

Post-Operative Instructions:

ACL Reconstruction

Diet:

- Begin with clear liquids and light foods (jellos, soups, etc).
- Progress to your normal diet if you are not nauseated.

Wound Care:

- Maintain your operative dressing, loosen your ACE bandages if swelling of the foot or ankle occurs or you feel that it is too tight
- It is normal for your knee to bleed and swell from your surgery- if blood soaks onto your ACE bandage, do not become alarmed – reinforce with additional dressing.
- Keep dressing intact until your first post-operative appointment. If dressing falls off please replace with clean, water-proof Band-Aid.
- Keep steri-strips in place.
- To avoid infection, keep your incision clean and dry – you may shower by placing a large garbage bag over your brace, starting the day after surgery – NO immersion of the operative leg in water (i.e. bath)
- Brace may come off for shower.

Medications:

- A pain catheter was placed in your leg before your surgery – this can wean off in 8-12 hours or can last for a few days.
- Pain medications given act on different pain receptors – these should be taken as directed on the bottle starting the day of your surgery until they are gone, with one exception: Oxycodone should only be taken if the other medications are not relieving your pain.
- Primary Medications:
 - 1. Acetaminophen (Tylenol) 1 g PO every 8 hours scheduled [Rx for 45 (500 mg) tablets]
 - 2. Tramadol (Ultram) 100 mg PO every 8 hours scheduled [Rx for 45 (50 mg) tablets]
 - 3. Meloxicam (Mobic) 15mg PO daily [Rx for 15 (15mg) tablets]
 - a. Alternative: Celecoxib1 (Celebrex) 200 mg PO every 12 hours scheduled [Rx for 15 (200mg) tablets]
 - 4. Gabapentin (Neurontin) 200mg every 8 hours [Rx for 45 (200mg) tablets]
 - a. Alternative: Pregabalin (Lyrica) 50 mg PO every 12 hours scheduled [Rx for 30 (50mg) tablets]
- ----- Take medications above as scheduled until they are gone-----
- 5. Oxycodone (OxyIR) 5 mg (1-2 pills) PO every 4 hours as needed (only as needed) [Rx for 30 (5mg) tablets] - Only take this medication if the other scheduled pain medications are not adequately controlling your pain.
- Common side effects of Oxycodone pain medication include nausea, drowsiness, constipation – to decrease these side effects, take with food – if constipation occurs, consider taking an over the counter laxative.
- If you are having a problem with nausea and vomiting please take one of your anti-nausea medications – Zofran. If still having issues please call our office for a possible medication change.

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Activity:

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (ie do not maintain a knee in a flexed or bent position), but rather place pillows under foot/ankle.
- Use crutches to assist walking – you may weight bear as tolerated on your operative leg while in your brace, locked in extension.
- Do not engage in activities which increase knee pain and swelling (prolonged standing or walking) over the first 7-10 days after your surgery.
- Avoid long periods of sitting (without your leg elevated) or long distance traveling for 2 weeks.
- No driving until instructed by Dr. Keller.
- May return to sedentary work ONLY or school in 3-4 days after surgery, if pain is tolerable.

Brace (If prescribed)

- Your brace should be worn fully extended (straight) (When up and active) until otherwise informed by the physician after first post-operative visit.
- Unlock your brace for flexion (bending) and other exercises done in a non-weight bearing position (ie sitting or lying).

Ice Therapy:

- Begin immediately after surgery
- Use Ice every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep leg elevated to the level of the chest when icing.

Exercise:

- Begin exercises 24 hours after your surgery (straight leg raise, towel exercises, heel slides, ankle pumps) unless otherwise instructed by Dr. Keller.
- Discomfort and knee stiffness is normal for a few days after surgery – it is safe and, in fact, preferable to bend your knee (unless otherwise instructed by Dr. Keller).
- Complete exercises 3-4 times daily until your first post-operative appointment- your goals are to have full extension (straightening) and 90 degrees of flexion (bend) by your first post-op appointment unless otherwise instructed by Dr. Keller.
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon)
- Formal physical therapy (PT) will begin after your first post-operative appointment.

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Emergencies:

- Contact Dr. Keller if any are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (>101) or chills. It is normal to have a low-grade fever after surgery.
 - Redness around the incision
 - Color change in toes or feet
 - Continuous draining/bleeding from the incision (small amounts are completely normal)
 - Difficulty Breathing
 - Excessive nausea.

***If you have an emergency please contact Dr. Keller before going to a hospital or emergency room.

Follow-up Care/Questions:

- Please contact Katharyn Chernicky, Dr. Keller's assistant at 248-659-0190. OR email Dr. Keller at RKeller@DL-Ortho.com.
- If you do not already have a post-operative appointment, please call and schedule by calling 248-650-2400 and asking for appointment scheduling.