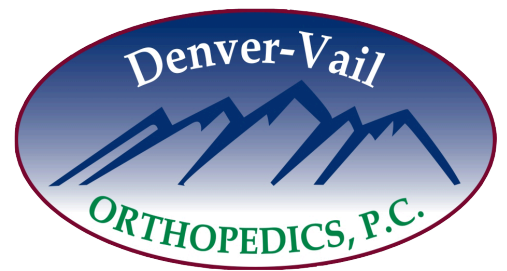


Post Operative Instructions Anterior Cruciate Ligament



After the surgery I will provide to each patient an instruction sheet, follow the instructions on this sheet. If there is a discrepancy, follow my instructions on the post operative sheet, the following are general guidelines.



After your ACL reconstruction the lower incision will have white steri-strips that will cover the incision (picture 1).. All the incisions will then be covered with yellow gauze, 4x4 gauze sponges and then wrapped with cotton padding (see pictures) and then covering that an elastic wrap. Once home elevate and ice the knee for the first 48 hours. It is best to keep it elevated so that swelling is minimized and this will help with a reduction of pain and aid in a faster recovery. It



is not unusual to have some bleeding on the dressing. Usually this will occur just above and on the inside of the kneecap. If you happen to see some bleeding on the dressing do not be alarmed. Mark the area with a marker or a pen. If the area gets larger than a few inches in diameter the outer elastic wrap can be removed (leave the white cotton padding on). Cover the area of bleeding with the 4x4 gauze (provided by the surgical center) and then rewrap the knee. It is not a problem if there is some bleeding on the dressing it is better to have the blood come out of the knee then have it accumulate in the knee and cause swelling, pain and stiffness.



When you get home start the CPM (motion machine). Start the machine at 0 degrees to 50 or 60 degrees, gradually increase flexion (bend) 5 to 10 degrees every 1 to 2 hours. Try and use the CPM 6 to 10 hours per day at a minimum (can be used more). Every couple hours come out of the machine and



work on straightening the knee. Place a rolled up towel under the heel area and let your knee come out straight. Take your hand and place just above the kneecap. Press your hand down and push the knee out straight, hold it down for 20 seconds and then relax. The knee may hurt but you are not causing any damage. Do this exercise for 5 to 10 minutes and then do some straight leg raises. After this back into the machine.

One of the most frequent questions I get is when do I need to get a certain range of motion. The answer is that everybody moves at their own pace. The most important thing is to keep improving. The CPM should be used for 5 to 10 days on average. The machine can be discontinued when one can easily get to 90 degrees when out of it for a period of time.

If surgery is done on Tuesday change the dressing on Thursday, if surgery is on Thursday change the dressing on Saturday. Take the cotton padding off as well as the yellow gauze but leave the steri-strips on. Cover the incisions with the 4x4 white gauze and place the elastic stocking over that. The following day if the incisions are dry a shower may be taken. Do not soak the incisions and keep them out of the main spray of the shower. Once the shower is completed damp the incisions off dry and back into the elastic stocking. The incisions do not need to be covered.

At this point the elastic stocking on the non-operative leg can be removed and just use the one on the operative knee. I recommend using the elastic stocking on the operative knee for 10 to 14 days after the surgery. If discontinued watch your knee, if it starts to swell when up or stiffen up then continue to use the stocking.

Physical therapy is very important after surgery. It is best to get started within the first week after surgery make sure you bring the prescription that was filled out. If a therapist was seen before surgery make an appointment to see them within 3-5 days after surgery. The most important goal initially with therapy is to regain your range of motion and extension (straightening) is most important. The therapist will help you regain this motion and it is critical to regain it as soon as possible. I may hurt and you might want to give it a few days to get better. The problem with this is that scar tissue can occur very quickly and if you wait to work on range of motion it will still hurt and at that point scar tissue will have formed and make it more difficult to get your motion back.

Look at the post operative sheet to see if you can put weight on your leg. If no other procedure was done or if part of the meniscus was trimmed then it should be ok to put weight down. If a meniscus tear was done then non-weight bearing is indicated for the first 4 to 8 weeks.

Look on the post operative sheet that was provided and this will give instructions on when to return back to the office for a re-evaluation and to have the stitches removed. If you ever have any questions please call the office at 720-974-5200. If it is during office hours ask for my assistant.

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