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Post-Operative Guidelines and Frequently Asked Questions for ACL Reconstruction

This document will help you plan for your post-operative recovery course following surgery. Please read and retain this information for future reference. Many of the questions you may have later can be answered by referring to this information.

Post-Op Brace: A hinged knee brace (typically black) is to be worn for 3-4 weeks after surgery. Please sleep and shower with this brace on locked in extension for the first 7 days after surgery. You must wear the brace locked in extension while walking for the first 2-3 weeks. You may unlock the brace for short periods of time when you are sitting starting 2 days after the surgery.

Crutches:

Week 1: Toe-touch weight-bearing with 2 crutches. Approximately 20 lbs - lightly resting the foot on the floor.

Week 2: Full weight (wearing the brace) as tolerated.

Wean to one crutch during the 2nd week, then discontinue crutches or transition to a cane.

You may discontinue the crutches during the second week when you are comfortable with full weight on the leg.

Wound Care: Keep the site clean and dry as it heals\*. You may remove the outer bandages and gauze 2 days (48 hrs) after surgery. DO NOT remove the white strips directly over your incision sites. You may shower 48 hours after unless told otherwise by Dr. Kent. Do not apply any gels or ointments to the surgical site.  You do not need to re-apply any gauze over your incisions after your first shower, unless there is continued drainage.

\*It is normal to have small amounts of bloody drainage on the dressing especially the first 24-36hrs. You may develop swelling and bruising that extends up your thigh and down to your leg and perhaps even to your ankle and foot over the first week after surgery. Do not be alarmed. This too is normal, and it is due to gravity pulling the bruising and swelling downward. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101° Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot, or ankle.

Pain Medication: Prescriptions will be electronically sent to your pharmacy a few days prior to your surgery. Please pick up all prescriptions BEFORE your surgery day if possible. You will receive two medications: one narcotic pain medicine (oxycodone or hydrocodone), and Ondansetron for nausea. You may also take Tylenol, and an anti-inflammatory medicine such as Ibuprofen or Aleve. Please note that narcotics will make you constipated, so a stool softener or laxative may be needed. Start taking your pain medication as soon as you start to feel pain or when you feel the nerve block or local anesthetic wearing off. After that you will use the pain medication ONLY as needed. It is normal for pain to be worse at night. You should avoid taking pain medications on an empty stomach, as it will make you nauseous. Use the Tylenol and anti-inflammatory daily, as directed, to reduce the swelling and pain after surgery. Take all medication as directed. Please call the office ASAP for a refill when your supply is low.

PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!

Pain medication may make you constipated.  Below are a few solutions to try in this order:  Also, if you are prone to constipation try these below.

A. Decrease the amount of pain medication if you aren't having pain.

B. Drink lots of fluids such as water.

C. Drink prune juice and/or eat dried prunes

D. Take Colace – an over-the-counter stool softener

E. Take Senokot – an over-the-counter laxative

If those don't work then:

F. Take Miralax – another over-the-counter stronger laxative.  Dosage as directed 2 x day

If they don't work call the office or if you have any questions on this please call us.

Elevate your leg: Keep your leg elevated to decrease swelling, which will then in turn decrease your pain.  You should elevate the foot of your bed by putting a couple of pillows between your mattress and box spring or place a stack of blankets/pillows under your leg to keep it elevated and supported above the level of your heart. You may sleep on your side with a pillow between your legs if you wish. The swelling will make it more difficult to bend your knee.  As the swelling goes down your motion will become easier.

Cold Therapy: You will receive a cold therapy device on the day of surgery or the next day. You will be able to use this device beginning the day of surgery.  Use the unit for 20 - 30 minutes at a time, 4-6 times or more per day to manage swelling and pain. Frequent cold therapy is encouraged as often as possible during the first few post-operative weeks.

Follow-up Appointments: Follow-up Appointments: 14 days, 6 weeks, 3 months, 6 months, 9 months, and 12 months.

Please plan ahead to arrive on time.

Physical Therapy\*\*: You should have received a physical therapy prescription at your office visit prior to surgery. Begin physical therapy within the first week after your surgery. Consider taking pain medication 30-45 mins prior to physical therapy so that your pain is well-controlled and you can maximize the visit. PT typically is necessary 1-2 times weekly for 4-6 months post-operatively. Two days after surgery we want you to sit in a chair with no brace on and your foot on the floor at whichever angle is comfortable for you.  Do this 5 times a day.  Each time you sit, try tos sit for about 10 minutes.  If it hurts then sit a shorter period of time to start.  Each day going forward please try and sit a few extra times and sit a little longer each time.

\*\*These guidelines may be adjusted by Dr. Kent as you progress. Typical clearance for full activity occurs at the 9-month mark.

Post-Operative Testing: Your physical therapist will work closely with Dr. Kent to determine your readiness to return to sport. It is important to adhere to the rehabilitative guidelines. Dr. Kent may want you to undergo a formal return to sport evaluation around 9 months post-op. Most patients return to sport around 9 -12 months after surgery.

Frequently Asked Questions: ACL Reconstruction Surgery

1. What is the ACL?

The ACL or anterior cruciate ligament is a stabilizing structure in the middle of the knee. This ligament keeps the bone of the leg (tibia) from slipping forward and shifting during pivoting type activities such as skiing, basketball, football, soccer, and lacrosse (among others). Unfortunately, the ACL does not heal once torn.

2. Why do I need to have my ACL fixed?

Because the torn ACL does not heal spontaneously, a surgeon must replace the injured ligament to restore stability to the knee. Eliminating this potential instability by replacing the ACL is better for the knee over the long term – as this reduces the likelihood of meniscus and cartilage problems (arthritis) down the line.

3. Which is the best graft choice for ACL surgery?

All potential graft sources work for the purpose of restoring stability to a knee following ACL injury. Grafts can come from the patient (Patellar Tendon, Hamstring, Quadriceps Tendon) or from a donor (allograft source). While each type of graft has its advantages and disadvantages, Dr. Kent will typically guide you in the process of selecting which graft is best for your lifestyle and recovery.

4. How long is the ACL rehabilitation?

One can expect to use crutches for about 1-2 weeks after surgery. Patients can bear full weight after that first week. We recommend the use of a postoperative knee brace for about three to six weeks after surgery. You do NOT have to sleep in this brace after the first week.

In all, the ACL rehabilitation takes roughly 9-12 months. This is the time needed for the inserted graft to mature to a point where Dr. Kent is assured that the graft strength is suitable for you to resume all activities. Your diligent participation in fitness exercise and PT during this period is crucial to your timely full recovery from surgery.

On average plan on two visits to PT each week. Two additional, independent work-outs should be scheduled per week to adequately address the involved limb.

5. What are the risks of ACL surgery?

The biggest risk after ACL surgery is ongoing dysfunction in the knee. Studies have shown that up to 20% of patients do not return to sports, and of those who do only 65% return to the same level of activity after surgery. The best way to mitigate this risk is by following all post operative instructions, attending physical therapy, and committing to regular independent work-outs.

While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 7-10 days after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff.  Nicotine interferes with wound healing, so discontinuing smoking or vaping 2 weeks prior and 3 months following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, etc. all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner until the clot disappears.

There are many nerves around the knee. Fortunately, the majority of these nerves do NOT exist in the surgical field during a typical ACL procedure. Nevertheless, though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient.

Other risks incident to this surgery include cartilage injuries, failure of the ACL graft to heal, and stiffness. Also, ACL re-injury is possible.