within four to seven days after surgery. Please advise your doctor immediately if these arrangements have not been made. Initially you should be seen three times a week in physical therapy. Once you are making adequate progress, this may be reduced by the therapist. It should be emphasized, however, that the most important therapy and the therapy that will have the greatest benefit is what you do at home. You should be doing some type of exercise seven days a week. The therapist will be following a very specific protocol to achieve full motion as early as possible, reduce pain and swelling, and begin to work on strengthening of the muscles.

Weightbearing

You will need to use crutches for the week after surgery. After this time you should wean yourself off the crutches over several days by first going to just a single crutch and then a cane. By two weeks you should be able to walk comfortably.

Use of an ACL brace

An ACL brace is not normally needed after surgery. In specific circumstances a brace may, however, be prescribed until the graft has healed sufficiently.

Driving

You will not be able to drive a car for approximately two to six weeks. This depends on which leg is involved, whether or not you drive a manual transmission, and how soon you obtain a functional range of motion. The most important consideration, however, is whether your leg has recovered sufficiently to have a normal reaction time in an emergency situation behind the wheel. A leg that is fresh from a major surgical procedure is not as quick to respond as a normal leg. The return of confidence in the operative leg to allow safe driving is somewhat variable but in general you should be able to drive within the first month.