When can I return to usual activities?

- You may be able to return to "light duty" at work as early as 5-7 days after surgery, based on the physical requirements of your job.
- If you participate in sports or strenuous physical exercise/work, you should anticipate several months of recovery before being released to "full duty."
- Most people who have this surgery feel "recovered" and able to participate fully in sports after 9-12 months.

When do I start physical therapy?

- You should begin physical therapy within a week after surgery (unless otherwise advised by your surgeon). This is key to your recovery!

When do I need to follow-up after surgery?

- **Schedule a follow-up appointment with your surgeon for 10-14 days after surgery.**
- If you have any questions or concerns during that time, call Fremont Orthopaedics at (307) 332-9720. Option 2
- For medical emergencies, call 911 or go to the nearest emergency department.

WHEN TO SEEK IMMEDIATE MEDICAL ATTENTION:

- If the patient becomes unresponsive, is extremely difficult to awaken, or has difficulty breathing
- If dark red blood fully saturates the dressing after surgery
- If drainage from the surgical incisions is creamy, yellow/green, or has a foul odor
- If you develop numbness or signs of poor circulation (blue/grey color or icy cold temperature) in your operative limb and these symptoms are not better after loosening your brace/dressing and changing positions
- If you experience severe nausea and vomiting and are unable to keep fluids down, fail to urinate for more than 8 hours, or experience dizziness or fainting
- If you develop a fever greater than 101.5F
- If you develop severe tenderness or swelling in the middle of your calf
- If your pain cannot be controlled with the maximum amount of pain medication prescribed to you

FREMONT ORTHOPAEDICS PC

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815 E. Main Street • Lander, WY 82520
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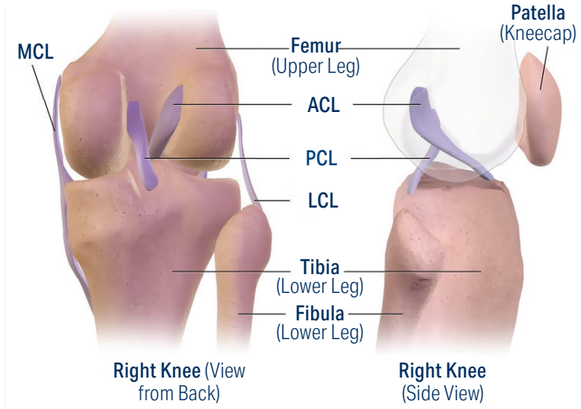
Knee Ligament Reconstruction Postoperative Instructions



You had a repair of your ☐ **ACL** ☐ **MCL** ☐ **LCL** ☐ **PCL**

Information about your surgery

Your surgery was performed using an arthroscope, which is a fiber optic camera that is put into your knee through small incisions. The camera is attached to a large viewing screen. This allows your surgeon to examine the internal structures of your knee and to repair damaged tissues using small instruments that are inserted through the same small incisions as the arthroscope.

You received general anesthesia during surgery, during which you were constantly monitored by an anesthesiologist or anesthetist. This type of anesthesia involves both sedation and pain management for the duration of your surgery.

What should I eat and drink after sugery?

- You may eat and drink what you feel like after your surgery, but it is very important to stay hydrated, so you should consciously increase your water intake.
- Some patients experience nausea after surgery, so we recommend that you start with light foods such as soup, toast, crackers, water, or juice. If you are tolerating these foods, you may progress to a regular diet.
- Opioid pain medications often cause constipation, so eating a high fiber diet may help you to avoid this side effect. A stool softener may also be helpful to alleviate symptoms.

SUMMARY OF KEY ITEMS FOR YOUR RECOVERY:

- Apply ice to your operative site 5-6 times per day.
- Perform exercises 3 times per day, starting the day after surgery.
- Change your dressing every day, starting 48 hours after surgery.
- Begin physical therapy one week after surgery.
- Use your brace as directed and follow activity guidelines, as outlined below.

