

**Dr. Friedman's Post-Operative Instructions:**  
***Knee Surgery – ACL Reconstruction***

These instructions are for the first two (2) weeks after surgery

**WHEN YOU GO HOME:**

1. Your weight bearing status is weight bearing as tolerated (unless you have had a meniscus repair). You should still be using crutches at the time of your first postoperative visit. If you also have a meniscus or cartilage surgery, crutches and restricted weight bearing may be up to 6 weeks.
2. Keep the operative leg elevated above the heart as much as possible. Avoid the temptation of putting a pillow behind your knee, as this will cause problems with regaining your extension (getting your knee straight) after surgery.
3. ICE your knee with a cold therapy unit, bag of ice, or a bag of frozen peas. For the first few days after surgery, you may ice for 30-45 minutes at a time because the dressings are thick. However, after the bandages are removed at your first post-op appointment, do not ice or use your cold therapy unit for more than 20 minutes at a time to avoid causing frostbite.
4. Do not drive until you have discontinued the narcotic pain medications and have been approved by your doctor.
5. Return to work will depend on your type of employment.

**EXERCISES: START POST-OPERATIVE DAY 1 or 2:**

**1. Quad Sets.** With this exercise, you tighten your thigh muscles and hold for five (5) seconds. Do a minimum of three (3) sets of ten (10) repetitions. When you tighten your thigh muscles, it will feel like your knee is being pushed into the ground.

**2. Straight Leg Raises.** Tighten your thigh muscle like in exercise 1, then lift your leg about twenty-four (24) inches off the ground and hold it for 5 seconds then lower. Do a minimum of three (3) sets of ten (10) repetitions.

**3. Heel Slides (bending the knee).** Unlock the brace and slide your heel toward your buttock and hold for 5 seconds, then straighten the knee. Heel slides may be assisted by using a towel to pull your foot. Perform 3 sets of 10 repetitions. Do not bend the knee beyond 90 degrees.

**4. Bridging Exercises.** Roll a towel/pillow and place it under your heel with nothing under your knee/thigh. Hold this position for 5 to 10 minutes. Gravity will slowly assist with straightening your knee. Alternatively, you can sit in a chair and place your foot up on another chair/ottoman. You can assist this exercise by resting your hand on your thigh, near the knee.

**5. Calf Pumps.** Move both feet at the ankle up and down. Perform at least 10 times an hour every 1-2 hours until you are up and around regularly. This encourages blood flow in the lower legs and helps reduce the risk of DVT (blood clot).

### **WOUND CARE/DRESSINGS:**

- 1. Expect minimal bloody drainage on surgical dressings. Call the office if the bandage becomes saturated or is leaking. You may remove your dressing after 5 days.**
- 2. You may shower with a plastic garbage bag/tape around the leg, but it is very important to keep the dressing absolutely dry. Showering the wounds is allowed after the dressing is removed. Do not soak the knee until the doctor says it is ok to do so. (in other words- no bathtub, hot tub, Jacuzzi, swimming pool or ocean).**
- 3. Do not put ointment on your incisions or touch your incisions (wounds) until the doctor says it is ok to do so.**

### **DIET:**

- 1. After surgery, begin with liquids and light foods (jellos, soups, etc). Progress to your normal diet if you are not nauseated. Sometimes the digestive system is slow after anesthesia and can be also slowed by the narcotic pain medication. The use of a stool softener or mild laxative may be beneficial for constipation.**

2. It is **OK** to begin a regular healthy diet on day two after surgery.

### **PHYSICAL THERAPY:**

You will begin formal physical therapy after your first post-operative visit.

### **GENERAL MEDICATION INFORMATION AFTER SURGERY**

You will receive multiple prescriptions before or at the time of surgery, typically including:

1. **Narcotic (i.e. Norco).** A narcotic is a strong pain medication that blocks the sensation of pain. Once your pain decreases, discontinue the use of this medication as it can be addictive. This medication typically helps with pain, but also causes drowsiness, constipation, nausea, and itching. Avoid combining this medication with Tylenol. Drink plenty of water to help decrease the risk of constipation.
2. **Non-steroidal Anti-inflammatory Drug/NSAID (i.e. Meloxicam, Naproxen).** This decreases the inflammation and swelling after surgery. This will help with mild pain associated with surgery and also to help with inflammation and swelling. Use this medication as directed. Take with food. Speak with your doctor if you have a history of heartburn, ulcers, or heart issues.
3. **Stool softener (i.e. Colace).** A stool softener is often necessary while taking narcotic medication to help with constipation. Use this medication while taking the prescribed narcotic medication.

