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Post-op Instructions for ACL Repair, PCL Repair or Patellar Realignment

These instructions are to compliment the information given by the nursing staff and Physical Therapists. They cover many common questions.

Wound Care

- Dressings are to be kept clean and dry. You may loosen the ace bandage if it feels tight. Your dressing will be changed at your first post-op visit or at Physical Therapy. A small amount of clear drainage or bleeding is normal, you may reinforce dressing as needed. A TED compression sock or ACE wrap should be re-applied, starting at the ankle and wrapped up the leg to mid-thigh. The brace should then be replaced on the leg.
- You may get the incisions wet when showering after your first dressing change. The shower should be brief, and the wounds patted dry with a clean towel. You should shower from a seated position with your leg extended in front of you. The brace should be the last thing you remove and the first to put back on. It is important to avoid putting weight on the leg during your shower. No baths or soaking the incision until 3-4 weeks after surgery and well healed.
- If you notice purulent drainage (thick white or greenish in color) from the wound, increasing redness, or you have 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 device or ice packs wrapped in a towel. This will help with the pain and swelling. Do not apply the cooling device or ice pack directly to the skin, as this may cause damage to the skin.
- Swelling is common after surgery. To reduce swelling, elevation is very helpful. Elevate the foot above the heart level (“toes above nose”) for 30 minutes every 2 hours for the first 24-48 hours after surgery. Moving your ankles up and down on a regular basis helps circulate blood from your legs to help reduce swelling. TED compression socks may be provided. These should be worn under the brace until swelling improves. Excessive pain and swelling should be reported to your surgeon.
- For baseline pain control, we recommend adults* take Tylenol (Acetaminophen) 1000mg** three times a day. If your prescription pain medication also contains Tylenol, you should reduce this. You should not take more than 3000mg of Tylenol in a 24-hour period. You may also supplement your pain medication by taking an anti-inflammatory medication such as Ibuprofen (Advil) or Naprosyn (Aleve) between Tylenol doses (unless you have been told you cannot take these medications, are taking a blood thinner or have a history of or develop stomach ulceration).
- If that is not adequate, prescription strength pain medication may be prescribed for after you leave the hospital. Wean off this medication as your pain allows, continuing the Tylenol and anti-inflammatory as tolerated. Prescription strength medications can cause constipation and you may want to use a stool softener. If a refill is needed, please call the office during regular business hours, Monday-Thursday 8:00 a.m. to 5:00 p.m. Refills will not be made after hours or on weekends, so please plan ahead.

*Children under age 12 should take Tylenol 10mg/kg/dose

**Tylenol 325mg: 3 tabs every 8 hours OR Tylenol 500mg: 2 tabs every 8 hours

Driving

•To drive you must no longer be taking narcotic pain pills. (plain Tylenol is allowed) Before driving, you must feel strong and alert and able to get in and out of the car without assistance. You may unlock the brace to allow for flexion of the knee while driving. Most people can start driving 2-3 weeks after surgery.

Weight Bearing

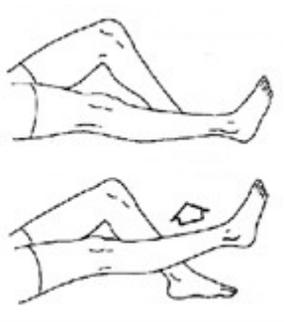
•Crutches and hinged knee brace are required following surgery. You should not put weight on the surgical leg until otherwise instructed by physical therapy or your physician. Your brace should always be left on. If the brace slips down or the dressing is too tight, carefully open the brace and adjust it or re-wrap the ace bandage. Always keep the leg supported. Keep the brace on and locked when up on crutches and sleeping. Only unlock the brace when doing your exercises or for skin hygiene.

Exercises

•Your brace will be locked straight. The brace should always be left in this position, except when attempting gentle passive range of motion. During range of motion exercises, you may unlock the brace to allow for up to 90 of FLEXION unless otherwise directed by your surgeon. 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. Ankle Pumps-Pump foot/ankle up & down 20 times per waking hour.
- d. Range-of-motion-Unlock the brace and using your hands at your upper thigh for support and bend your knee and then straighten it. You should spend approximately 10 minutes 3 times per day working on this. (If you had a PCL repair, you will not do this exercise)



Follow-up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 1-2 weeks after surgery.
- Please call the office with any questions or concerns.

Troy Berg, MD

Chippewa Valley Orthopedics & Sports Medicine

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