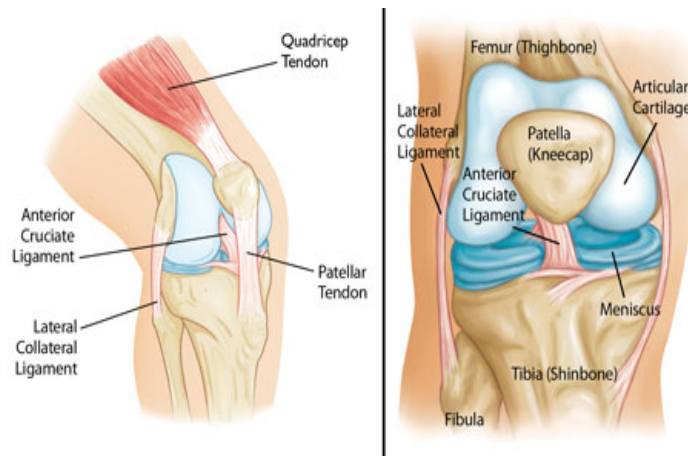


**SURGERY SPECIFIC INFORMATION**  
**Anterior Cruciate Ligament (ACL) Reconstruction**



**How will my ACL be reconstructed?**

This procedure is done through a small incision made at the inside portion of the knee. The injured ligament will be replaced with a graft. The graft can be either a hamstring tendon from the same leg, a cadaver hamstring allograft, or part of the patellar tendon with a little bit of bone from the same leg. The surgeon drills tunnels into the femur (thigh bone) and tibia (shin bone); she then threads the new graft through the tunnels and uses buttons or screws to keep the graft in place. Your body will then grow into the graft, making it your own.

**How long will I stay in the hospital?**

This surgery is typically done as ambulatory surgery, meaning you will go home the same day of surgery.

**What are the possible risks and complications of surgery?**

As with any surgery there is a risk of DVT, nerve damage, and postoperative infection. Specific risks and complications include but aren't limited to re-tear, post-op stiffness, and arthritis.

**Will I need to be on blood thinners after surgery?**

Depending on your risks for developing a blood clot (i.e. age, past medical history, family history, use of hormonal contraception, smoking status), you may be required to take low dose 81mg Aspirin twice daily for 6 weeks following the surgery to prevent blood clots.

**When can I drive?**

You may not drive while taking pain medication. In addition, if it is your right knee that had surgery, you will not be able to drive for approximately 6 weeks after surgery or until the brace is removed.

**When can I resume jogging?**

You will not resume jogging until cleared by your physician. This typically is around 4-5 months after surgery, depending on quadriceps strength. You will be allowed to begin biking without resistance once you have adequate range of motion and will begin this with your physical therapist. Once adequate quad strength is demonstrated you will transition to the Elliptical machine, then running is the next step after that.

**When can I return to my sport?**

There are many factors in returning to sport after surgery. Most patients are able to return around 7-9 months after surgery. Please see "Physical Therapy" below for more information.

## What is the recovery period like?

- Brace
  - o You will wear a long brace on your leg, known as a Bledsoe brace, and use crutches. You will wear the brace, locked straight for 2-6 weeks while walking. The brace will be unlocked depending on your quadriceps strength. This will be determined by the Physical Therapist and your surgeon.
    - While resting, it is ok to remove brace. However, brace must be worn while sleeping or bearing any weight.
  - o If you are a patient of Dr. Shubin Stein, you will transition to the functional brace at 6 weeks, continue its use until you have regained quadriceps strength. Again, this is will be determined by your Physical Therapist and surgeon.
- Weight bearing precautions
  - o Immediately after surgery you will have crutches with the Bledsoe brace locked straight. **\*\*\*You may put some weight on the surgical leg until the first post-op visit, day 7-14.**
  - o After the first post-op visit, you'll be informed how much weight you can put on the leg. Typically, you can put as weight on the leg as comfortable in conjunction with crutches.
- Physical Therapy
  - o You will **start formal PT as soon as you feel comfortable**, typically within the first week of surgery, just prior to your first post-op visit. You will go 2x/week for about 6 months.
    - Prior to surgery, you should schedule your first appointment with PT. Please contact the office for recommended PT offices.
    - Dedication and attendance to your sessions are critical to your recovery.
  - o Prior to, and in addition to formal PT, do the following home exercises:
    - Quad strengthening: start with quad sets, then transition to straight leg raises
      - Quad sets: 3 sets of 10 performed four times a daily.
        - o Sit or lie on your back with leg straight. Tighten your quadriceps muscle on the front of the thigh. Hold for 3 seconds, relax.
      - Straight Leg Raises: 3 sets preformed four times daily.
        - o Lie on your back with leg straight, flat on the bed. Start by tightening your quads, lift your leg off the bed until your heel isn't touching it anymore. Lower your leg down. Repeat as tolerated, work up to 10.
    - Heel pumps: 3 sets preformed four times daily.
      - Sit or lie on your back with leg straight. Bend your foot up and down at your ankle joint, pumping the foot. Complete 10 pumps.
  - o Return to Play Assessment
    - This is a specific evaluation that is performed by HSS Sports and Performance center. It is a two part evaluation; the first part is at post-op month 5-6 and is to demonstrate specific areas that need continued work. You will then be given a detailed program to increase strength in specific areas. The second part is 6-8 weeks later to determine your readiness to return to sport. The two part evaluation costs \$325 and is typically not covered by insurance.

