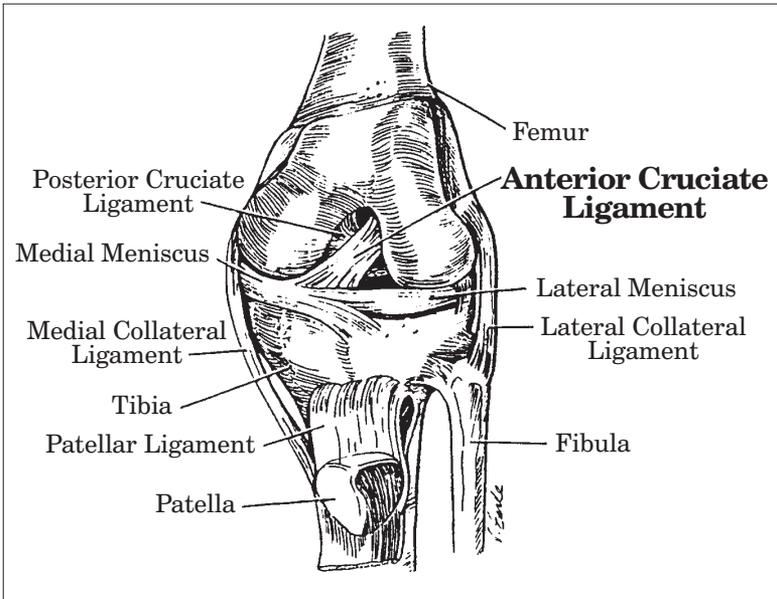


Anterior Cruciate Ligament Surgery



General Information

The Anterior Cruciate Ligament (ACL) plays an important part in knee stability. It is the strongest ligament in the knee and allows you to stand, walk and run.

Anterior Cruciate Ligament Surgery involves providing the damaged ligament with additional tendon support or replacing the ligament with a tendon. This replacement tendon may be taken from the same knee area, the opposite knee, or rarely, an autograft ligament from another person may be used.

Preparation for Surgery

- Before your surgery date, buy or rent crutches as you may need them for several weeks after surgery.
- Your surgeon **may** ask you to purchase an ice compression device (used to decrease pain and swelling) and knee brace if necessary. (Examples of ice compression devices are Cryocuff, Polar Care Cub. Read the package insert which explains their use).

After Your Surgery

After your operation you will go to the Recovery Room. A nurse will check your blood pressure and pulse frequently. You will wear an oxygen mask for a short time. It is important to tell the nurse if you are having any kind of discomfort.

- Your leg/foot may be coloured pink due to cleaning with a red antiseptic in the operating room.
- Your nurse will frequently check the circulation in your foot. Notify your nurse if you notice any numbness, tingling, or coolness of your foot.
- The intravenous will remain until you are able to drink fluids.
- The nurse will give you a pamphlet with instructions.

Discharge Information

Pain

- The sensation of “splashing” of fluid in the knee is normal and will gradually disappear.
- Take the pain medication as ordered by your doctor. If you experience any adverse effects, stop the medication and notify your doctor.
- Do not drink alcohol when taking pain medications.

Bandage

- You will have an elastic tensor bandage on your knee. It may be:
 - A tube like sock from mid calf to thigh. Ensure that this does not get wrinkled behind your knee. Do not remove it until you see your doctor.
- or**
- A wrapped tensor bandage (mid calf to mid thigh). Remove this and rewrap it twice a day, from the mid calf to the lower thigh. You may remove it for exercises.
- Do not change the bandage until your follow-up appointment unless it gets wet.
- The elastic bandage may also have padding under it. If the bandage feels too tight or you feel numbness and tingling in the foot, loosen the padding/ bandage.
- Do not uncover the knee until you see your doctor at your follow-up appointment.

Bleeding

- If bleeding occurs, apply pressure for 10–15 minutes or until the bleeding stops.
- If bleeding continues, call an ambulance and go to Emergency.

Swelling

- It is normal for your knee to be swollen and uncomfortable for a period of time after your operation.
- To reduce swelling, starting on the day of surgery:
 - a) Raise your leg on 1-2 pillows
 - b) Apply a covered ice bag (or Cryocuff) for 15 minutes
 - c) Move your foot in circles and up/down

Bathing

- If okay with your surgeon, you may shower but wear an enclosed plastic bag to protect your knee dressing from getting wet if authorized by surgeon. Sponge bath is preferred.
- If your bandage gets wet, change it to prevent infection. You can buy sterile dressings at the drugstore.

Activity/Rest

- Recovery after surgery is gradual. It is normal to feel weak and to tire easily during your first week or two at home. Alternate your periods of rest and activity.
- To improve the movement and circulation to your foot and leg, we encourage you to move them frequently.
- The purpose of this surgery is to gradually improve the function of your knee. To regain movement and strength, it is important that you follow the exercises in this pamphlet.
- Use extra pillows to support your leg while in bed for the first 48 hours only. After 2 days, rest with your leg straight.
- If sitting for long periods, rest your leg on a couch or stool. Ease your knee into a straight position.
- Plans for returning to work are dependent on the nature of your job as well as your general health and recovery. Discuss this with your doctor.

