CHIPPEWA VALLEY ORTHOPEDICS AND SPORTS MEDICINE
www.cvosm.com

Austin Crow, MD
Chippewa Valley Orthopedics & Sports Medicine
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Post-op Instructions for ACL or Multi-Ligament Knee Reconstruction/ Repair

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

Wound Care/Showering

Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding is normal initially after surgery. You may loosen the ace bandage if it feels tight. Dressing may be removed 2-3 days after surgery or at your first PT appointment.

You may shower 3 days after surgery. Do not soak incisions. Pat incisions dry and reapply dressing. Change the dressing daily until there is no drainage and then you may leave the incisions open to air.

If you develop purulent drainage (thick white or greenish in color) from the wound, increasing redness, or a temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

Pain/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 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.

PREVENTING BLOOD CLOTS

You will likely be discharged with aspirin for blood clot prevention after surgery to be taken twice a day. It is important to take your anticoagulant at the same time every day for the amount of time your surgeon has prescribed it for. If you have a medical concern or high risk for blood clots, you may be prescribed Eliquis (apixaban) or Xarelto (rivaroxaban) and then transitioned to aspirin.

You are also encouraged to move your ankles up and down (ankle pumps) and walk frequently. This helps circulate blood from your legs and reduces your risk of developing a blood clot. TED compression stockings also help reduce swelling and prevent blood from pooling in your legs. You should put the stockings on every morning and remove them before going to bed. It is recommended to wear these compression stockings for 3-4 weeks postoperatively or until instructed by your care team.

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Postoperative Pain Management and Medication Instructions

Listed below are the typical medications prescribed for postoperative pain management after orthopedic surgery. This does not necessarily mean that you will receive all these medications, but this information can be very helpful.
Pain after surgery is expected. The goal after surgery is not to be pain free, but to make it tolerable. Some pain is beneficial as it lets our bodies know what not to do.

It is important for pain management to also to use RICE (rest, ice, compression and elevation) routinely to assist with pain and swelling.

Acetaminophen

This medication is more commonly known as Tylenol. This medication, when combined with the other medications listed below, can amplify overall pain management. Recommended taking this on a regular schedule for baseline pain management.
Max daily dose 3000 mg/day

Ibuprofen

NSAIDs should be taken with food on a regular basis and should not be taken with prescription blood thinners. You can take scheduled or as needed as well with the acetaminophen. For best pain control, you may want to stagger the two medications evenly throughout the day.
Max daily dose 2400 mg/day

Narcotic Pain Medications
Tramadol/Hydrocodone/Oxycodone:

If the above pain medications do not provide adequate pain control this may be used for additional pain management and added to your scheduled regimen. Narcotic medications are stronger and used for “breakthrough pain”. Breakthrough pain is an abnormal increase in pain that is not being well covered by the above medications.
Side effects of narcotics can include constipation, nausea, confusion, cloudy thoughts, and itchiness. Make sure to stay well hydrated, be up and walk short distances frequently, and take over the counter stool softeners as long as you are taking narcotics.

As your pain improves after surgery you can wean off narcotics gradually by increasing time between doses and/or decreasing amount (i.e. cutting tablets in half).

Driving

To drive you must no longer be taking narcotic pain pills. Also, you must feel strong and alert. You may unlock the brace to allow for flexion of the knee while driving. Most people can start driving 1-3 weeks after surgery.

Brace/Crutches

Crutches and the hinged post-op brace are required following surgery. Weight bearing as directed by your surgeon and direction of nursing/physical therapy.

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Your brace should be left on at all times initially unless otherwise directed. 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 sleeping, and when doing your exercises.

Your brace will be set at approximately 0-10 degrees of flexion initially after surgery. The brace should be left in this position at all times, except when attempting gentle passive range of motion until further directed by PT at your first session. If you are uncomfortable changing the brace settings, leave it in the locked position until your first PT appointment.

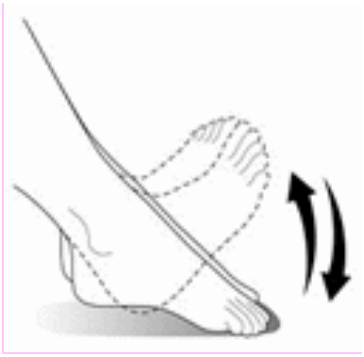
Activity/Exercises

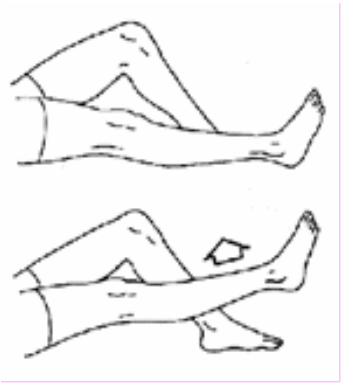
Range of motion

During range of motion exercises, you may unlock the brace to allow for flexion exercises as tolerated unless otherwise directed by your surgeon. Using your hands at your upper thigh to bend your knee and then straighten it. You should spend approximately 10 minutes 3 times per day working on this.

Home Exercises

1. **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.
2. **Straight Leg Raises**- While maintaining the tightened quad position, slowly raise the straightened leg off the floor and hold for 5-10 seconds.
3. **Vigorous foot, ankle, and toe movement—**20 pumps per waking hour.





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Follow-up

Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 10-14 days after surgery.

Please call the office or contact your provider team on the portal with any questions or concerns.

Dr. Austin Crow

Chippewa Valley Orthopedics and Sports Medicine

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