

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

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

WHEN YOU GO HOME:

1. Your weight bearing status is non weight bearing. Your leg should be always locked in extension unless doing your exercises. You should still be using crutches at the time of your first postoperative visit.
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, 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 4:

- 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. 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 5 days after the surgery.**
- 2. It is very important to keep the dressing absolutely dry until it is removed. Showering is usually 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.**
- 2. It is OK to begin a regular healthy diet on day two after surgery.**

PHYSICAL THERAPY:

Physical therapy will be prescribed at 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 time 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**

PCL Recovery Timeline

Recovery from PCL 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 will be non-weight bearing for 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.

Post-op Day 4-7: If you have a hinged knee brace you may unlock your brace to start your exercises. If you have a knee immobilizer you may switch to your PCL brace.

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Post-op Weeks 2-6: Continue your exercises. Do not place any weight on your knee. During this time you will have your first post-op visit, dressings will be removed, and physical therapy will be prescribed. You will be allowed to shower if your incisions are healing well.

Post-op Week 6-12: You will have your second post-operative visit. You may start weight bearing with your brace on.

Post-op Month 3-6: You will continue to strengthen your leg with physical therapy. You will wear your brace when performing any physical activity.

Post-op Month 6+: Depending on your progress you will start weaning out of the brace and will return to full activity