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Patient Instructions for ACL Reconstruction Knee Surgery

Wound Care Instructions:

1. Leave wound dressings in place until the second day following surgery, replace if dressing becomes wet or damp with drainage. The dressing can be removed if wound remains dry and free of drainage. Do not remove the steristrips that directly cover the incisions unless they start to fall off. Do not apply any ointments or lotions to the wounds.
2. Keep the wounds dry for the first 48 hours then you may shower but do not soak the wounds under water in a bath, spa or pool.
3. Expect leg swelling. Ice and elevation are the solution: Apply cold therapy using polar care ice unit or gel ice pad held on your knee with an ace bandage. Always have a cloth between the skin and ice pad, to prevent frost bite. Be careful not to wrap the ace bandage overly tight. Check skin hourly for frostbite. If using a cryocuff you may use it for hours at a time as long as you check skin hourly.
4. If you develop any signs of infection call the office immediately.

ACTIVITY:

1. The postoperative knee brace helps to maintain extension and is should be worn and locked in extension, leg straight at all times while walking and during sleeping. Otherwise the brace can be removed for bathing or therapy.
2. Weight bear with crutches as you are able to tolerate immediately following surgery with knee brace locking in full extension.
3. Elevate the leg with a pillow under the calf, not under the knee to reduce swelling.
4. Do not sit for long period of times with your foot in a dependent position (lower than the rest of your body), as this will cause increased swelling in your knee and leg. When sitting for any significant period of time, elevate your leg and foot.

MEDICATIONS:

There is a very small risk of a blood clot following knee arthroscopy. We suggested you take an Aspirin 81 mg once daily for 14 days to reduce this risk.

MEDICATIONS Continued:

Please take pain medications as directed. Do Not wait until the pain is severe to take medication. Medications may take between 30-60 minutes to begin working so take medication as directed.

Follow all instructions on the labels and it is best to take all pain medication with food to prevent stomach upset, **DO NOT DRIVE WHILE TAKING PAIN MEDICATIONS** as dizziness and sleepiness are frequent side effects of pain medication.

You might feel drowsy for the first 24 - 48 hours following surgery if you have had a general anesthetic or sedation.

Therefore, for the first 24 hours (or longer if drowsiness persists) you **SHOULD NOT:**

- Drive a car, operate machinery or power tools
- Drink any alcoholic beverages
- Make important decisions or sign important papers

We recommend that you have a responsible adult with you for the rest of the day and during the night, and longer if drowsiness persists. This is for your safety and protection.

Please consult with your Primary Care Physician any questions regarding your regular home medications.

FOLLOW UP Appointment Dr. Peatman's office in 7-10 days.

If you have a problem please call Surgery Scheduling (925) 362-2179, after hours (800) 943-8009

Please Call the Office If:

1. You develop a fever > 101 F
2. If the incision becomes very red, warm to touch, develops drainage
3. If you develop significant pain, swelling or numbness
4. If your pain is not relieved by medication.
5. If the pain medication does not agree with you.
6. If you have significant bleeding or drainage from surgical site.

Please Call 911 or go to the Emergency Department if you feel Chest Pain or Shortness of Breath

ACL Reconstruction Early Motion Exercises

Early Range of Motion and Extension

1. Passive extension of the knee by using a rolled towel under the ankle/ heel. Note the towel must be high enough to raise the calf and thigh off the table.

- Position the heel on a pillow or rolled blanket with the knee unsupported
- Passively let the knee sag into full extension for 10-15 minutes. Relax your muscles, and gravity will cause the knee to sag into full extension.

2. Active-assisted extension is performed by using the opposite leg and your quadriceps muscles to straighten the knee from the 90 degree position to 0 degrees. Hyperextension should be avoided during this exercise. Use the non-injured leg to straighten the knee

ACL Reconstruction Post-Op

3. Passive flexion (bending) of the knee to 90 degrees

- Sit on the edge of a bed or table and letting gravity gently bend the knee
- The opposite leg is used to support and control the amount of bending.
- The exercise should be performed 4 to 6 times a day for 10 minutes. It is important to achieve at least 90 degrees of passive flexion by 5-7 days after surgery.

Exercising Quadriceps

1. You should start quadriceps isometric contractions (tightening and holding muscle) with the knee in the fully extended position as soon as possible.

- Do 3 sets of 10 repetitions, 3 times a day
- Each contraction should be held for a count of 6 seconds

This exercise helps to prevent atrophy of the quadriceps muscle and decreases swelling by squeezing fluid out of the knee joint.

2. Begin straight leg raises (SLR) with the knee brace locked in extension: 8 sets of 10 repetitions, 3 times a day.

Start by doing these exercises while lying down.

This exercise is performed by first performing a quadriceps contraction with the leg in full extension. The quadriceps contraction "locks" the knee and prevents excessive stress from being applied to the healing ACL graft.

- The leg is then kept straight and lifted to about 45-60 degrees and held for a count of six
- The leg is then slowly lowered back on the bed. Relax the muscle.

REMEMBER TO RELAX THE MUSCLES EACH TIME THE LEG TOUCHES DOWN

This exercise can be performed out of the brace when the leg can be held straight without sagging (quad lag). Once you have gained strength, straight leg exercises can be performed while seated.