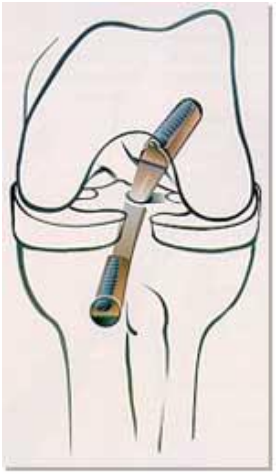
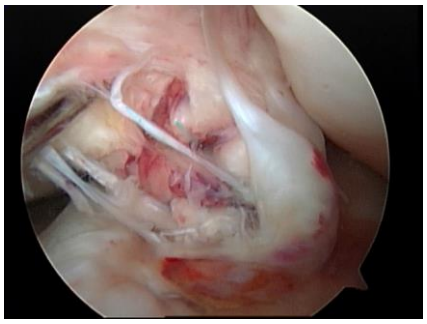
Jason Stanford, DO
516 S. Division St. Ste 125
Cedar Falls, IA 50613
319-268-3535

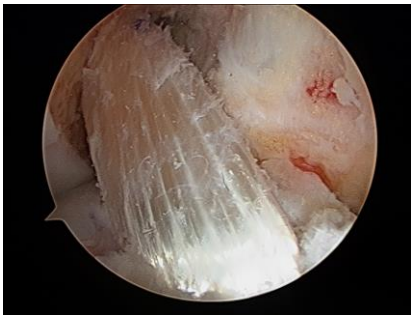
PATIENT INFORMATION



ACL Reconstruction



Torn ACL



After ACL reconstruction

DAY OF SURGERY:

You will be taken to a "holding area" just prior to surgery.

During surgery, an arthroscopy is performed to assess the entire knee joint. Any additional injuries such or meniscus tears or cartilage injuries are treated. Since the ACL is not amenable to suturing or simple repair it is reconstructed or replaced with a graft.

POSTOPERATIVE ROUTINE:

1. In recovery room your leg will be in a brace. It will be locked straight. In addition, you will be given a knee icing unit which reduces pain and swelling. In general frequent icing is encouraged.
2. Pain medication is available as you need it. Prescription(s) for pain medication will be given to you prior to discharge. Usually you will be given a stronger pain medicine for the first few days following the surgery (i.e. Percocet).

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3. You should begin bedside exercises. Foot pumps (stepping on the gas pedal) and quad sets (flexing your thigh muscles) should be started on the day of surgery. The more frequent – the better!
4. Weight-bearing is determined by whether any additional treatments (i.e. meniscus repair or chondral picking). For isolated ACL reconstructions, you may advance your weight bearing with crutches as tolerated. The brace must be on and locked in extension whenever you put weight on the operated leg. To obtain full extension of the brace, it is best to put a pillow under your foot prior to locking the brace straight.
5. When in bed or on the couch, you do not have to wear your brace. You should be trying to actively straighten your knee. You can try with a pillow under your foot or ankle (not under your knee). Also, as soon as possible, you may try to bend your knee. This is most easily done by allowing it to be dangled over the edge of the bed. A good goal is to be able to fully straighten your knee and to bend it to 90 degrees (a right angle) by your 1st post-operative visit to the doctor. (Some patients may be given more specific instructions on ROM if they had other additional injuries.)
6. You will learn to lift your operated leg with your good leg behind it at the ankle, and move to a seated position at the bedside. Raising the leg under it's own power (called a straight leg raise) is acceptable and even encouraged.
7. It is not uncommon, with the amount of arthroscopy fluid used, to notice some drainage into the dressing. Do not be alarmed by this. A very small amount of blood can appear to be extensive because of the dilution by the arthroscopic fluid. If the entire dressing becomes saturated notify the office/physician.
8. Begin physical therapy within the first week to ten days after surgery. If you do not have a prescription, notify the office and a script will be sent to your therapist. It is acceptable to begin prior to being seen by the doctor since the initial therapy visits will involve an evaluation by the therapist and initial motion exercises.
9. Do not drive until cleared by the physician. In general, patients must be pain-free, off of any pain medication, and able to move the knee sufficiently to operate the vehicle before being cleared to drive.

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PRECAUTIONS:

1. On occasion, you may develop a low grade fever. This is not uncommon. We need to hear from you if the fever is more than 101°.
2. Bruising may occur on both sides of your leg, which is a result of the surgery.
3. If your calf should become reddened and painful, please call the Doctor's office.
4. Exercising may be painful, but is very necessary to ensure maximal ROM. You may require pain medication 15 minutes before doing exercises followed by icing the knee after exercise. Ice application reduces pain and swelling.