

ACL RECONSTRUCTION - POSTOPERATIVE INSTRUCTIONS

Arthroscopic surgery is a procedure that allows surgeons to investigate the joint with small cameras and work with thin instruments through small incisions.

Knee arthroscopy is recommended to treat various conditions of the knee. We can include: damaged cartilage, torn meniscus, torn ligaments, infection, and others.

KNEE ARTHROSCOPY- ACL RECONSTRUCTION SURGERY

Ligaments are bands of tissue that connect bones. Each knee has four primary ligaments. The collateral ligaments are found on the sides of your knee and the cruciate ligaments are found in the center of the knee joint. The medial collateral ligament (MCL) is on the inside and the lateral collateral ligament (LCL) is on the outside. The anterior cruciate ligament (ACL) and the posterior cruciate ligament (PCL) cross each other to form an X inside the joint. These ligaments help stabilize your knee joint.

The anterior cruciate ligament (ACL) is probably the most injured ligament of the knee. If surgery was indicated, the surgeon will remove your damaged ligament and replace it with a tendon graft. This graft usually comes from another part of your knee.

Most of the time, the surgery will take less than two hours, however, it may take longer if you have other injuries. General anesthesia is the most frequently used. Additionally, you may receive a nerve block. This will be decided between you and the anesthesiologist before the surgery.

The surgeon inserts an instrument called an arthroscope (with a video camera at the end) and other slim tools into the joint through small incisions. The surgeon will look inside the knee and make an inventory of it. He will proceed to tendon graft extraction if no unexpected lesions are found. It will require an additional incision to remove the graft. Once prepared, the graft is positioned in place of the torn ligament.

RECOVERY

It depends on the type of surgery you had, your injury, activity level, age, smoking status, adherence to rehabilitation, etc. However, if you have had other injuries repaired your recovery time will be longer compared to an isolated ACL reconstruction.

POSTOPERATIVE CARE: GENERAL INSTRUCTIONS

- Swelling is one of the most important factors involved in knee surgery postoperative pain.
- Keeping the leg elevated and the frequent application of ice (cold therapy) are important ways to reduce swelling around the knee.
- Elevation is achieved by placing pillows under the calf so that the heel is elevated higher than the knee. And it is important to elevate the leg above the level of your heart.
- The knee must be fully extended at the end of the second week.
- Your foot and ankle may be swollen after surgery. You are encouraged to elevate and move your foot and ankle several times a day to reduce swelling.
- **NO** squatting.
- **Do not** apply ice (cold therapy) if your nerve block is still in effect (**IF HAVING A NERVE BLOCK**).

ACL RECONSTRUCTION - POSTOPERATIVE INSTRUCTION

BRACE

- You will not need a brace unless you have also had a meniscus repair procedure.

PAIN MANAGEMENT

- Taking your pain medicine as prescribed by your surgeon regularly will help you manage your pain more effectively, even if you are in mild pain.
- If a strong painkiller (hydromorphone, morphine, oxycodone, etc) was prescribed do not wait until the pain is severe. Use strictly as prescribed by your doctor. Do not take an "extra dose".
- **IF HAVING A NERVE BLOCK:** it is important to start taking regular pain medication before the nerve block wears off.(see the Nerve Block HANDOUT for more information)

WEIGHT BEARING

- After the surgical procedure you will be weight-bearing as tolerated and you may use crutches for your comfort.
- Avoid long-distance walking for the first 2 weeks, even if you think you can do it without pain.
- At **Footbridge Clinic** we have a **Physiotherapy team** used to our protocols and will instruct you on how to be partial weight bearing. But if you already have a physiotherapist, you should contact them so that you can book your appointment.

COLD THERAPY (ICE)

- **DO NOT** use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned.(**IF HAVING A NERVE BLOCK**)
- The knee is the largest joint in the body. The ice pack must be large enough to cover the front area of the knee.
- You could apply ice for up to 15-20 minutes, remove it for an hour and repeat the application 6 to 8 times a day, always with one-hour intervals. Remember that you must put a thin towel between the ice/ice pack and your skin.
- If you are using a CRYO THERAPY UNIT please follow the manufacturer's directions.
- **DO NOT SLEEP WITH ICE.**

ACL RECONSTRUCTION - POSTOPERATIVE INSTRUCTIONS

PHYSICAL THERAPY

- You will follow a rehabilitation protocol based on your surgery and on special needs.
- Your goal at home is to restore full knee extension and bend your knee 90 degrees in the first 2 weeks after surgery.
- PT team will help you reduce swelling and minimize pain in the immediate post-operative period.
- In the meantime, you are encouraged to move your foot and ankle 4-5 times per day, at least 5-10 minutes at a time.

Our **Physiotherapists** at **Footbridge** work closely with your **Surgeon** and are very familiar with the post-op rehabilitation process. Typically, formal physiotherapy will begin after your first post-operative visit; if you'd like to do your physiotherapy at **Footbridge** it can be booked at that time.

There is often benefit to doing one or two pre-operative physiotherapy sessions to prepare for your surgery; if you'd like to schedule an appointment you can do so online or by calling **Footbridge**.

WOUND CARE / SHOWER

- You should keep the bandage that was placed on the day of the surgery for 3-4 days.
- You can shower, but you must keep your dressings dry and covered. Waterproof bandages work well for this purpose.
- After 7-10 days you can let the wounds get wet, but do not remove the steri strips (tape).
- If non-absorbable sutures are used, they will be removed at the 2 weeks postoperative visit.
- Do not get into a pool or bathtub for the first 3 weeks.

It is common to have swelling and bruising around the wounds. The bruising changes colour over time from red to yellow or green and may go down the leg.

Contact Footbridge Wound Care Resource line: 778-945-6756, Ext 8 if:

- **Pain on your CALF, BACK OF KNEE, THIGH or GROIN.**
- **Increased swelling on the operated thigh, knee or leg.**
- **Body temperature above 38 Celsius/101 Fahrenheit.**
- **Increased warmth and redness around the wounds.**
- **Increased fluid leaking from the wound.**

CALL **911** if:

- **You have trouble breathing.**
- **You have chest pain.**
- **Anyone noticed that you lost consciousness.**



ACL RECONSTRUCTION - POSTOPERATIVE INSTRUCTIONS

RETURN TO ACTIVITIES - TIMELINE (approximate)

ACL RECONSTRUCTION

Weight-bearing

- As tolerated (you can use crutches for your comfort for a couple of weeks)

Walking (without crutches)

- 7-14 days

Working

- Deskwork : 10-20 days
- Heavy work : 4-6 months

Driving

- Operated side - Right: 4-6 weeks
- Operated side - Left: 1-2 weeks (if a complete range of motion and no swelling)

Sports

- 6-12 months

