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## Post-operative Instructions for ACL- Reconstruction

### Wound Care

- You will have a compressive ace wrap over a sterile gauze dressing. If the dressing feels too tight, you may loosen the ace wrap
- Please keep the dressing clean and dry. You may take a sponge bath, or shower with a waterproof bag over the leg (use rubber bands or tape at the top to prevent leaks).
- Remove the ace wrap and gauze **3 days** after surgery to inspect the incisions. Steri-strips (butterfly bandages) may be visible, leave them in place. If the incisions are dry, you may leave the dressing off. You may get the incision wet **5 days** after surgery, but do not submerge in water.
- Some clear, yellowish, or bloody drainage from the incisions is normal. Please keep the dressing in place until there is no further drainage.
- Occasionally there is excessive bloody drainage; please change the dressing when it becomes completely saturated. Sterile gauze is available at the pharmacy. *If you continue to have saturated dressings beyond the first few dressing changes, please call the office.*
- *If the incisions are draining pus (opaque, thick, white fluid), or if there is redness that worsens over the next 1-2 days, call the office immediately.* Do not apply any ointments or creams.
- Most sutures are absorbable and require no further care. If non-absorbable sutures are used, these will be removed at your follow up appointment.

### Brace

You will be provided with a knee brace to protect your knee. It should be kept on at all times (day and night) except for icing, showering, dressing, or when needed for physical therapy. Your Physical Therapist will determine when it is safe to stop using the brace.

### Physical therapy

Physical Therapy is encouraged in order to reduce inflammation, increase range of motion, and restore strength. Please schedule your first appointment to begin 5-7 days after surgery.

### Activity

You may be weight bearing as tolerated. Use crutches until you can walk comfortably. If you prefer, you can transition to a can or single crutch; it should be held opposite the operative side, and it should move at the same time as the operative leg. Avoid heavy lifting, running, pivoting, climbing, squatting, or any high-impact activities. Please use pain as your guide; avoid any activity that causes severe pain.

### Controlling your pain and inflammation

Some pain, swelling, and bruising is expected after surgery. It is usually most severe for the first 2-3 days. The following strategies are especially important during this time. Try to anticipate an increase in pain when the nerve block wears off, usually within 12-24 hours.

- Rest — Take things easy for the first few days, try to rest and avoid prolonged crutch walking or standing.
- Ice - Apply an ice pack (or a cold therapy machine if you have one) to your operative knee to reduce pain and inflammation. Take care not to put ice directly on the skin. Ice for 30 minutes at a time, and remove for 30 minutes in between sessions. You should continue this for the first 2-3 days or longer if you still have pain and swelling. You may open your brace to apply ice.
- Elevate - Put pillows under your operative leg and lie flat so that your knee is above your heart. This will help to drain fluid from the leg and reduce swelling. Avoid placing pillows directly under the knee; instead use pillows under the ankle to encourage full extension of the leg.
- Medication - You may have received a prescription for narcotic and/or anti-inflammatory medication. Please take them as instructed. The medication is most helpful if taken 30-45 minutes prior to any planned activity or exercise.

**Follow up appointment**

If an appointment has not already been scheduled, please call the office at 206-633-8100 and schedule an appointment for 7-10 days after your surgery. During this visit we will examine the knee, remove sutures if necessary, and discuss activity progression and physical therapy.

**Returning to work**

You may return to work when it is safe to do so within the above activity restrictions. Please keep in mind that your employer may have policies that prohibit narcotics while at work. Continue to ice and elevate while at work, and take frequent rest breaks. A doctor's note, or Duty Status form, can be provided during your follow up appointment.

**Driving**

For those who had LEFT knee surgery, you may drive an automatic transmission once it is comfortable to do so and you are no longer taking narcotic medication. For the RIGHT knee, or those with manual transmission, it may take 2-6 weeks depending on your weight bearing, strength, etc. Please wait to drive until after your follow up appointment so that we can assess your progress.

**Medications and common side effects:**

- Narcotics (eg., hydrocodone, oxycodone) - Prescription medication used to reduce pain. They may cause drowsiness, confusion, nausea, and constipation. Please minimize their use. To avoid constipation, increase your intake of fiber, fruits, and vegetables, and stay hydrated. Constipation can be treated with over the counter laxatives; see separate handout.
- Anti-inflammatories (eg., Ibuprofen, Naproxen) - Used to reduce pain and inflammation. Avoid them if you have diagnosed kidney disease or active ulcers. They may cause upset stomach; please take them with food. To treat an upset stomach, try an over-the-counter antacid or proton-pump inhibitor (ask your pharmacist for assistance).
- Acetaminophen (Tylenol) - Used to reduce pain and decrease fever. Avoid taking this medication if you have liver disease. Taking more than the recommended dose can lead to liver damage. For an adult, it is safe to take up to 3-4,000 milligrams each day (24 hour period). Some prescription narcotics already have acetaminophen in them.
- Antihistamines (eg., benadryl, hydroxyzine, etc.) - Used to treat some side effects from narcotic use, such as itching and nausea. Can cause drowsiness and confusion.
- Anti-platelet drugs (eg., aspirin) - Used to thin the blood and reduce the risk of blood clots. Aspirin may cause upset stomach; please take it with food. If you continue to have upset stomach, try an over-the-counter antacid or proton-pump inhibitor (ask your pharmacist for assistance).

**Please call the office if you have the following:**

- Fever above 101°, pus draining from wound, worsening redness or rash
- Difficulty breathing
- Continuous bleeding from wound (see "wound care" above)
- Numbness or weakness that persists after nerve block has worn off.
- Intolerable pain when the above strategies for pain control have failed.
- Progressively worsening calf pain and/or swelling of lower leg (below the knee)

For questions or concerns not addressed on this form, please call our office at **206-633-8100**. The clinic is closed during the evenings, weekends, and holidays. For urgent matters after hours, an on-call provider can be reached at the above number.