



POST-OPERATIVE ARTHROSCOPY/ACL RECONSTRUCTION INSTRUCTIONS

JAMES C. HOLMES, M.D.

Please call my secretary, Bev, at 321-1333 to schedule your first post-op visit. This should be done as soon as you return home. Thank-You.

PAIN:

1. If you are discharged the day of your surgery, you can anticipate some pain the night of surgery which probably will disturb your sleep. This pain may occur despite the absence of pain initially. (Early pain has been prevented by use of a local anesthetic or peripheral nerve block.) Depending on what mechanism of regional anesthesia is used to control discomfort, the onset of pain may be variable. Pain should diminish substantially after the first 24-36 hours.
2. To relieve pain during the first 24 hours, apply ice constantly. Ice is best applied by filling a plastic garbage bag with ice cubes or chips and applied to the ace bandage over the knee. You may also utilize ice bags which are provided to you by the hospital. You may remove the splint to apply ice directly to the front of the knee. Elevation of the leg will also help to relieve discomfort by reducing swelling.
3. Pain meds: A prescription for pain medication will be given to you at the time of your discharge. This may be filled wherever you desire and should be taken as directed. I would encourage filling this the day of your surgery and not waiting until the next day as you will, in all probability, require this in the first 24 hours.
4. Usually, pain is present in the knee to some degree for the first 4-5 days after surgery. The amount of pain varies from individual to individual and the long-term effectiveness of the block. The above measures can be used to reduce discomfort.
5. Pain may be present on the anterior aspect on the front of the leg below the knee ie. the shin. This can be from the straps of the splint. You may loosen the straps with the leg elevated to reduce discomfort secondary to straps.

SWELLING:

1. All knees exhibit some degree of swelling after an operation. This swelling will involve the knee joint area and may involve the leg distal to the knee. Usually this will gradually diminish with time and can be markedly diminished by elevation on a fairly constant basis the first 5-7 days after your surgery.
2. Additional swelling may be present in the foot and ankle. This is usually secondary to the tourniquet effect of the ace bandage about the knee and leg. While elevating the leg you may remove your splint and may remove the ACE bandages to allow swelling to decrease. I would

encourage foot and ankle pumps during this period of time. You should not be up and about without the splint in place.

3. Swelling may persist about the knee to some degree for some months after the operation. This usually represents scar tissue. This will usually resolve. This can be relieved somewhat by massage after sutures are removed.

ACTIVITY:

1. Days 1-5: You will be in a straight leg immobilizer essentially at all times. You should elevate the leg as much as possible with the knee in full extension. This is accomplished by placing a pillow under the ankle and letting the knee fall into the fully extended or straight position. This may occur while in or out of the splint.
2. You should come out of the immobilizer for range of motion exercises of the knee ie. bending and straightening the knee. I would encourage you to come out of the splint 5-10 times a day simply to work on range of motion.
3. I would ask that you essentially remain homebound for the first 5 days after your surgery elevating the leg. I would discourage walking, rides in automobiles or dining out where the leg is dependent for a considerable period of time. This will lead to increased swelling, difficulty in bending your knee and increased discomfort.

WALKING:

1. Walking on the operated side should be weight bearing approximately 1/3 to 1/2 body weight with crutches. This walking during the first 5-7 days or until you return for your first visit should be in the home and should only be moving from one point of elevation to another point. I would not encourage walking for exercise ie. cardiovascular conditioning during this period of time.
2. Walking flat footed is preferred. Toe walking can cause calf cramping and pain which can be quite uncomfortable.

BATHING:

1. You may shower but should be in the splint. When showering, cover the extremity with either a cast protector or two plastic garbage bags. One garbage bag can be applied over the splint and secured about the top of the splint with a rubber band. At the top of the splint wrap the top of the garbage bag with a towel and secure it with a rubber band. Cover both the first garbage bag and the towel with a second garbage bag and anchor these with tape. These can then be removed and replaced. You should not attempt to shower without the splint in place in that slipping or other unpredictable events could cause compromise and injury to your knee.

2. At no time during the first two weeks post-operative should you immerse your knee in water. Specifically, you should not use tub baths, jacuzzi, whirlpools or hot tubs. You will be requested, in all probability, not to immerse your knee for a period of time after the sutures are removed.

DRESSING/BANDAGES:

1. Your post operative dressing will consist of a combination of gauze pads, ace bandages.
2. The gauze pads may be changed as desired. These usually may be eliminated after 4-5 days although many people do find that the sutures will be irritated by the ACE bandage.
3. The ace bandage may be wrapped and re-wrapped as often as you desire. The ace should not be discarded until your first visit with me unless otherwise directed.

POST-OPERATIVE THERAPY (Exercises):

1. The hospital physical therapy program should be carried out at home including ankle pumps, patella glides, straight leg raising, isometric quadriceps and range of motion of the knee out of the splint.
2. You may ambulate as previously noted 1/3rd to 1/2 body weight with crutches. This weight bearing will be progressed in your second week to full weight bearing by the end of the second week.
3. Your exercise program will be modified to some extent at the time of your first office visit and its subsequent visits.

DRIVING:

1. You should not drive yourself home the day of your surgery.
2. You must not drive under the influence of narcotic pain medication (Tylenol #3, Percocet, Percodan, Vicodin, etc.).
3. Operating an automatic transmission vehicle is preferable after surgery.

FOLLOW-UP:

1. An appointment should be made to see me within 7-10 days after your surgery. This will be your initial appointment and should be scheduled either in my office as directed or at such other clinics as you may attend. I may ask that you see a therapist after seeing me, ie. at the time of your first visit post op.

2. In all probability you will see me at two weeks after your surgery.
3. Occasionally, it may be necessary to see me sooner or later than the above times. We will discuss this after your surgery.

DANGER SIGNALS:

I, or the surgeon on call, should be contacted if;

1. Should you develop an elevated temperature of 101° or greater.
2. Should you develop redness or drainage of purulent material (pus) from the surgery wounds.
3. Should you develop any cramping in the calf which will not go away with elevation, rest and icing.

If you have any questions unanswered by these instructions, please do not hesitate to discuss this with me or contact my office.

Thank you,

James C. Holmes, M.D.

JCH/mac

PATIENT NOTES:
