

POST-OPERATIVE INSTRUCTIONS

ACL Reconstruction

Anterior Cruciate Ligament Reconstruction

Questions or a problem after surgery? Call Dr. Wichman's office at **414-479-7000**.

Diet

1. Begin with clear liquids and light foods (jello, soup, toast, etc...)
2. Progress slowly back to your pre-op diet as tolerated
3. Try to avoid taking narcotics on an empty stomach to avoid nausea

Wound Care

1. Take good care of your operative dressing. You may loosen bandage if foot or ankle swelling occurs
2. It is normal for the knee to bleed slightly and swell after surgery
3. If blood soaks through bandage, do not panic. Reinforce with additional dressings as needed.
4. Remove your surgical dressing on second post-operative day
5. If steri-strips are present, they should remain in place until first post-operative visit
6. If minimal drainage is present, cover incision with band-aids and change daily.
7. To avoid infections, keep surgical incisions clean and dry. – Please cover incisions with waterproof bandages or Press-and-Seal for showering. NO immersion of leg in water (ie: bath or pool)

Medications

1. Pain medication is injected into the wound and knee joint during surgery. This will wear off in approximately 8-12 hours from surgery.
2. Most patients will require a short period of narcotic pain medication. This should be taken as directed on the bottle
3. Norco (hydrocodone/tylenol) or Percocet (oxycodone/Tylenol)
4. Take 1-2 tablets every 4-6 hours as needed for pain.
5. Maximum of 12 pills per 24 hour period
6. Do NOT take additional Tylenol (acetaminophen) while taking these medications. Many products contain this medication (cough meds, cold meds) and can lead to liver damage.
7. Common side effects of narcotic pain medications are nausea, drowsiness, and constipation. Use a stool softener (Colace, senokot) or laxative (Miralax) as needed
8. Aspirin (81mg or 325mg, as instructed by your doctor) should be taken daily to gently thin the blood and decrease your risk of a DVT/Blood clot.
9. If you are having problems with nausea and vomiting, call the office to see if the medication should be changed or additional medications prescribed.
10. Journavx (suzetrigine): If you were prescribed Journavx, take 2 tablets (your one-time starting dose) with a small sip of water before leaving home the morning of surgery. Then take 1 tablet every 12 hours, starting 12 hours after your first dose, as directed. Take the starting dose on an empty stomach, and avoid grapefruit while taking this medication.
11. Do not drive a car or operate heavy machinery while taking narcotics.

Activity

1. Elevate operative leg to chest level when possible to decrease swelling
2. Do not place pillows under knee (avoid long periods in flexed position). Place pillows under foot/ankle to elevate leg.
3. Avoid activities that increase pain/swelling until first post-operative visit. Also avoid prolonged standing or walking.
4. Avoid long periods of sitting (without leg elevated) for any long distance travelling for the first two weeks after surgery.
5. No driving until instructed by medical team
6. You may return to sedentary work or school 3-4 days after surgery, if pain is tolerable.

Brace

1. You may be discharged from surgery wearing a brace. This should be worn fully extended (with leg straight) ALL TIMES (day and night) except for hygiene and post-operative exercises.
2. You may remove brace for exercises done in a sitting or lying position without weight bearing.
3. May remove for shower.

Ice Therapy

1. Begin immediately after surgery
2. Use ice machine or ice packs every 2 hours for 20 minutes until your first post-operative visit.
3. If an ice machine was prescribed, may use continuously until first post-operative visit. Remember to protect the skin to avoid thermal injury (frostbite)

Exercise

1. Begin exercises on post-operative day one. (Straight leg raises, quad sets, heel slides and ankle pumps)
2. Discomfort and knee stiffness is normal for several days after surgery –it is safe and preferable to bend your knee (unless Dr. Wichman instructs you not to)
3. Complete exercises 3-4 times daily until your first post-operative visit. Your goal is to have complete extension (fully straight) and 90 degrees of flexion (bending) by your first post-operative visit (unless instructed otherwise)
4. Perform ankle pumps throughout the day to reduce risk of blood clot in your calf.
5. Formal physical therapy (PT) will be discussed at your first post-operative visit with a PA, typically 7-14 days after surgery.

When to Call Us

Contact Dr. Wichman at 414-479-7000 if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Redness around incisions
- Fever (above 101.5°F) - It is not uncommon to have a low-grade fever for the first day or two following surgery.
- Color changes in foot, ankle, or lower extremity
- Continuous drainage or bleeding from incisions (a small amount of drainage is expected.)
- Difficulty breathing
- Excessive nausea or vomiting

If you have an emergency after hours or over the weekend, call 414-479-7000 to be connected to the "on-call" physician or physician assistant. Do NOT call the hospital or surgery center.

If you have an emergency that requires immediate attention, call 911 or proceed to the nearest Emergency Room.