Knee Arthroscopy Postoperative Instructions I Fremont Orthopaedics I fremontorthodocs.com

How do I take care of my dressing?

- The dressing placed on your leg in the operating room consists of gauze, wraps, and an ace bandage. This dressing absorbs drainage from the small incisions in your knee and provides compression.
- Your dressing is intended to keep your surgical incisions clean, dry, and covered until your first post-operative appointment. To ensure this, we recommend that you follow the instructions that are detailed below.
- The dressing should remain on your knee, undisturbed, for the first 48 hours after surgery. You should only change the dressing sooner than 48 hours after surgery if it becomes fully saturated with drainage.
- Normal drainage after surgery is blood-tinged, clear pink, or reddish.

Dressing Change Instructions

- After 48 hours, you may unwrap your leg completely. Do not remove your stitches. Save the ace wrap, but dispose of all gauze pads and wraps.
- Place clean gauze over each incision, with additional clean wrap if needed.
- Cut the ace bandage in half and use one half to re-wrap your leg, starting at the middle of your calf and wrapping it upwards to the middle of your thigh.
- The ace bandage should be snug enough that it provides compression, but should not be so tight that your foot and ankle become swollen, purple, or numb.
- After your first dressing change, additional dressing changes may be done "as needed" when your dressing becomes wet or after bathing.
- You should keep clean, dry dressings on your leg until your first appointment after surgery, and should only remove your dressing for bathing.

Bathing After Surgery

- **You may shower at the time of your first dressing change.** Do not swim or submerge your operative site in a bathtub, hot tub, or hot spring until cleared by your surgeon.
- To wash your operative site, simply allow soapy water to run over the incisions. You may gently wash around your incisions, but do not vigorously scrub your incision sites.
- After washing, gently pat to dry your incisions with a clean towel. Once dry, you may apply clean, dry dressings (as described above).

What activities and exercises can I do?

- Minimize activity for the first couple of days after your surgery.
- When resting on the bed or couch, **elevate your leg 12-20 inches above the level of your heart with your knee straight.**
- **Apply ice to your knee for 30-40 minutes 5-6 times a day for the first three days after surgery.** You should keep applying ice 3 times a day for 2 more weeks.
- Never apply ice directly to bare skin. Do not use heat on your knee.
- Do not rest with your knee bent or place a pillow under your knee for multiple hours. This may limit the movement of your knee.

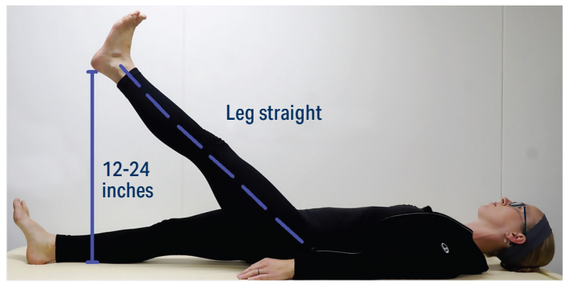
Exercise Instructions

It is very important for you to do each of the following exercises 3 times a day to maintain strength and mobility:

- **Gluteal squeezes:** Squeeze and relax your "butt cheek" muscles for 5-10 seconds at a time. Repeat for 5 minutes.

- **Calf exercises:** Pump your foot up and down while moving your toes for 5 minutes.

- **Quad sets:** Squeeze your quadriceps (or "quad") muscles on the front of your thighs, to press the back of your knee downward. Hold for 5-10 seconds. Repeat this until your knee is fully straight or your leg becomes tired.



- **Straight leg raises:** In a reclining position, raise the straightened operative leg so that the heel is 12-24 inches off of the ground 15-20 times.

- **Full knee extension:** In a reclining position, place a rolled towel beneath the ankle of your operative leg for 20 minutes at a time, to encourage the knee to be fully straight. This is vital to your recovery and must be accomplished in the first postoperative week and continued for four weeks after surgery.

Can I bear weight on my leg after surgery?

Depending on which structures within your knee were repaired, you will be able to do one of the following.

