

Post-Operative Instructions: ACL Reconstruction, Meniscal Repair

You are recovering from arthroscopic knee surgery.

The following information is to help make your recovery as smooth and rapid as possible.

- 1) Elevation - Keep your knee elevated as much as possible. Elevate your operative leg for the first 2-3 days so your knee is higher than your heart whenever you are resting. You may get up to use the bathroom and to eat meals, but the more you elevate your leg, the less you will swell, bleed, or have pain.
- 2) Surgical Dressing - Keep your dressing on for 48-72 hours. Do not get it wet. After that you can remove the outer dressing, but leave the steristrip bandages on. They will fall off on their own. You can shower over them, but do not soak/submerge for 2 weeks. You may keep it exposed, or alternatively can use the ACE bandage to cover if desired.
- 3) Brace - Keep your brace on at all times, locked in full extension, for both walking and sleeping. You can unlock it when at rest and for exercises. You should only remove it for showering, changing clothes, and hygiene purposes. After we see you back in the office, we will unlock your brace for rest but keep it locked for ambulation.
- 4) Bleeding - Postoperative bleeding is not unusual. Reinforcing your dressing as needed. If you have concerns about the amount of bleeding, please call.
- 5) Icing - If you have an ice machine use this for 30 minutes at a time. Place a thin towel or pillow case between the cooling pad and your skin. You can fill the machine with ice or freeze a few water bottles and rotate them out once the ice melts. Make sure that the pad tubing is connected securely. If it is not hooked up tight it will leak water. If you do not have an ice machine frozen peas or a bag of ice works well too. Do not put the ice

directly on your skin. If your knee looks or feels swollen, regular icing will help speed your recovery.

- 6) **Weight Bearing** - You may place as much weight on your leg as you can tolerate with your knee brace locked in full extension. Remember that surgery will cause your thigh muscles to be weak, so take your time and be safe. Use crutches until your strength returns and you are stable walking without their support. Use the crutches to partially bear weight if needed, and increase as tolerated.

- 7) **Knee Activity** - Your post-operative therapy begins on the day of surgery. Initially you should perform ankle pumps (up and down motion), straight leg raises, thigh isometric contractions, and knee range of motion. No therapy should cause sharp pain. Stop all activities that cause this kind of pain. Work on the range of motion of your knee several times each day. It is important to get as much bend as possible, as quickly as possible; though you should only do this with your brace on, as it will limit your flexion to 90°. Also make sure you can straighten your knee all the way and lift your leg up (i.e. straight leg raises).

- 8) **Pain** - Postoperative pain is expected, but should be controlled by the prescriptions given to you. Take the medications as directed. The Norco and Ketorolac (if you received it) are used in the first 1-2 days, then transitioned to the Meloxicam and Tylenol thereafter. Do not take Ketorolac and Meloxicam, or other NSAIDs such as Ibuprofen or Advil, concurrently. You should discontinue their use if you have stomach pain or GI issues with them. Take them with food or the provided proton pump inhibitor. With regard to pain medication, you should try to wean off of the strong pain medication as you are able. You are given enough so that regular use will span the typical period you experience pain. It is not common to need to refill the medication, but please call to discuss if you feel that you need more medication. Do not mix alcohol and prescription pain medications. Your need for prescription pain medication should decrease after 3-4 days, and you should begin taking your usual over-the-counter pain killer (Advil, Tylenol), as needed. Be sure to take your antibiotics or other medications as prescribed.

- 9) Concerns - If you have any unusual problems; increased pain after the first 3-4 days, a temperature over 101.5°F, unusual rashes, circulation or sensation problems, or any other problem, please call our office.

- 10) Driving - Do not drive until you feel completely safe and able to handle the vehicle. You should not drive while taking prescription pain medications. Test your ability to drive in an empty parking lot. If your right leg is the operative leg, do not drive until your follow up appointment. You can unlock your brace to bend your knee to sit in a car as needed.

- 11) Activity - The typical recommendation is to stay home from work/school for 1-2 weeks to focus on the above listed recovery steps. Your recovery will be quicker if these recommendations are followed. You can return to home/computer work within 1-2 days, but commuting and being at an office or school with your knee dependent below your heart will prolong your swelling, pain, and timeline of your recovery.

- 12) You will be seen in the office 7-10 days after surgery for follow-up. Please call to make an appointment if you don't already have one. If you have any questions or concerns, please call us.