



Benjamin Barden M. D.

POST OP KNEE ACL RECONSTRUCTION v1.1

You are recovering from ACL reconstruction knee surgery. The following instructions are to help make your recovery as rapid and successful as possible. This information is designed to answer some of the most frequently asked questions regarding what to expect and what to do after arthroscopic knee surgery. These are general guidelines, if you have any questions or concerns, please call our office: 24/7, (404) 355-0743.

1. Keep your knee elevated above your heart as much as possible for the next few days.
2. Keep your dressings on for 3 days. Do not get them wet. You may shower by wrapping plastic wrap over your dressing. After 3 days, the bandages may be removed (keep the white steri-strips on) and the incisions with their white steri-strip tape can be left open to the air. After 72 hours you may shower and let the water run over the knee and pat dry. We recommend putting a loose-fitting ace wrap back on the knee to prevent incision irritation.
3. Postoperative bleeding is not unusual. Reinforcing your dressing is permitted.
4. If using a CryoCuff Cooling Device, you may leave the cuff running during waking hours. Alternatively, you may apply ice packs to your knee 30 minutes on/off as needed to help with pain and swelling. We recommend icing in this manner for the first 48-72 hours.
5. You may walk with your crutches placing full weight on your leg. Remember that the surgery will cause your thigh muscles to be weak, so take your time and be safe. Additionally, if you received a nerve block from anesthesia, you will need your crutches until sensation and strength return to your leg.
6. Your postoperative therapy begins on the day of surgery. Initially, you should perform ankle pumps (up and down motion), straight leg raises, and thigh isometric muscle contractions. There is no limit to the amount of these exercises you may do. No therapy should cause sharp pain. Stop all activities that cause this kind of pain.
7. The only activity you should absolutely avoid is deep knee bends or squats.
8. Postoperative pain is common but should be controlled by the prescriptions given to you. Narcotics frequently cause itching and this can be treated with a non-drowsy over-the counter antihistamine (Zyrtec, Allegra, Claritin etc...) or Benadryl if needed. Narcotics will also cause constipation. If you are using a narcotic pain medication, it is recommended that you take an over-the-counter stool softener twice daily, such as Colace or MiraLAX. If you have not had a bowel movement in 2 days, you should use a laxative of your choice to help facilitate a bowel movement. We often recommend Dulcolax in pill form.
9. Anti-nausea medication, such as Zofran, is often prescribed. Take this medication as needed.
10. You should take one 81 mg aspirin (baby aspirin) twice a day for 6 weeks to reduce the possibility of blood clots. Call your doctor's office below immediately if your pain worsens or you have worsening calf or foot swelling.
11. You should take 1000mg of Tylenol (2 extra-strength tablets), AND 400mg Advil (2 tablets/capsules Ibuprofen) AT THE SAME TIME, with food, every 8 hours for the first 5 days after Surgery. Use your narcotic prescription for any breakthrough pain.
IMPORTANT: Do not take Tylenol if you have a history of liver disease or allergy. Do not take Advil or other NSAIDS if you have diabetes, kidney disease, are on a blood thinner, or have a history of gastrointestinal ulcers.
12. Call your doctor's office for any fevers greater than 101.5 F or any other concerns. Present to the nearest Emergency Room for any chest pain, shortness of breath, intractable nausea/vomiting, or pain.
13. You will be seen in the office 2, 5 or 6 days after your surgery – depending on which office. Please call my clinical assistant – Sarah Williams ATC if you do not already have an appointment – (404) 355-0743 ext. 1615