



POST-OPERATIVE INSTRUCTIONS

ACL Reconstruction

Dr. Colten Luedke

MEDICATION

- A strong pain medication has been prescribed for you. Take as instructed and as needed.
 - o Pain medication may cause constipation. You may take an over the counter stool softener (Colace, Senekot, etc) to help prevent this problem.
 - o You should take these medicines with food or they may nauseate you.
 - o You may not drive or operate heavy equipment while on narcotics
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 10-12 hours after your surgery). **DO NOT WAIT UNTIL THE BLOCK COMPLETELY WEARS OFF.**
 - o Most patients find it helpful to take two pills 10-12 hours after surgery and another two, four hours later to help transition to oral pain medications.
 - o The first 48 hours are typically the worst for pain and gradually improves.
- Take one aspirin (81 mg) once a day for 30 days to prevent blood clots
- Resume all home medications unless otherwise instructed.
- Call immediately to the office, (979) 776-0169, if you are having an adverse reaction to the medicine or have any questions

WOUND CARE

- Immediately after surgery, if you feel your bandages are too tight, you may loosen the ace wrap only.
- You may remove your bandages 72 hours after surgery unless instructed otherwise. **Do not remove the steri-strips** (small pieces of tape) covering the incisions. If they fall off, cover incisions with band-aids. Keep the steri-strips and incision sites covered with a clean bandage at all times until follow up.



- Incisions may not get wet until after your first postoperative visit. NO submersion of wounds (bath, hot tub, pool) until instructed.
- To shower or bath with your dressing still on, wrap the leg in a large plastic garbage bag with tape at both ends. After you remove your dressings, wrap with plastic wrap or use waterproof bandaging. Pat dry if knee gets wet.
- Continue to use the bag or plastic wrap to keep incisions dry for at least 2 weeks after surgery.
- NO submersion of wounds (bath, hot tub, pool) is allowed until instructed it to be safe.

CRUTCHES

- Toe touch weight bearing (resting toe on the ground) as tolerated with your brace on the involved leg is allowed unless instructed otherwise after surgery to help with balance and stability.
- Crutches will be needed until your physical therapist and Dr. Luedke deem them unnecessary. This decision will be based on strength in the involved leg and your ability to walk with a normal gait (heel to toe walking without a limp).

BRACE

- The post-operative brace, locked in full extension, is to be worn at all times while up and about until your first post-operative appointment.
 - **You may remove your brace when sitting or lying down and perform gentle range of motion up to 60 degrees**
- It is necessary for even the simplest tasks such as going to the restroom to protect your repair.
 - **We encourage you to gently bend the knee from straight to 60 degrees flexion in the first few weeks – can remove brace for this**
- Dr. Luedke or your physical therapist will instruct you when to open the brace and discontinue the brace.

EXERCISE -It is very important to start physical therapy ASAP

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- Following surgery 4 main goals exist:
 - 1. Regain full knee extension ****the most important****
 - 2. Quadriceps contraction and activation
 - 3. Control of pain and swelling.
 - 4. Maintain patellar mobility
 - Exercises for ACL Surgery Recovery (1 Week Post-Op) [[1](#)]
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- During the first week after ACL surgery, exercises are focused on regaining range of motion, reducing swelling, and protecting the healing graft.
- To help gain full knee extension, place a small rolled up towel under your ankle and push the back of your knee toward the floor by contracting your quadriceps muscle.
 - **NEVER place towels or pillows under the knee or allow the knee to rest slightly flexed**
- Depending on your limitations after surgery, several exercises will be beneficial for you at home: quad sets, ankle pumps, and straight leg raises will be demonstrated to you after surgery and should be done 3-4 times a day for 25 reps.
- DO NOT put pillows under the knee while you sleep. This can lead to a flexion contracture. Instead, place the pillows under your heel to ensure full knee extension.
- Elevate your leg for several days if you are sitting to help with swelling.
- Being up and around after surgery will help diminish the risk of blood clots.
- Therapy is a key aspect of recovery and should start within 2-3 days after surgery.

SLEEP

- Nighttime will probably be the most uncomfortable time. You should use the sleeping aid as prescribed to assist you in resting well.
- You should sleep in your post-op brace until your first post-op visit where you will get additional instructions depending on your progress.
- You may slightly loosen the straps to aid in sleeping if you feel they are



tight.

COLD THERAPY

- Ice or cryo-cuff (if you are given one) should be used for comfort and swelling. Use it at least 20-30 minutes at a time at least 4 times daily. Many patients use it an hour on then an hour off while awake for the first 2-3 days.
- Never apply directly to exposed skin. Place a dishtowel or t-shirt between your skin and the ice or cryo-cuff.
- A simple bag of frozen peas may be used as an inexpensive ice pack. Buy several bags of peas, place in a gallon size zip-lock bag making them about an inch thick and removing as much air as possible. Return to freezer, lying flat after you have finished.

BRUISING

- The lower leg may become swollen and bruised, which is normal. This is from the fluid and blood from the knee moving down the leg and should resolve in 10- 14 days.
- If you experience severe calf pain and swelling, call the office immediately.

EMERGENCIES • If you have an emergency contact Dr. Luedke's office at (979) 776-0169 and he will be contacted.

- Contact the office if you notice any of the following:
 - Uncontrolled nausea or vomiting
 - reaction to medication
 - inability to urinate
 - fever greater than 101.5 (low grade fevers 1-2 days after surgery is normal)
 - severe pain not relieved by pain medication/ice/elevation of leg
 - redness or continued drainage around incisions (a small amount is normal for a few days)
 - calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**



DRIVING

- You may drive when off all narcotics and have stopped using crutches.
- You must be able to brake firmly and comfortably.

If you have any questions, please do not hesitate to contact the office.

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- **Recommended Exercises**
- **Isometric Quadriceps Contractions:** Lie on your back with your knee extended. Tighten your quadriceps muscle without moving your knee. Hold for 5 seconds, then relax.
- **Heel Slides:** Sit or lie down with your foot on a towel. Gently slide your heel towards your buttocks, bending your knee. Hold for 5 seconds, then return to starting position.
- **Ankle Pumps:** Sit or lie down with your leg straight. Point and flex your toes, pumping your ankles up and down
- **Straight Leg Raises:** Lie on your back with your knee extended. Slowly lift your leg straight up towards the ceiling, keeping your knee locked. Lower it back down gently
- **Knee Extension Exercises:** Use a leg press machine or resistance band to extend your knee against resistance. Start with light weights or resistance.



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- **Hamstring Stretches:** Sit or lie down and gently pull your heel towards your buttocks, stretching your hamstrings.
- **Additional Tips:**
- Avoid activities that put weight on your knee, such as walking or jogging.
- Use crutches or a walker as needed.
- Apply ice to your knee for 30 minutes at a time, several times a day.
- Elevate your leg above your heart whenever possible.
- Take pain relievers as prescribed by your doctor.

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