

Anterior Cruciate Ligament (ACL) SURGERY

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Diet

- Advance to solid food as tolerated. Begin with clear liquids and light foods (jello, soup, etc.) Nausea is more likely if you are dehydrated, so drink plenty of water.

Activity

- When you are discharged from the recovery room to your same day surgery room, you will have 2 braces on your leg over a bulky bandage and ace bandage.
 - Knee Immobilizer – this brace is utilized to keep your knee straight and allows you to walk with crutches easier. It should be kept on for walking and during sleep for the first week. It may be removed during the day for exercise and during rest periods.
 - Cold-therapy – An ICEMAN Cold Therapy Cold Pack may be placed on top of your bandage after surgery. This is connected to a cooler that you will fill with ice and water. Cryotherapy is also known as cold therapy. This is the treatment of pain and/or inflammation by lowering the temperature of the skin over the affected area. It is probably the oldest form of pain control! In addition, it can significantly improve swelling after an injury or surgery.



The gray pad is placed on your knee after the bandage is applied. The blue tube is connected to the cooler and ice water will automatically circulate through the pad to decrease pain and inflammation from surgery. The pad and cooler are yours to keep. Do not bring them to the office unless you are having problems with them.

The ice in the system needs to be changed every 6 hours or sooner if the pad feels warm. Do not let the temperature on the thermostat go below 45 degrees or frostbite may occur.

- Unless told otherwise, you may weightbear as tolerated, but you must have your knee immobilizer on.
- You may not drive as long as you are on narcotic pain medication.
- You may not drive until seen by your surgeon.

Swelling

- Try to avoid prolonged standing or walking the first week after surgery to reduce your swelling. Expect swelling of your knee to last up to 4 weeks.
- It is not necessary to stay in bed for days after surgery, but do limit your activity level to the amount of pain and swelling you experience.
- When you are resting, keep your leg elevated above your heart.

Bandages

- The bandage is not to be removed until you are seen in the office. You may remove the cooling pad as needed, but remember to replace it when you are resting.
- It is normal to see some wetting of the bandage. If the ace bandage shows drainage, reinforce the bandage with gauze and wrap with an additional ace bandage.
- If you have any questions about abnormal drainage, please call the office.

Medications

- You will be given a prescription for an antibiotic that you must take until the bottle is empty. This is important to further reduce the risk of infection after surgery.
- You may have had a nerve block before surgery. This may provide numbness of the interior and possibly the exterior of your knee for up to 24 hours. When the nerve block wears off, expect an increase in your pain.
- You will be given a prescription for a pain killer that is a narcotic. This is usually Percocet, Roxicet, Oxycodone, or something similar.
- Pain Management is very important during the first few days after surgery. To prevent the pain from getting ahead of you, take your pain medication regularly for the first 24 hours until the nerve block has worn off.
- A stool softener is recommended i.e. Colace. One of the most common side effects of pain medications is nausea and constipation.
- If you experience nausea, it is most commonly a side effect of the Percocet, and the anesthesia. Please call the office and we will phone in medication for the nausea.
- Although blood clots are rare, you should take an Aspirin a day for 2 weeks after surgery to reduce the risk.

Exercises

EXERCISES TO BEGIN THE EVENING OF SURGERY

Regular exercise to restore your knee mobility and strength is necessary. For the most part this can be carried out at home. Your orthopaedic surgeon may recommend that you exercise approximately 20 to 30 minutes two or three times a day as tolerated. The following guide can help you better understand your exercise or activity program that may be supervised by a therapist at the direction of your orthopaedic surgeon. As you increase the intensity of your exercise program, you may experience temporary set-backs. If your knee swells or hurts after a particular exercise activity, you should lessen or stop the activity until you feel better. You should Rest, Ice, Compress (with an elastic bandage), and Elevate your knee (R.I.C.E.). Contact Dr. Desio if the symptoms persist.



Hamstring Contraction, 10 Repetitions - No movement should occur in this exercise. Lie or sit with your knees bent to about 10 degrees. Pull your heel into the floor, tightening the muscles on the back of your thigh. Hold 5 seconds, then relax. Repeat 10 times.



Quadriceps Contraction, 10 Repetitions - Lie on stomach with a towel roll under the ankle of your operated knee. Push ankle down into the towel roll. Your leg should straighten as much as possible. Hold for 5 seconds. Relax. Repeat 10 times.



Straight Leg Raises, 10 Repetitions - Lie on your back, with uninvolved knee bent, straighten your involved knee. Slowly lift about 6 inches and hold for 5 seconds. Continue lifting in 6-inch increments, hold each time. Reverse the procedure, and return to the starting position. Repeat 10 times. Advanced: Before starting, add weights to your ankle, starting with 1 pound of weight and building up to a maximum of 5 pounds of weight over 4 weeks.



Straight Leg Raises, Standing, 10 Repetitions - Support yourself, if necessary, and slowly lift your leg forward keeping your knee straight. Return to the starting position. Repeat 10 times. Advanced: Before starting, add weights to your ankle, starting with 1 pound of weight and building up to a maximum of 5 pounds of weight over 4 weeks.

Followup Information

- Your follow up appointment with Dr. Desio will have already been made prior to surgery. You will be given a reminder card with the date and time prior to your discharge from the hospital.
- You should have your first physical therapy appointment scheduled within the first week of surgery. It can begin as early as the first postoperative visit with Dr. Desio.
- Do not bring your Cold-Therapy cooler or pad to this appointment. Both the pad and the cooler are yours to keep.

Problems

- Please contact us immediately if you have any of the following:
 - Severe pain
 - A temperature above 101 degrees
 - Pain, redness, or significant swelling in your knee or calf that does not improve with elevation. This could be an indication of a blood clot.
 - Please call if you have any questions.

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