

**Dr. Jeffrey Witty**

St. Tammany Health System Bone and Joint Clinic

71211 Highway 21

Covington, LA 70433

Phone: 985-893-9922 including after-hours coverage

**Postoperative Instructions for ACL Reconstruction without Meniscus Repair:**

**This document is to inform you during the first week or so after surgery. It should get you through this period to your first clinic follow-up. At that follow up visit, your surgery, therapy, and other important topics will be discussed.**

**Important Phone Numbers:**

Please see the number listed above. Contact our clinic for any questions or concerns.

**Surgeon Follow-up:**

Dr. Witty typically will see patients within the first week of surgery. Make sure you have arranged your clinic follow-up.

**Physical Therapy: IMPORTANT!!**

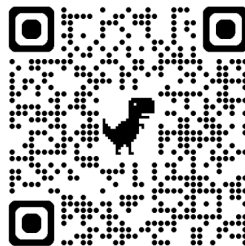
Please make sure you have decided where you want to do your therapy after surgery. Let our office or Dr. Witty know as soon as possible so we can make sure the referral has been done. PLEASE let our office know by the first week after surgery if you have not been able to find a physical therapy location!

**Precautions/Weightbearing After Surgery:**

- It is ok to put as much weight as you are comfortable though your leg at this time. Do not walk on your toes, keep your foot flat and your knee straight. The brace **MUST REMAIN ON AT ALL TIMES** and **LOCKED** with the following exceptions:
  - Showers
  - Changing your bandages
  - When you start therapy

**Using Your Brace:**

The knee brace must be worn as noted above. See the video link with the QR code for a video on how to use the brace. Until you see therapy, keep the brace locked at 0 degrees.



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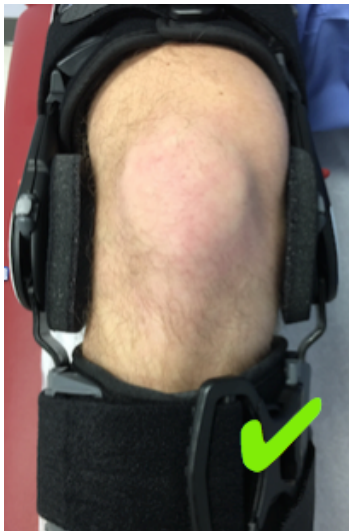
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**Using Your Brace Continued:**

While at rest, you may unlock the brace to allow the knee to “breathe” as shown below. Keep the knee straight still when out of the brace. Refasten the brace when you are ready to get up again.



Make sure the hinges line up with where the knee bends:



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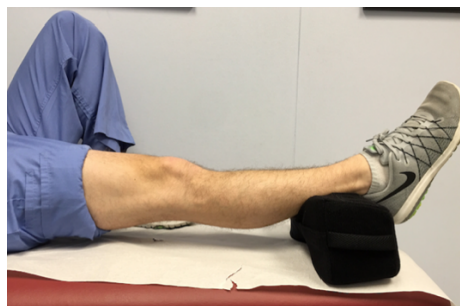
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**Nerve Block Information:**

- A nerve block is a procedure where numbing medication is injected around the nerves that travel to your knee.
- The anesthesia team may have placed a nerve block prior to surgery. The anesthesiologist (depending on the medication they use) should tell you how long to expect the block to work.
- During that time, the leg may feel numb and you may even be unable to move the extremity. You may feel numbness down to your ankle or foot.
- Start taking your pain medication immediately when you start to feel any pain. This could be a sign the nerve block is wearing off. When the block wears off, the pain can increase quickly. Avoid letting the pain get out of control as it may be more difficult to control your pain with oral medication.
- Monitor your skin closely and place a towel between the skin and any ice pack to avoid frost bite. This is important when the block is working because you will not be able to feel anything.

**Recovery at Home:**

- If you are discharged the day of surgery, the first meal at home should be clear liquids. Slowly increase to other easily tolerated meals (ex. Soup) to prevent any nausea. Taking your pain medication with some food may help.
- After knee surgery, you may feel more comfortable placing pillows around the leg to support it. Place pillows or sheets to help elevate the knee to minimize swelling.
- VERY IMPORTANT: Be sure you keep the knee perfectly straight. This helps make your therapy go more smoothly by avoiding a flexion contracture at the knee.



