

Post-op Instructions for ACL Repair and Patellar Realignment

For Patients of Troy L. Berg, M.D.

These instructions are to compliment the information given by the nursing staff and physical therapists. They cover many of the common questions.

Wound Care

- Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding is normal. You may loosen the ace bandage if it feels tight. Dressing should be left on until your first office or PT visit.
- If purulent drainage (thick white or greenish in color) is coming from the wound, or the wound has increasing redness, or if you are having a temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

Pain and Swelling

- Ice your knee as frequently as possible with the cooling apparatus. This will help with the pain and swelling.
- Narcotic pain medication will be prescribed for use after you leave the hospital. Try to wean down as tolerated. These medications can cause constipation and you may want to use an over the counter stool softener. Tylenol products may be used as an alternative to the prescribed pain medication. The prescribed narcotic medications should not be taken at the same time as plain Tylenol. If a refill of medication is needed, please call the office during regular business hours, Monday-Friday 8:00 a.m. to 5:00 p.m. In general, refills will not be made after hours, so please plan ahead.
- Swelling to some degree is common after surgery. To reduce swelling, elevation is very helpful. Elevate the knee above the heart level ("toes above the nose") for the first 2-5 days after surgery. Elevation for 30 minutes every 2 hours is a good initial recommendation. Moving your ankles up and down on a regular basis helps circulate blood from your legs to help reduce swelling. Excessive pain and swelling should be reported to your surgeon.

Driving

To drive you must no longer be taking narcotic pain pills. (plain Tylenol is allowed) Also, you must feel strong and alert. You may unlock the brace to allow for flexion of the knee while driving. Most people are able to start driving 1-2 weeks after surgery.

Activity

- Crutches and the hinged post-op brace are required following surgery. You should not put weight on the surgical leg until otherwise instructed by physical therapy or your physician. Your brace should be left on at all times. If for some reason the brace slips down or the dressing is too tight, carefully open the brace and readjust it, or release the tension of the ace bandage. Keep the brace on and locked when up on crutches and when doing your exercises.
- Your brace will be set at approximately 10 degrees of flexion. The brace should be left in this position at all times, except when attempting gentle passive range of motion. During range of motion exercises you may unlock the brace to allow for up to 90 degrees of flexion. If you are uncomfortable changing the brace settings, leave it in the locked position until your first PT appointment.
- The following exercises should begin the day after surgery and are designed to increase strength of the knee. They should be done lying down on a firm surface and your brace should be on. Your goal is to achieve 25 repetitions 4 times a day for the first 3-4 weeks after surgery.

- a. Quad Sets- Straighten the knee by tightening the quad (front thigh muscle), flexing the ankle (point toes to the ceiling), and pushing the back of the knee into the floor. Hold for the count of 5-10.
- b. Straight Leg Raises-While maintaining the tightened quad position, slowly raise the straightened leg off the floor and hold for 5-10 seconds.
- c. Vigorous foot, ankle, and toe movement—20 pumps per waking hour

Follow-up

Make sure an appointment has been scheduled for you at Dr. Berg's clinic for approximately 1 week after surgery.

Troy L. Berg, M.D.

Chippewa Valley Orthopedics & Sports Medicine
(715) 832 1400