

ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION

Patient Information Sheet

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The following is a review of the expectations and protocol for outpatient anterior cruciate ligament (ACL) reconstructions.

Initial Expectations: After your endoscopic ACL reconstruction, you will be admitted to the Recovery Room for observation until the results of your chosen anesthetic have worn off. In the Recovery Room, you will be monitored to make sure that you are not excessively drowsy and that you receive appropriate pain medicine prior to being admitted to the observation area.

In the observation area, nurses will assist you in making sure you understand the basic postoperative protocol. Your family/friends will be able to meet you here. If you have not already been fitted for crutches, the nursing staff will assist you in being fit for these appliances. You will be monitored to make sure that you are able to ambulate comfortably with the crutches, are able to keep down fluids without any resulting nausea or vomiting, and you will be monitored to make sure that you are able to urinate after surgery. In some patients, urinary retention is a problem and you may need to be catheterized on the initial attempt to void.

Postoperative Analgesia: After the injection of long-acting local anesthetic or your nerve block has worn out, you should be able to achieve adequate pain control with the use of prescribed medications, which you will receive after your surgical procedure. Should you experience any problems with inability to urinate, nausea and vomiting, or excessive pain, please call the number us at 303-233-1223. It is important to use these medications only when having pain to minimize the chance of these reactions. If you should develop any rash, itching, hives, or other problems, you should contact Panorama Orthopedics or your local Emergency Room for further guidance as you may be having an allergic reaction to a medication or the antibiotics. The use of Tylenol is encouraged once you are able to achieve adequate pain relief with this medication. In most instances, you would also be fitted with an ice machine device. The purpose of these devices is to lower your skin temperature and, in effect, cool off your knee. It has been found to be effective in reducing pain and swelling in the initial postoperative period. You will be instructed by the nursing staff prior to discharge as to its proper use.

Initial Rehabilitation Program: Initially, one of the most important aspects after an ACL reconstruction is to **maintain full knee extension** (the leg must be straight). The most comfortable position for the knee to be in is with it flexed (bent) slightly. However, if one sits with a pillow under the knee in a position of flexion for too long, the hamstrings will go into spasm in this position and it may be difficult to maintain full knee extension. If this were to happen over the long term, this could become permanent, as scar tissue may form in the front of the knee which could limit full extension. Therefore, we recommend that pillows be placed under the ankles with the leg out in full extension immediately so that gravity can help your knee to maintain it in the desired position. In addition, it is desired that all patients achieve 90° of knee flexion within the first week or so after an ACL reconstruction. If you cannot maintain full extension or get to 90° of knee flexion, please let us know.

After an ACL reconstruction, your knee will be placed into a knee immobilizer or hinged knee brace locked in extension to keep it straight. This helps to protect your graft while your knee muscles are returning back to normal strength. In most patients, the quadriceps muscles shut down somewhat after an

ACL reconstruction and it is difficult to perform a straight leg raise without having the knee sag. You should plan on using the knee brace locked in extension until you can perform a straight leg raise without a sag. In addition, unless some other procedures are done and your surgeon notifies you, all patients are allowed full weight bearing of their knee after an ACL reconstruction. You will use crutches to allow you to slowly increase your weight bearing initially after surgery with plans to progress from 2 crutches with full weight bearing to using 1 crutch under the opposite arm once a more normal gait is achieved. One should plan on bringing the opposite arm crutch forward at the same time as the operative knee in a reciprocal gait pattern. It is important not to put the crutch under the same arm as the operative knee, as an incorrect gait mechanism will develop. Once you can walk without a limp, it is safe to discontinue use of the crutches. This usually takes 2 - 3 weeks for most patients. It is very important not to limp after an ACL reconstruction. Therefore, if necessary, it is better for you in the long term to take more time and to continue using crutches until you can walk normally, rather than discontinuing the crutches within the 2 - 3 week period of time without a normal gait pattern.

The basic quadriceps exercises that one should perform after an ACL reconstruction are straight leg raises (in the immobilizer) and quadriceps setting (tightening for six seconds, followed by relaxing; repeat) exercises. Once your knee has achieved at least 105 - 110° of motion you may work on an exercise bike with minimal resistance.

Wound Care and Showering After an ACL Reconstruction: Ideally, your surgical incision should not become wet for about a week after surgery. The steri-strips that cover the arthroscopic portals and the surgical incision can hold water and cause the incision to macerate. A garbage bag wrapped with duct tape can keep the leg dry in most instances and can be used when showering over the first week. After the first week, showering is permitted and the steri-strips should be allowed to fall off. Your surgical stitch may be removed at approximately 10 - 14 days after surgery unless there is a subarticular stitch which does not require removal. Since the incision crosses the joint, aggressive knee motion should be avoided until the incision has completely healed. If a portion of the incision opens up a little, a band-aid can be used to secure it. All patients experience some numbness on the outside of their knees after this reconstruction. Expect some of this numbness to be permanent.

If there are any signs of redness or purulent drainage from the incisions, you should contact the clinic immediately.

If you have any other questions related to your surgery, please feel free to call us or write them down to review at your first postoperative visit.