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- If you have received a nerve block (see Nerve Block section), it may begin to wear off later in the evening. Take the pain medication right when you begin to feel even the slightest amount of pain in order to “get ahead” of the pain. Apply ice to help with pain (see section on ice packs below).
- You may start to move your ankle and foot immediately to avoid stiffness and to help promote circulation.
- If you begin to have worsening pain (not improved with medication) or swelling, redness, temperature greater than 100.4, or drainage from your incision, call Dr. Witty’s office immediately at the number listed above.
- Try to get up and move around as much as possible after surgery keeping in mind any postoperative precautions.

**Ice:**

- Ice (cryotherapy) can be applied to the knee immediately after surgery to help with postoperative pain and swelling. In fact, some studies show that ice treatment is just as beneficial as pain medication. Commercial cooler type devices attached to a cuff that wraps on the knee are helpful, but icing can be performed using standard ice packs.
- Place a small hand towel (or similar size) to the knee and then place the pack/device on top. This will help prevent the dressing from getting wet from condensation. It will also help protect the skin from frostbite especially with a nerve block.
- Apply an ice pack 30 minutes on the knee and then 30 minutes off the knee to help minimize pain and swelling. You can repeat this cycle as much as possible to help with pain. While the nerve block is in effect, because you may not be able to feel how cold the skin is getting, please remember to check the skin often. It is common to use the ice packs for the first few months after surgery when the knee gets sore and swollen, especially after therapy.

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**Pain Medication:**

You will be prescribed pain medication after surgery. Do not share this medication with anyone. In addition to the pain medication, other medicines can be used to help control your pain. Please contact the office ahead of time (such as right before weekends) if you are running low on medication.

**Tylenol (acetaminophen)**

DO NOT take any if you are taking pain medication that already has Tylenol in it (You may see APAP on the bottle). Discuss its use with your doctor if you have a history of liver problems such as cirrhosis, history of alcoholism, or hepatitis. Obviously, do not take if you have a history of allergy to it.

**Non-Steroidal Anti-Inflammatory Medication (NSAIDs):**

Ibuprofen (Motrin, Advil)

Naproxen (Aleve)

AVOID taking if you have been told by another doctor, any allergies to similar medications, heart problems, kidney problems, GI bleeding, ulcers, if you are pregnant/want to become pregnant. If you are uncertain, contact the clinic. This is not a comprehensive list.

**Wound Care and Bandage Changes:**

Surgical bandages consist of ACE wrap on top of a deep white gauze often on top of a yellow strip that is directly on the surgical incisions. Any black stitches will typically be removed around 2 weeks after surgery. Leave the bandages on until the second day after surgery.



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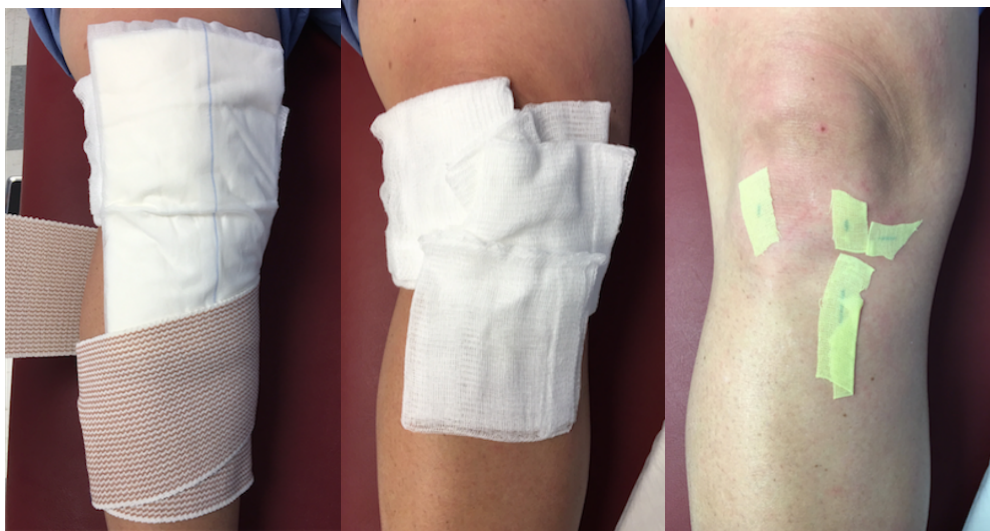
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**Day 2 after surgery:**

