

POST-SURGERY CARE



Knee Arthroscopy - ACL Reconstruction

Wound Care

- **Remove** outer dressing on post operative **Day 2**. Keep steri-strips (white band-aids) in place until follow up appointment. You can reapply ace bandage to avoid rubbing from the knee brace.
- You may shower the following day after surgery. Keep surgical incisions clean and dry. **DO NOT** get wet. Cover with plastic bag or Saran Wrap for showering. **DO NOT** immerse or soak incisions.
- It is normal for some bleeding to occur. **Do not** be alarmed if there is staining on the dressing. If blood begins to soak through the dressing, reinforce with additional dressing (which can be purchased at your local drug store) and contact the office. If it is after hours, please utilize the after hours number (listed below) for further instructions

Ice Therapy

- Begin **immediately** after surgery. Use a large bag of ice every 2 hours for 20 minute intervals daily until your first post operative appointment
- Icing is very important and will help with reducing pain and swelling. **Do not be alarmed:** swelling and numbness around the incision **is normal**.
- **Ice Machines:** Can either be purchased online or through our office directly. It is **STRONGLY** recommend using an ice machine at home. They are not covered by insurance; however, we find them to be very beneficial for pain and swelling management post-operatively. Contact the office if you are interested in purchasing one.

Medications

- You had a nerve block administered prior to surgery. It will begin to wear off after several hours, the timeframe can vary. **Start** taking pain medication before the block begins to wear off
- **Oxycodone with Tylenol (Acetaminophen)** is typically prescribed for pain control following this procedure. Please follow the instructions indicated on the bottle. This is a narcotic medication and we recommend that you begin to wean off this medication as soon as possible.
- **DO NOT** drink, drive or go to work while using narcotic medication.
- **DO NOT** take additional Tylenol while taking this medication.
- Nausea and drowsiness are common side effects of narcotic medication. To decrease these side effects we recommend taking it with food or a small snack. An **anti-nausea medication** is routinely prescribed as a precaution in case you begin to experience nausea. You can take this as needed.
- Constipation is also another common side effect of narcotic medication. We recommend staying hydrated and purchasing an over the counter stool softener (Docusate/Colace) to aid with this.
- Additionally, you **CAN** also take 600 mg of Ibuprofen (Motrin or Advil) every 8 hours for pain AND swelling. This should be staggered with the narcotic medication.
- **Lastly**, to help prevent a DVT or more commonly knowns as a blood clot, you will take **325 mg Aspirin** once daily for 21 days post operatively. This can be purchased over the counter.



James Alfandre, MD



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Contact: Michelle, PCS (518) 453-9088

Hours: 8:00am-4:30pm | After Hours Assistance: (518) 489-2663

Pain & Pain Treatment

You **will not** be able to get **prescription refills after hours or on the weekends**. It can take up to 48 hours for a prescription refill to be processed. Please anticipate your needs and contact our office for refills **BEFORE** you run out. We also recommend you wean off narcotics as soon as possible.

Activity

- **Elevate** the operative leg to chest level whenever possible to decrease swelling
- Place pillows or blankets under the operative leg to elevate the entire leg
- Prior to surgery, you will be fit for a knee immobilizer, **bring this** with you the day of surgery (and crutches if you have them)
- You can weight bear as tolerated **WHILE WEARING KNEE IMMOBILIZER**. You can gradually discontinue use of crutches as tolerated.
- Knee immobilizer should be worn at all times **except** bathing and range of motion exercises.
- **Avoid** long periods of sitting (without leg elevated) or traveling long distances.

Exercises

- Begin exercises on **post op day 1** unless instructed otherwise.
- Perform exercises 3-4 times a day as tolerated until your first post op appointment
- You can schedule formal physical therapy to begin 8-10 days from surgery unless instructed otherwise

Emergencies

- Please **call the office** for the following:
 - Uncontrolled pain, swelling or numbness
 - Fever or chills (Fever over 101 degrees Fahrenheit: **low grade fevers** are common for a few days following surgery)
 - Redness around the incision/dressing or color change in the extremity
 - Continuous drainage or bleeding from the incision site
 - Difficulty breathing or excessive nausea/vomiting

OrthoNY Urgent Care: Orthopedic urgent care walk-in services are available:

- **Clifton Park:** 1768 Route 9, Clifton Park, NY 12065
(Hours: M-TH: 8am-7:45pm, F: 8am-5:45pm, Sat/Sun: 8am-1: 45pm)

Exercises:

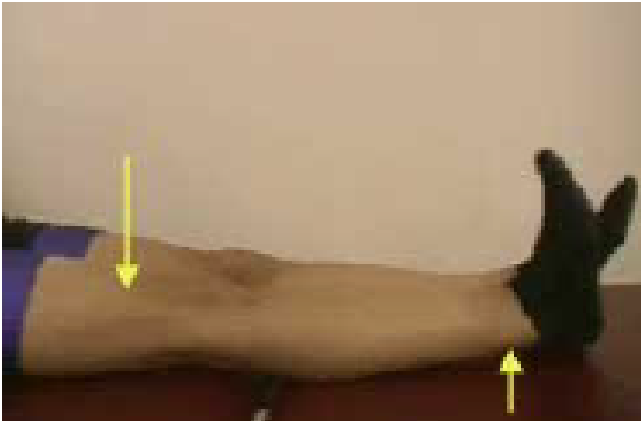
Straight Leg Raise

This exercise should be done while wearing the brace. Raise leg 12 inches off the bed, couch or chair. Hold in position for a count of 10 seconds. Do 10 repetitions, 3 sets per day.



Quad Sets

This exercise should be done while wearing the brace. Sitting with your leg straight, pull your toes toward your nose and tighten your thigh (flexing your quadriceps muscles). Hold for a count of 10 seconds. Do 10 repetitions, 3 sets per day.



Foot Pumps

This exercise should be done while wearing the brace. Sitting with your leg straight; alternate pointing your toes to the floor “pushing on the gas pedal” and pulling your toes toward your nose. Do 30 repetitions, 3 sets per day.



Towel Rolls

This exercise should be done while not wearing the brace. Sitting with your legs out straight slowly bend the operative leg with the heel staying in contact with the table/ground. Use hands placed at the thigh for support. Do 15 repetitions, 3 sets per day.



Passive Knee Flexion

This exercise should be done without wearing the brace. Sit on the edge of a bed or table and let gravity gently bend the knee. The opposite leg is used to support and control the amount of bending. It is important to achieve at least 90 degrees of passive flexion by 2 weeks after surgery. Do 10 repetitions, 3 sets per day.

