

## After Anterior Cruciate Ligament Reconstruction

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After Ligament Reconstruction, your surgeon would like you to know what precautions you should take, and what is expected. This information sheet has been written to be broad enough to cover several situations, however, details of each may vary slightly depending on what surgery was performed on you.

1) *Pain Medication:* In general, Arthroscopic Reconstruction is less invasive than open surgery. This means that the discomfort you have after surgery will tend to be less than if the same surgery was performed with an open incision. In addition, the time to full recovery is generally more rapid when surgery is performed arthroscopically. This does not mean that the procedure will be totally painless. To aid in pain relief, the joint is treated with analgesic (marcaine) and narcotic, and a nerve block is used to improve comfort. Pain is minimized when little or none is present immediately after surgery. Patients usually take narcotics for the first week or two. After the first week, these should be used sparingly. This improves the effectiveness, and ensures that you will not become physically dependent upon them. Usually, after the first week, little pain medicine is required except at night to aid with sleep and at therapy. We will give you enough pain medicine to last through your first post-operative visit. This is usually 7 to 10 days after surgery. At that time narcotics should be used sparingly. Your dressing may be changed after one or two days.

2) *Showering* may occur after your stitches are removed. Prior to this, wash *around* the incision sites. Let the water run off, and blot the skin dry. Do not soak in a bath or pool or enter sea water until one week *after* your stitches are removed. When you come to the office, your sutures will be removed, steri-strips will be applied as reinforcement, and then you can treat the area without special consideration. Only then should the incision site be washed or showered. This is a precaution against wound contamination from skin bacteria (the most common cause of peri-operative infection).

3) *Swelling:* A long compressive hose (TED hose) should be left on until the swelling has ceased to be a problem in the lower extremity. The hose is not required at night because the leg is elevated to chest level in this position. The more you walk or stand, however, the more you will find the TED Hose helpful for comfort. It is important to place a rolled towel beneath your *ankle* to maintain extension. *Do not place a pillow behind your knee while you sleep.* This will encourage the knee to become stuck in a flexed position, and may be difficult to overcome. An ice machine will be used for comfort for the first week after surgery. You may also bring this to therapy to improve your comfort. When you are not using the ice pad, remove it from beneath the brace. This will allow the incision area to air out.

4) *Meniscal Repair:* Both meniscectomy and meniscal repair should not affect your rehabilitation.

5) *Physical Therapy:* Rapid return of motion is important after joint surgery has been performed. This should be supervised by a Physical Therapist when ligament reconstruction has been performed. Use your brace locked in extension initially for walking, and unlock it for sitting. Early range of motion with a bicycle, and strengthening with mini squats, are helpful for rehabilitation. Avoid active extension of the knee against resistance.

6) *Contact:* If you develop a fever above 101.5, increasing pain, or incisional drainage, please call the office. If it is after hours, please follow the telephone prompt carefully, so we receive your telephone number correctly.

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