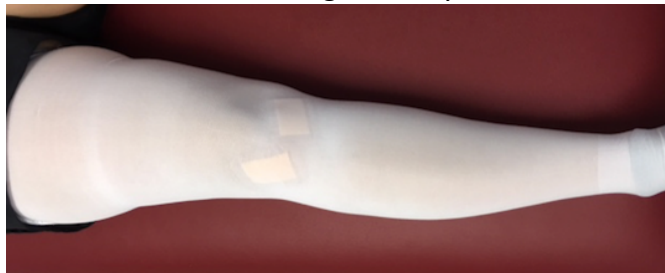
Remove all the bandages. You may see some dried blood. This is normal. You may see some yellow strips on the incisions. This can be removed as well and may cause a little bit of bleeding. If they are stuck, just leave them for your doctor appointment. Please note that the location of the incisions on the knee depend on the exact procedure and meniscus treatment.



Replace the bandages in the same way they came off. Meaning, place new clean gauze over the incision and re-wrap with the ACE bandage. Be sure to include the foot and go all the way up the thigh. This helps avoid swelling getting trapped at the ankle or foot.

**Day 2 and after:**

Continue bandage changes daily. When a full 24hrs has passed without any spots of blood or other drainage on the incisions, the patient may take a shower. Redress daily (as above) and after showers. If swelling allows, you can transition to a compression stocking such as this:



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**Crutches:**

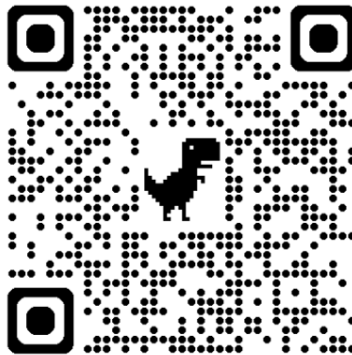
Please review the following resource to make using crutches as comfortable as possible:

<https://www.orthoinfo.org/recovery/how-to-use-crutches-canes-and-walkers/>



OrthoInfo

## How To Use Crutches, Canes, and Walkers



**Showers:**

Once the incisions have been dry for a full 24 hrs, you may take a shower. We prefer patients to sit while showering. Sit with the knee straight out from you. DO NOT try to stand right after surgery in the shower. There is substantial risk of slipping and falling. If the wounds have been dry for a full 24 hrs, they are likely waterproof at this point and it is ok for a gentle shower to rain down onto them. Soap bubbles are ok on them as well. Use gentle / plain (like dove) soap. **DO NOT** scrub the incision. Rinse thoroughly and just pat them clean and dry with a dry clean towel. Redress the bandages.

**You may need help getting into and out of the shower!**

**DO NOT** submerge underwater like in a bath tub.



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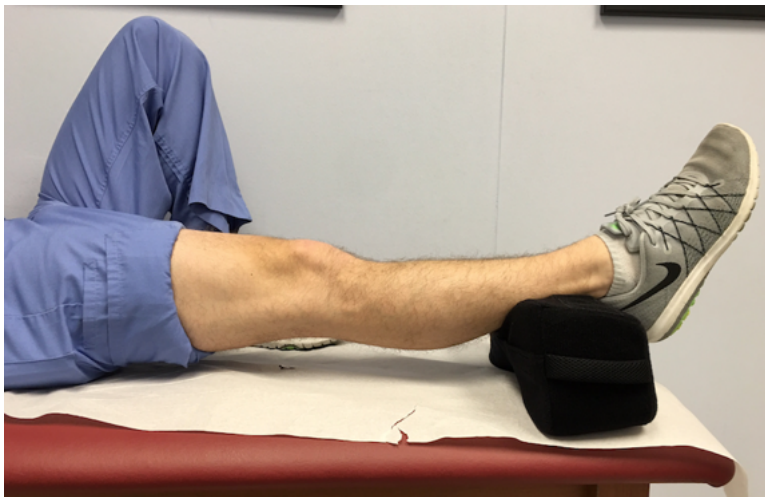
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**Exercises:**

It is ok to start the following exercises on the first day after surgery. It is ok to remove the brace to do so but BE VERY CAREFUL to keep the knee still and supported when doing so.

**Heel Prop**

Prop a towel or bolster under the ankle/foot area to encourage gravity to stretch the knee into full extension. Do this as many times as necessary to get the knee as straight as the other side.

**Quad Sets:**

Place your hand under your knee and try to contract your quadriceps muscle. Put your hand on your quad to feel it trying to contract. Work on it until you can feel the muscle start to contract and you can feel your knee pushing into your hand (when its under the knee).





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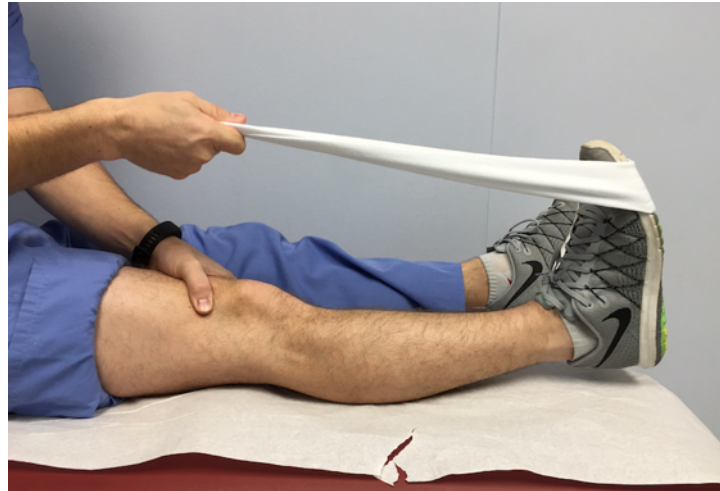
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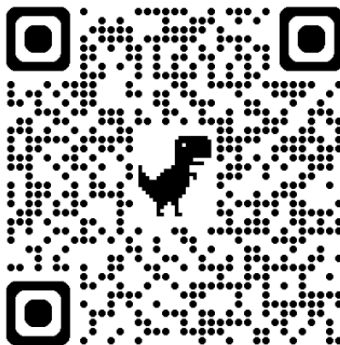
**Towel Stretch for Extension:**

Use a towel, sheet etc to help stretch your knee straight. Do as much as needed to get knee as straight as the other side.



**Ankle Pumps:**

Simply move your ankle back and forth as much as possible to help avoid stiffness and improve circulation through your leg.



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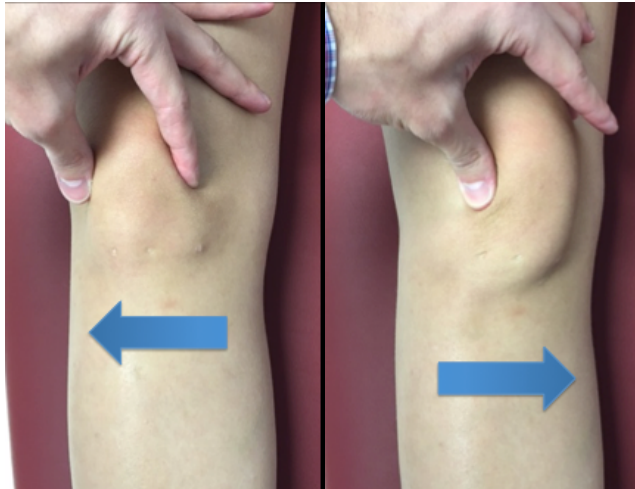
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Patella Mobilizations:

**NOTE:**

If you had your own “BTB” or quadriceps graft, **AVOID** doing mobilizations up and down. It is ok to go side to side.

If you had a donor graft, it is ok to do side to side and up and down motions.



Don't do these if you had your own “BTB” or quadriceps. Its is ok to do these if you had donor graft.



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**Notes:**