PRE-OPERATIVE INSTRUCTIONS ACL

The main thing to remember the night before surgery is nothing to eat or drink after midnight. That means, no water, juice, coffee, tea, gum, or chewing tobacco you may brush your teeth but you need to spit the water out.

In the preoperative packet are instructions. Go to the website of the surgical center and fill out the health questionnaire. If you are unable to do this online, then go ahead and fill out the paperwork in the packet. Bring that paperwork with you to the surgical center.

Look at the preoperative packet to determine what time to report to the surgical center. If you have questions, please call the office and Teresa will provide this information to you. When you report to the surgical center please do not bring any valuables. You will need your insurance card and driver's license. Although you can drive yourself to the surgical center you will need someone to drive you home, the personnel at the surgical center will not let you go home by yourself or in a taxi.

When you arrive at surgical center you need to check in at the front desk. After that, you will be taken back to the preop area. In the preop area an intravenous catheter will be started and fluids as well as an antibiotic will be given. The nurses will go through your health history and determine which extremity will be having surgery that day. A no will be placed on the opposite extremity and an elastic stocking will be placed on that leg. The nurses will shave and scrub the operative area and cover it with a clean drape.

Prior to your surgery you will see Dr. Oster. When you see me I will ask you to point to the extremity that will be having surgery. At that point I will place my initials on the area as well as putting a yes. If you have any questions at that time I will be happy to answer them.

The anesthesiologist will also see you. He will review your health history and ask you additional questions. Once you've seen the anesthesiologist and myself, you will be taken back to the operating room. There the anesthesiologist will give you something through your intravenous line and you will fall asleep. At that point your knees will be examined much like I do in the office. The operative knee will be prepped, and then injected with some numbing medicine. The lower extremity will then be prepped and draped in a sterile fashion and surgery will begin.

Three small incisions will be made in your knee and I will then look in the knee arthroscopically. I will look at everything inside your knee and pay particular attention to the articular (joint) surfaces, the menisci, and the ligaments. If the articular surface has wear this will be evaluated and possibly smoothed out. If there is a tear in your meniscus, a partial excision will be performed or possibly a repair. If the anterior cruciate ligament is torn then this will be reconstructed.

To reconstruct the anterior ligament an incision will be made along the proximal medial (upper inside) portion of the tibia. The hamstring tendons will be identified and then two

of the tendons will be removed and used to reconstruct the anterior cruciate ligament. A drill hole will be made in the upper portion of the tibia and then another drill hole will be made in the upper bone, the femur. The tendon graft will then be placed through these tunnels and fixed. The lower portion of the graft will be fixed with a bio-absorbable screw and a titanium screw and washer. (go to website www.davidostermd.com to watch ACL video)

These small incisions will be closed with a single stitch; while in the incision where the tendons were taken will be closed with a running stitch and covered with steri-strips (small band-aids). All the wounds will be covered with yellow gauze, 4x4 gauze, cotton padding, and then an elastic wrap.

When you awaken, you will be in the recovery room. Your leg will be elevated and ice will be applied to the front of your knee. Once you are fully awake, and are alert and comfortable you will be discharged from the surgical center to home.

When you get home, place your leg in the motion machine (CPM) and start the range of motion from 0-50°. Increase the amount of bend (flexion) 5-10° every two hours. Use the CPM machine a minimum of 6-10 hours per day. It is okay to use the machine more than that. Every three hours, take your leg out of the machine place a roll towel under your heel and work on getting the knee straight. You may have pain while doing this exercise but pain does not mean that you're causing any damage to your knee. It is important to get your knee straight as soon as possible. Once you've worked on straightening for 10 minutes go ahead and try doing some straight leg raises. After that, place your leg back in the CPM machine and start working on flexion again.

It is important to keep your leg elevated for the first 3-4 days. If you try to do too much and move around your knee will swell and you'll have pain and stiffness. If you can keep the swelling out of your knee you will recover faster and have less pain and discomfort. I usually recommend taking a week off of work to recover.