Use of Crutches

- At first walk using the crutches at all times to protect your knee.
- Unless told otherwise, start by putting a little weight on your repaired leg and gradually increase to full weight-bearing after two to three weeks.
- The crutches come forward **at the same time** as your repaired leg, followed by a step through with your other leg.
- You should walk as normally as possible, using the crutches to take weight off your repaired leg as needed (i.e. walk, not **hop** with crutches).
- Managing stairs with crutches can be difficult, so use a railing whenever possible and hold the extra crutch sideways along with the remaining crutch (or let someone else carry it for you!)
- Remember when going:
 - Upstairs:
 - good foot first
 - crutches and repaired leg follow
 - Downstairs:
 - crutches and repaired leg first
 - good foot follows

After surgery, while on crutches, you may find the following tips helpful:

1. Wear safe footwear.
2. Wear loose fitting sportswear.
3. Use a backpack.
4. Carry sealed beverage containers (use caution when carrying hot beverages).
5. Don't stand on your feet for long periods of time especially if your leg is swollen.
6. If your leg is swollen, raise it as needed.

Muscle Spasms

A few people experience hamstring muscle spasms in the back of the leg after surgery. These symptoms are due to the spasm of the muscles in this area. Sitting upright with your leg elevated high can cause this spasm. Laying flat and putting covered ice on your knee usually helps. This spasm does not hurt your surgical area and it is important to continue your exercises.

Nausea

Occasionally people feel sick after an anesthetic. If you feel sick, we advise you to drink clear fluids and take over-the-counter Gravol by mouth or suppository. Follow the package instructions, unless your doctor states otherwise. Gravol is the trade name for dimenhydrinate. (It may be less expensive if requested by the name dimenhydrinate at the Drug Store).

Urinating

If you are unable to pass urine and your bladder is feels full, put warm washcloths on your lower stomach or pour warm water over your genitals to allow your body to relax and let the urine come out. If you are still unable to urinate 8 hours after surgery, go to your nearest Emergency Department.

Diet

Remember that a well-balanced diet is important for wound healing. You may eat when you feel like it but take small amounts at first.

Most prescription pain medications cause constipation. To prevent this, include high fiber and plenty of fluids in your diet.

Do Eat:

- grain breads
- bran cereals (All Bran, Bran Buds, Fruit & Fiber)
- fruits (prunes, raisins, dates, bananas, apples)
- vegetables (broccoli, corn, beans, potatoes)

Ask your doctor or pharmacist about a mild laxative or stool softener, such as Colace.

Follow-Up Appointment

- If you have not made a follow-up appointment, call the doctor's office/Sports Medicine Clinic to arrange an appointment for 7–10 days after surgery
- During this doctor's appointment, discuss any Physiotherapy required, use of crutches, bathing instructions, progression of weight bearing activities and eventual return to activities including sports and work.

Notify the Doctor or go to the Emergency Department if any of the following happens

- pain unrelieved by your prescribed medication
- pus-like (yellow or green) drainage from your knee
- continuous bleeding
- numbness, tingling, coolness or change in colour to your leg/foot (ie. calf pain, difficulty moving toes/ankle up and down)
- continued severe swelling in your leg/foot
- chills or fever (38.5°C/101.3°F or higher)
- difficulty passing urine
- continuous or severe vomiting
- you have (unusual for you) shortness of breath or chest pain

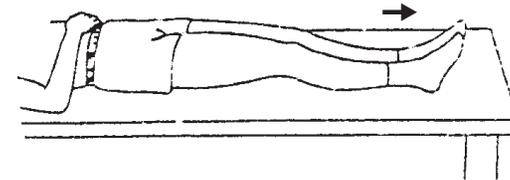
Knee Exercises

You must do these exercises to maintain or improve your knee movement and prevent stiffening. It is normal to have some discomfort during movement. Use ice to control pain and swelling. Apply to your knee for 10 minutes prior to exercising. Also, it may help to take your pain medication 30–60 minutes before exercising.

- Begin these exercises gently the day of surgery and progress gradually as tolerated.
- If you have difficulty understanding or doing these exercises, contact the physiotherapist that you will be seeing for your knee rehabilitation program or contact your surgeon.

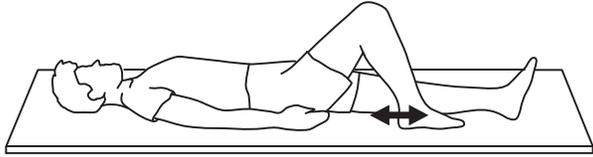
Knee Straightening

- While lying flat, allow your knee to slowly and gently stretch into a fully straightened position. Hold 5-15 seconds as tolerated. Repeat 4 times a day.
- NEVER force or bounce your knee straight or push past 0° (hyperextension)



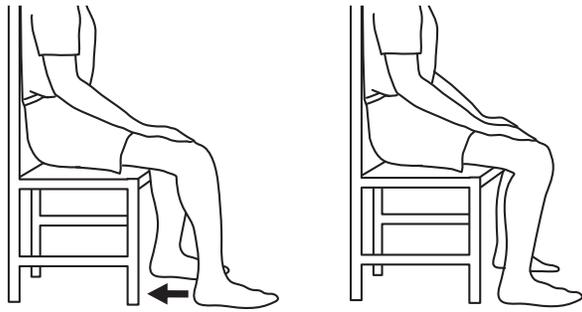
Knee Bending - Lying

- Bend your knee, pulling your heel toward your buttock, by sliding your foot along the surface of the bed. Hold in the bent position for 5-15 seconds as tolerated, then straighten. Repeat 4 times a day.



Knee Bending - Sitting

- Keep your feet on the floor.
- Slide the foot of your affected leg back, bending your knee. Hold this position for 5-15 seconds as tolerated. Repeat 4 times a day.



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