

Post-Operative Instructions: ACL Reconstruction

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1. Before you leave the hospital, you will be given a prescription for an anti-inflammatory pain medication, Toradol (Ketorolac) 10 mg. You should take one tablet every six hours around the clock for five days, regardless of whether or not you have pain. Check with the recovery room nurse as to what time to take your first dose. You should not take any aspirin or other anti-inflammatory medications (*e.g.*, Advil, Ibuprofen, Aleve, Orudis) while you are taking the Toradol.

2. You will also be given a prescription for another pain reliever. This medication contains a narcotic with acetaminophen (Tylenol). Use the medication as directed and only as needed for pain. The medication is better tolerated when taken with some food. As the pain starts to dissipate you should wean off this medication; you may take Tylenol instead.

3. Beginning on the sixth day after surgery (after you have finished the Toradol), and only if you have no history of stomach ulcers, frequent stomach upset, or intolerance to aspirin, you should take 2 aspirin tablets (regular strength) twice each day on a full stomach (*e.g.*, with breakfast and dinner) for 3 weeks. This will help reduce swelling and inflammation in the knee and also aid in the prevention of blood clots. You may substitute Ecotrin (coated aspirin), Bufferin, or Ascriptin.

4. Use the crutches and put partial weight (about 25%) on your operated leg with the brace locked. Gradually increase the amount of weight you apply. You can expect to use the crutches for 4 weeks.

5. Use the continuous passive motion (CPM) machine three times each day, for 1 hour at each session. Begin with a setting of 0° to 30° during the evening after your surgery. Unlock the brace, using the levers on each side of the hinge. Increase flexion each day as tolerated; the goal is 90° at 10 days. After each CPM session you must lie down with a pillow under the ankle (so that

nothing touches the back of the knee) for 30 minutes. This will encourage the knee to fully straighten.

6. The brace should remain on and locked at all times. Unlock the brace when you use the CPM machine. Remove the brace only when you change the dressing (see below).

7. When you return home, elevate the leg on some pillows. The pillows should be placed under the calf so that the knee stays straight. For the first week be sure to elevate the leg whenever possible. Place an ice bag over the dressing for about 20 minutes three or four times a day for the first 5 days. You may open the brace to allow the ice to better cool the knee. Continue to elevate the leg on pillows when you go to sleep until there is no swelling in the knee or leg.

8. The dressing put on in the operating room should remain in place for 24 hours. It must be kept dry. At 24 hours, you should remove the brace, unwrap the ace bandage and remove the cotton and gauze dressings. The paper strips that cover the skin incisions should be left in place. Do not get the incision wet. Place sterile gauze pads or dressing sponges over the incisions and rewrap the ace bandage. Reapply the brace. Repeat this procedure each day until your follow-up visit with me.

9. Call my office on the day following surgery to schedule a follow-up visit for ten days after surgery.

10. If you have any of the following call me immediately at the office or via my answering service: calf or lower leg pains that make it difficult to walk; inordinate pain or undue swelling in the foot; significant bleeding through the dressing; numbness; coldness or tingling in the foot. (Please note that some staining of the dressing is normal.) If you cannot reach me go to the hospital's emergency room (or another hospital emergency room if you prefer) to have the problem checked.

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