4. Anti-nausea medication (i.e. Zofran, compazine). Anesthesia and narcotics can cause significant nausea in the first 24-48 hours after surgery. Take the anti-nausea medication as needed to help with these symptoms.

5. Aspirin. Take aspirin as directed to help prevent blood clots.

6. Gabapentin. This is another medication that helps to reduce pain after surgery. Take three times a day for 5 days, two times a day for 2 days, and once a day for 2 days. This medication may cause drowsiness.

## RECOMMENDATIONS FOR PAIN CONTROL AFTER SURGERY

Many patients will receive a nerve block to help with pain control during and immediately after surgery. This temporarily causes numbness and difficulty moving the affected leg. There will be some pain after the nerve block wears off. Pain is typically worst the first few days following surgery.

Starting after surgery and **BEFORE** your nerve block wears off, follow the following pain medicine regimen for the first 24-48 hours after surgery:

One or two narcotic (pain) pills approximately every 4 hours. The day after surgery, some patients may need to take 2 pills every 4 hours for pain relief. If taking 2 pills every 4 hours initially, you should be able to decrease the dose to 1 pill every 4 hours after 48 hours or so. Begin spreading out the time interval between narcotic doses as tolerated. Many patients are completely off their narcotics by the first post-operative visit.

**WEAN** off the narcotics, ie, take one pain pill every 6 hours, then 8 hours, then 12 hours, then discontinue.

Use plenty of ice on your knee to help reduce inflammation and pain. Do not keep ice on your knee for more than 20 minutes at a time to prevent frostbite.

### **FOLLOW-UP CARE:**

If you do not already have a post-operative follow-up appointment, please call the appointment desk at (209) 946-7200 in the first day or two after surgery to schedule a post-operative visit with Dr. Friedman. Your appointment should be **10-14 days after surgery**.

### **WHEN TO CALL THE OFFICE:**

- \* Increasing swelling or numbness in the toes
- \* Unrelenting pain
- \* Fever greater than >101.5 F or 38.5 C, or chills
- \* Excessive nausea or vomiting due to pain medication
- \* Color change in the toes. Your toes should be pink and warm.
- \* Continuous drainage or bleeding from the dressings
- \* Extreme pain on the back of the calf, shortness of breath, or

**chest pain which may be warning signs of a blood clot or pulmonary embolus. If symptoms are severe, dial 9-1-1**  
**\* ANY other worrisome condition**

### ACL Recovery Timeline

Recovery from ACL reconstruction is a long process but the ultimate goal is to return to sports safely with minimal risk to the reconstruction or other structures in the knee.

**Weight bearing:** In general, you may put as much weight on your leg as pain allows. If you also have a meniscus or cartilage surgery, crutches and restricted weight bearing may be up to 6 weeks

**Post op Day 1-3:** The highest pain is the first 24-48 hours after the nerve block wears off after surgery. Take pain medications as instructed, keep the leg elevated and locked straight in the brace as much as possible, and do your prescribed exercises.

**Post-op Day 4-7:** The pain improves and you will return for your first post-operative visit. X-rays will be taken, and your dressings will be removed. We will review your arthroscopic images and go over the plans for therapy.

**Post-op Weeks 1-5:** If you had an isolated ACL reconstruction (no meniscus or cartilage repair), you will work on progressive weight bearing exercises. You will typically begin weaning off the crutches 3-4 weeks after surgery. You will work mainly on motion exercises and quadriceps contraction. The pain from surgery improves greatly. If you had meniscus repair or cartilage surgery, you may continue restricted weightbearing, restricted range of motion until the 2nd post-op visit.

**Post-op Week 6:** 2nd post-op follow up. Your goals are to have range of motion from 0-100 degrees at least, good quadriceps control, and minimal swelling. The brace is usually removed at the second post-operative visit.

**Post-op Weeks 7-12:** Progressive exercises with physical therapy including body weight partial squats, exercise bike, elliptical.

**Post-op Weeks 13-14:** 3rd post-operative follow up. If you have near full range of motion, minimal swelling, and good quadriceps control, then running can start at 4 months.



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Post-op Months 4-7: Work on progressive endurance and agility drills. During this time, the graft continues to heal, but is not yet ready for full cutting and pivoting sports. This time should be used to improve on core strength, endurance, and leg strength.

Post-op Month 8: Follow up and assessment for return to sports. If all goals are met with therapy and core stability, an ACL brace may be used during the next year for sports.

Post-op Months 9-12: Follow up and if all goals are met, then return to full-contact sports.