

ACL + MENISCUS SURGERY - POSTOPERATIVE INSTRUCTIONS

Arthroscopy is a minimally invasive procedure that allows the surgeon 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.

ACL RECONSTRUCTION + MENISCUS SURGERY

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.

Meniscus tears are common knee injuries, especially among people who play sports. If surgery was indicated, the surgeon may remove a piece of the torn meniscus (partial meniscectomy), and the whole meniscus (total meniscectomy - rarely performed) or repair it if possible. The surgeon's efforts are all to preserve the meniscus.

The surgical procedure usually takes 1 to 1.5 hours. And general anesthesia is the most frequently performed. Additionally, you may receive a nerve block. This will be decided between you and the anesthesiologist before surgery.

Surgery is performed arthroscopically with the exception of graft harvesting which will require additional incision.

RECOVERY

It depends on the type of surgery you had, your injury, activity level, age, smoking status, adherence to rehabilitation, etc. So, it is not possible to accurately predict the recovery time for an individual. A patient's recovery is based on restoration of muscle strength, range of motion and proprioception of the knee joint

POSTOPERATIVE CARE: ACL RECONSTRUCTION + MENISCUS SURGERY

- € Swelling is one of the most important factors involved in knee arthroscopy causing 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 heavy squatting** for 4 months.
- € **Do not** apply ice (cold therapy) if your nerve block is still in effect (**IF HAVING A NERVE BLOCK**).

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- € Medication, limb elevation, ice therapy and mobilization are essential in pain management.
- € The usual regimen we use is a combination of acetaminophen, anti-inflammatory drugs, and narcotics.
- € 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.
- € @strong painkiller (hydromorphone, morphine, oxycodone, etc) has been prescribed, don't wait until the pain is severe. Use strictly as prescribed by your doctor. Do not take an extra dose.
- € @° = ° †@8° V-k†- " Q #M 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

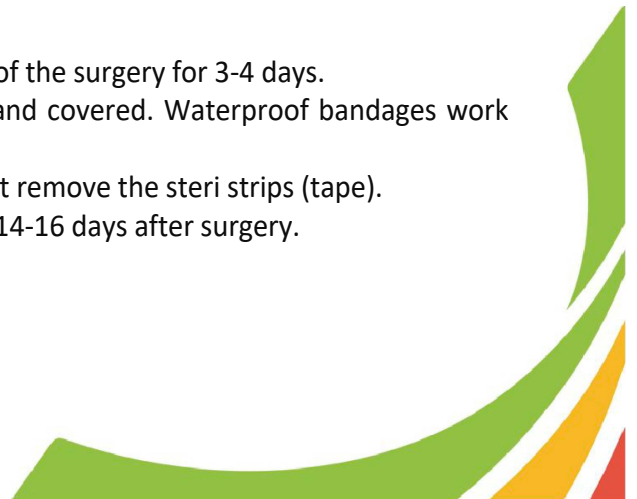
- € You will be weight-bearing as tolerated (WBAT) with crutches for the first 2-6 weeks.
- € **No rotation for 3 months.**
- € At **Footbridge Clinic** our _____ is experienced in our **protocols** and will guide you through gait training after surgery. They will work with you throughout the rehabilitation process to help restore your natural gait pattern.

COLD THERAPY (ICE THERAPY)

- € **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 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.
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Q= \ † -k@8/ WOUND CARE

- € 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 14-16 days after surgery.
- € Do not get into a pool or bathtub for the first 3 weeks.



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BRACE

€ You will wear a brace for 6-8 weeks.

PHYSI\ THERAPY

- € Physiotherapy will begin after your first follow-up visit.
- € k k\ U - do not bend your knee past 90 degrees for the first 6 weeks after surgery.
- € 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.
- € You will follow a rehabilitation protocol based on your surgery and on your special needs.

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

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Weight-bearing

€ Non-weight bearing for the first 6 weeks (with an assistive device)

Walking (without an assistive device)

€ 6 - 8 weeks

Working

€ Deskwork: 4 weeks (with an assistive device)

€ Heavy work: after 6-8 months

Driving

€ After 8 weeks (if a complete range of motion and no swelling)

Sports

€ After 9-12 months