Approximately 48 hours after your surgery go ahead and change the dressing. Take off the elastic wrap, the cotton padding, and the gauze but leave any steri-strips on. Then cover the incisions with the white gauze and place the elastic stocking on your leg. The following day the stocking and the gauze can be taken off and you can shower keeping the incisions out of the main spray of the shower. Do not wash over the incisions, and when the shower is completed damp the incisions off dry. At that point you do not need to cover the incisions but replace the elastic stocking on your leg. Once you are walking more than you are lying around, the elastic stockings on the opposite leg may be removed.

Look at the postoperative instructions to determine what you're weight bearing status is. It is important to get the knee straight as well as work on bending. It is also important to start doing straight leg raises.

Physical therapy is extremely important after surgery. If you have been to therapy before the surgery go ahead and make an appointment with them 3-4 days after surgery. The sooner you start the quicker your recovery will be.

In general I will see you 3-4 days after surgery. If you have any questions, or problems, please call the office at 303-214-4500.

RISKS:

What are the risks of surgery? The success of an anterior cruciate ligament reconstruction is between 90-95%. There is however, a 10% risk of laxity or a re-tear of the ligament reconstruction. Other risks include, stiffness. It is important after surgery to get started in your CPM machine and work on flexion and extension. You will also experience numbness over the front of your leg just below your knee. The reason for this is that your skin nerves go down the inner aspect of your leg and crossover the front. When an incision is made over the front of your knee or leg these skin nerves will be cut and you will have numbness on the outer aspect of your leg. This area will not be completely numb as you will still have some sensation but it will not feel normal. Some of the sensation will come back up to six months after your surgery, however, whatever is left at that point will be permanent. You also may notice some tenderness and/or a small bump at the incision site where the hamstrings were harvested. This may be from the screw that holds the hamstrings in place after the surgery. Approximately 5% of people will have that screw taken out. This can be done 4-6 months after your surgery and is a minor procedure. There is also a small risk of infection (0.5%). You may notice popping or clicking inside your knee for the first couple of months however, this usually resolves. There is also the risk of a blood clot developing. At the time of your surgery and an elastic stocking will be placed on the non-operative limb. Also after surgery I will usually have you on aspirin once a day (check the postoperative sheet to make sure that that is my recommendation). Another risk after surgery is that you may notice some cramping and/or pain along the area that the hamstrings were harvested. You also may notice up to six weeks after the surgery that you can re-tear the hamstrings and have a pop and some pain and tenderness in this area. Other risks include arthritis as well as needing additional surgeries. These are not all the risks but are the most common risks encountered with this particular surgery.

ASSISTANT:

During the surgery I will be using an assistant. This assistant has been working with me for the last 8-9 years. For these procedures it is impossible to do the surgery by myself and that's why I use an assistant. You'll meet the assistant prior to surgery. Your insurance should cover the charge of the assistant however if they do not the charge should not be more than $160.

POSTOPERATIVE MEDICATION:

At the time of your preoperative visit I will provide you with prescription for your postoperative pain medication. It is important that you fill this prescription prior to your surgery so that you have it after your surgery. If you have a history of being sensitive to medications, I would ask that you try 1-2 tablets some evening prior to your surgery. These medications can alter your senses and it is important that you not operate any machinery or car while taking this medication. If you have any reaction to this medication please let me know as we can always change to some other medication that you will not have a reaction to. It is better to know prior to surgery if you are going to have a reaction to the medication, then have a reaction after the surgery while you are in pain.

CRUTCHES:

It is important prior to surgery to obtain some crutches. The crutches can be rented out at King Soopers or Albertsons and when returned you'll get your money back. Most of the time you will be able to put as much weight on your knee as you feel comfortable. Look at your postoperative instruction sheet that you will receive after surgery to determine how much weight you can put on your leg.