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Post-operative instructions after ACL reconstruction: Dr. Ryan Siwiec

DAY OF SURGERY

Diet: Begin with liquids and light foods (jello, soup, etc). Progress to your normal diet if you are not nauseated.

Medication: You have been given a prescription for narcotic pain medicine. These types of medications can cause numerous side effects including nausea, constipation, sedation and confusion. Narcotic pain medication should only be used for 1 to 2 weeks after surgery. You should not drive while taking narcotic pain medication. It is recommended that a stool softener be used while taking this medication. Any over-the-counter stool softener or laxative, such as Colace, Dulcolax, or Senokot, is appropriate. At any time, acetaminophen (Tylenol) may be substituted instead of your narcotic medicine and used for pain control. One gram of Tylenol can be taken safely by most patients every 6 hours. Do not exceed 4 grams of Tylenol in a 24 hour period. Do not combine with alcohol. It is normal to have pain and swelling in your knee after surgery. DO NOT use any Non Steroidal Anti-Inflammatory Drugs (NSAID's) such as Ibuprofen, Motrin or Aleve for at least 6 weeks after surgery.

Ice: You will be given an Active Ice cold therapy wrap, post-operatively. Keep the ice on your knee for 40 minutes at a time, then 20 minutes off. Continue to use the ice as often as possible for the first 5-7 days, then as needed for pain relief.

Bandage: Leave bandage on the knee. Keep dry. The bandage may be slightly bloody or wet from the surgical site. This is normal.

Showering: No showering.

Activity: Rest as needed. Elevate leg with a pillow placed under ankle. Keep leg elevated above the level of your heart as necessary to decrease swelling. Do not keep a pillow under your knee!

Crutches/Brace: Your leg will be placed in the brace postoperatively. You will need to wear this brace at all times. However, you may unbuckle and remove the brace while resting to allow the ice to be more effective. Wear the brace while sleeping. The brace should be locked in full extension until your first

postoperative visit with Dr. Siwiec or your first PT visit under their guidance. You will only be ambulating

with Partial weight-bearing (PWB) unless otherwise instructed. You must use your crutches.

Exercises: Begin ankle pumps only.

FIRST AND SECOND POST-OPERATIVE DAY:

Medication: Continue to take pain medication as needed every 4-6 hours.

Ice: Continue to ice your knee 40 minutes at a time.

Bandage: Leave bandage on the knee. Keep dry. The bandage may be slightly bloody or wet from the surgical site. This is normal.

Showering: No showering.

Crutches/ Brace: Continue as above. The brace should be worn at all times, except while icing the knee.

Exercises: The Physical Therapists will instruct you on the Home Exercise Program. Please do these exercises 2-3 times daily.

These exercises will include:

* Towel roll under heel

* Isometric Quadriceps strengthening

* Straight Leg Raises (in brace), Active Flexion (bending) / Passive Extension (straightening).

Goals include: Walking with the knee in extension using crutches as needed, Ability to lock and unlock the brace, Obtaining full extension, Range of Motion: 0-90 degrees, and Full weight-bearing by 2 weeks postoperatively. DO NOT TRY TO ACTIVELY STRAIGHTEN YOUR OPERATED LEG.

THIRD POST-OPERATIVE DAY UNTIL RETURN VISIT

Medication: Continue to take pain medication as needed every 4-6 hours.

Ice: Continue as before.

Bandage: You may remove the ACE wrap and operative dressings on post-operative day #3. Keep the incisions clean and dry. Place band-aids or dressings over the wounds and change them daily. If Steristrips are present, do not remove them. DO NOT put any ointments or bacitracin on the incisions.

Replace the ACE wrap onto the leg, for compression, to help with post-op swelling.

Showering: You may shower only if the wounds are dry. Place a plastic bag or saran wrap over incisions for showering until sutures are removed. DO NOT GET THE WOUND WET. You may gently wash around

the incision with a washcloth, and then gently pat the area dry. DO NOT soak your knee in water or go swimming in a pool or the ocean.

Exercises: Continue exercises.

Driving: You will be unable to drive for 4-6 weeks after surgery. You can not operative a vehicle while on a narcotic pain medication. In addition, you MAY NOT drive a motor vehicle until you have been able to .

discontinue both the brace and crutches. It is important to regain adequate quadriceps control before operating a motor vehicle. It is important that you feel very confident in your ability to respond efficiently before attempting to drive. Make sure you can safely get in and out of your car.

Appointment: A follow-up appointment should be scheduled for you. If you didn't receive an appointment, or if you need to change your appointment time, please call our scheduling secretary at:

Center for Advanced Orthopedics: 248-377-8000

Knee Response to Surgery: Your knee will be swollen. It may take 4 weeks or longer for all of this to go away. It is also common to notice bruising around the thigh and calf as the swelling resolves. If excessive bleeding occurs, please notify my office. 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 walk long distances. Too much walking will cause the knee to swell and hurt, which will prevent the knee from getting straight.

Problems: If you develop severe pain, a fever greater than 101.5, redness or thick, yellow drainage from the surgical incision site, excessive bleeding, redness or painful calf, or persistent nausea and vomiting please call our office.

Monday through Friday: 8 a.m. to 5 p.m.

Center for Advanced Orthopedics: 248-377-8000

Weekends and Evenings

Answering Service: 248-656-7855

Dr. Siwiec mobile: 248.961.1243

Meniscus Repair: WBAT while locked in extension. 0-90 degrees ROM when not WBing

Timeline Goals:

0-2 wks: decrease swelling and regain full knee extension and 90deg flexion

Goal to discontinue crutches @ 2-4 weeks postop

3 months: jogging straight ahead

9-12 months: return to sport per protocol