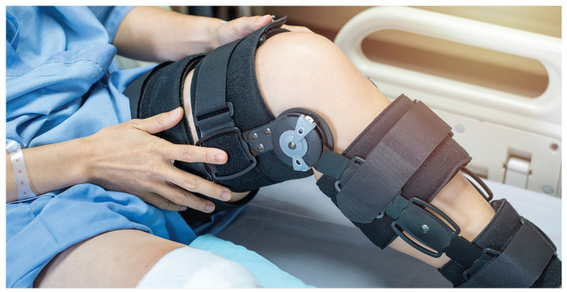
☑ Your surgeon will check the boxes that apply to you.

☐ **Weight-bearing as tolerated:** You may bear weight as tolerated on the operative leg, as the leg is structurally secure to bear weight when you are wearing your brace (see brace section). Crutches are recommended to improve stability and comfort for the first 2-4 weeks. You can gradually increase the amount of weight you are bearing on that leg until you are ready to stop using crutches entirely.

☐ **Toe touch weight-bearing:**
You should put minimal weight on the operative leg right after surgery. Use crutches or a walker and only place as much weight on your leg as you need to for balance. You should continue doing this until your first follow-up appointment, and may need to continue this for 2-6 weeks.

How do I use my brace?

- **You will need to wear a hinged knee brace for 6 weeks following surgery.** The hinged part of the brace should be lined up with the knee joint. The straps above and below should be securely tightened, but loose enough that you can slide a finger under each strap.
- The brace has a locking mechanism, which holds the knee in a fixed position when it is locked. When it is unlocked it allows for a certain range of motion (usually from 0 to 90 degrees).
- The brace can be removed for sleeping, showering, and reclining, but **must be on for walking!**
- The brace must be locked with the knee fully straight (0 degrees) any time you are upright and moving. This will feel sort of like walking with a "peg leg" initially. **Do not walk with your brace unlocked** until your first follow-up appointment at the clinic.



What medications can I take?

- **For safety reasons, always take prescription medications as directed** and talk with your surgeon if you think your prescription needs adjustment.
- **You will likely need to take pain medication on a regular schedule for the first 1-3 days after surgery.** After that time, you can begin to decrease your pain medication by taking smaller doses and increasing the time between doses.
- You may use Tylenol (acetaminophen) instead of your prescription pain medication.

How to Manage Pain After Surgery

- You will experience some pain following surgery, which is part of the expected healing process. Our goal is to help you maintain a mild level of pain that allows you to go about your daily activities, participate in rehabilitation exercises, and sleep at night.
- For the first several days after surgery, it is helpful to take pain medication at regular intervals to keep pain at a tolerable level. This is more effective than allowing pain to become severe and trying to "chase it" back down to a tolerable level.
- **It is extremely important for you to ice and elevate your operative limb in order to reduce pain, swelling, and inflammation.**

Precautions with Pain Medications

- **Pain medication should always be taken with food** to avoid an upset stomach. You may split pills in half to take a smaller dose if needed.
- **Nausea and itching may occur with opioid pain medications.** If you experience these side effects, you may want to decrease your dose of pain medication or stop taking it.
- **Constipation is a common side effect of opioid pain medications.** To avoid constipation, increase your fluid and fiber intake, and consider using an over-the-counter stool softener (such as Colace or Docusate).
- **Do not take more than a total of 3 grams (3000 mg) of Tylenol in 24 hours.** Exceeding this limit can be toxic to your liver and is very dangerous. Many pain medications also contain Tylenol (acetaminophen), and it is important that you do not take a combined total of more than 3000 mg of this medication per day.
- **Sedation is a side effect of all opioids.** Patients who become very sleepy while using pain medication should not take another dose until they become alert.
- **Do not drive or drink alcohol while taking opioid pain medications.** You should also avoid tasks that require judgment, coordination, or short-term memory (such as childcare, operating heavy machinery, making legal/financial decisions, etc.).