### **\*\*\*IF YOU HAD MENISCUS REMOVED IN ADDITION TO THE ACL RECONSTRUCTION:**

- This procedure does not change the above protocol.

### **\*\*\*IF YOU HAD MENISCUS REPAIRED IN ADDITION TO THE ACL RECONSTRUCTION:**

- DO NOT BEAR WEIGHT to the surgical leg until your first post-op visit. Further weight bearing precautions will then be discussed.
- DO NOT flex (bend) the knee past 90 degrees for the first 6 weeks.

## INSTRUCTIONS FOR IMMEDIATELY AFTER SURGERY:

- Activity
  - Apply ice to your knee but keep the bandages dry
  - Elevate your leg on 2-3 pillows or rolled up towels placed under the **heel** so that the heel is elevated higher than your knee. This will help reduce swelling and achieve full extension of the knee. **Avoid pillows under the knee.**
  - For the first 1-2 weeks after surgery, the **most important goal is to regain the ability to fully straighten the knee.** It is much more important initially than being able to bend the knee.
  - Follow the weight bearing precaution guidelines above.
  - Start your home exercise program
- Bandage and Incision Care
  - Under your brace is an ace wrap- leave this ace wrap on for the first 2-3 days. You may then remove the ace wrap. Underneath will be several waterproof bandaids. Keep these bandaids in place. However, if the bandaids become wet, dirty, or start to peel off, then replace with Nexcare waterproof bandaids. Under the bandaids is Dermabond, this is a surgical glue and tape that is used in conjunction with absorbable sutures to close the incision. Do not touch the Dermabond.
  - You may re-apply the ace wrap as this helps to decrease swelling.
  - Do not apply creams, ointments, or lotions to your incisions.
- Showering
  - You may shower after you have removed the ace wrap. Although the bandaids are waterproof, you should wrap the leg in saran wrap to provide an extra waterproof layer. Continue waterproofing until the incision is fully healed.
  - **Do not get the incision or brace wet**, however, you must wear the brace when standing. You should use a shower chair, or if you have a bathtub-shower, you can sit in the tub. If you take a bath, keep the leg out of the bath. The leg should not be submerged.
- Pain Management and Cold Therapy
  - See POST-OP PAIN MANAGEMENT handout. After 2 weeks out, you should only be taking the pain medication at night and before physical therapy.
- Normal sensations after surgery
  - Pain
  - Swelling and warmth up to 2 weeks
  - Small amounts of bloody drainage for first few days
  - Numbness around the incision area
  - Bruising
  - Low grade temperature less than 101.0 for up to 2 days after surgery.
  - Small amount of redness to the area where the sutures insert in the skin
- **IF ANY OF THE FOLLOWING OCCUR, CONTACT THE OFFICE IMMEDIATELY**
  - Calf pain or ankle swelling in either leg
  - Change is noted to your incision (i.e. increased redness or drainage)
  - Temperature greater than 101.0
  - Fever, chills, nausea, vomiting or diarrhea
  - Sutures become loose or fall out and incision becomes open
  - Drainage becomes yellow, puss like or foul smelling
  - Increased pain unrelieved by medication or measures mentioned above.
- Post-op visit
  - Please ensure that you have a post-op visit scheduled for 7-14 days after surgery. Please arrive 30-45 minutes prior to your appointment time to obtain X-rays.