



### Post-Operative Instructions:

#### ACL Reconstruction with Meniscus Repair

##### 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 or if swelling of the foot or ankle occurs.
- 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.

### 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 **only place 50% of weight** on your operative leg while in your brace, locked in extension.
- Your Knee Immobilizer should be locked in extension when walking but can be open **from 0-90 degrees** of flexion when working on motion and strength. **Do not bend your knee more than 90 degrees** as this will put excessive stress on your meniscus repair.
- 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

- Your brace should be worn fully extended (straight) at all times (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. Remember to not flex your knee past 90 degrees.
- 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.

### Emergencies:

- Contact Dr. Keller if any are present:
  - Painful swelling or numbness
  - Unrelenting pain

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- 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](mailto: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.