

Orthopaedic and Spine Institute
21 Spurs Lane, Suite 245, San Antonio, TX 78240

www.saspine.com

Tel# 210-487-7463

Joel B. Nilsson, M.D., P.A.

ACL Reconstruction Patients Post-Op Instructions

Your operation was performed through small incisions. The inside of your joint was examined with a small telescopic device. Reconstruction of the anterior cruciate ligament and either a repair or removal of the meniscus cartilage if appropriate was performed. You may experience fluid or swelling in the joint. This is usually due to fluid used during your surgery or bleeding into the joint. This fluid is usually reabsorbed by your body over time. If it is significantly painful, this fluid may be removed at the time of your first postoperative appointment.

Immobilizer/Brace: The immobilizer or brace should be worn whenever you are up and about and while sleeping for the first 7-14 days. You may remove the brace if you are resting on the couch or bed, or to perform your exercises. A hinged brace may be used in place of the immobilizer. It must be locked **FULLY STRAIGHT** when putting weight on the operated leg.

Elastic stocking or ace wrap: The stocking or wrap may be removed any time the ice cuff has been undone to allow your skin to get some fresh air and to allow your circulation to re-equilibrate. Otherwise the stocking or ace wrap needs to be on at all times for the first 5-7 days after your surgery.

Bandage: There is a soft compression dressing around your knee. This dressing should feel comfortable and will absorb any drainage from your knee. You may remove the dressing 7 days after surgery and begin showering. It is very important that the first-week dressing stay dry. The dressing may become moist from

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blood or arthroscopic fluid; this is not a cause for alarm. If the area in question is exceptionally large or continues to bleed, please call the office. If it should get wet for any reason, you need to contact our office to have it changed. If you live locally you may come into the office and we will replace it. If you live far away we can help you change the bandages yourself by giving you directions over the phone.

Wounds: The wound is closed using nylon stitches that will need to be removed at your two-week visit. There may also be tape strips across your wound (Steri-Strips), which help the incision heal properly. These strips and dressing are changed as needed at your postoperative visit.

Crutches: Crutches are used for at least the first week after your surgery however you may gradually put as much weight as you can tolerate on your surgical leg in the immobilizer or with the brace locked straight. Patients who have had a simultaneous meniscal repair or other delicate surgery may be instructed by their surgeon to remain non-weightbearing on crutches for longer periods. The crutches are yours to keep.

Bathing: Do not get your operative site wet until permitted by your physician. You can shower one week after the date of surgery. You can bathe or swim two weeks after surgery.

Post-operative exercises: To relieve pain and reduce swelling, keep your leg elevated above your heart. Once you have been directed to begin your exercises you should perform these 3 times per day. Some degree of increased pain is expected during these exercises but you should return to your baseline comfort level shortly after stopping. Be sure to cool the knee with the

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ice cuff after exercising. If you find all the exercises difficult, try to focus on the quad sets, straight leg raises, and gravity assisted hangs.

Nutrition: Try to drink at least 64 ounces of fluids daily (eight 8-ounce glasses). Water, juice, milk, coffee, tea, and soda are all fine. You should not drink alcoholic beverages while on your pain medicine. Please take a multi-vitamin with iron and 500-1000mg of Vitamin C daily. Fiber rich foods can help minimize constipation (which is caused by narcotic medication and being sedentary).

Sleep: It is important to try to maintain your normal routine. Try not to sleep too much during the day; get up at your normal time and go to bed according to your usual schedule. This will help you to quickly restore your normal sleep patterns. It will also help you maintain your normal energy level.

Pain medication: You should evaluate your pain while *resting*. The goal is to have bearable *resting* pain (you can anticipate increased pain with movement and activity). Remember it is much easier and requires less medication to keep pain under control than it does to regain control of pain. You should not hesitate to use the pain medication you have been provided as long as you stay within the dose guidelines.

Pain: If you have severe pain which is not controlled by the prescribed medication, please call our office at (210) 487-7463. We have staff on-call 24 hours/day. You should also call us if you have any problems or questions with your recovery.

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Other precautions: If you develop a fever (temperature greater than 101 F or 38.3 C) or chills, or symptoms such as unexpected pain, redness, swelling in either leg, rash, blisters, numbness, tingling, itching, hives or shortness of breath, please contact our office. Problems following this type of surgery have been minimal; however, if you have a problem or questions, do not hesitate to call the office. The answering service will handle your call to the office after hours or on the weekend, and one of the Spine and Orthopedic Institute clinicians will return your call. **If you have an emergency, call 911.**