

## **Peri-operative ACL Information**

### ***The Sports Medicine Center***

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Injury to the ACL (anterior cruciate ligament) is a common cause of knee disability. The ACL is an important stabilizer of the knee, particularly for lateral (side-to-side) movement and is extremely important for normal knee function in athletically active individuals. Generally speaking, if the ACL is completely torn it does not heal on its own and treatment may be necessary. Not all individuals with a tear of the ACL require surgical repair. The decision for surgery is individualized depending upon the patient's activity level, degree of symptoms, and injury to other parts of the knee (i.e. meniscus cartilage). Reconstruction is performed on an outpatient basis now almost exclusively. The surgery is performed arthroscopically with an incision to harvest a new ACL graft which will function as your new anterior cruciate ligament. Alternatively, reconstruction may be performed with a tendon graft from a cadaver (donor tendon). Surgical time is approximately 90 minutes depending upon the number and extent of associated injuries identified. A complete arthroscopic evaluation of your knee will be performed prior to ligament reconstruction and all injuries to the meniscus or articular cartilage lining of the bones of the knee will be treated at the same time. Arthroscopic photographs of your knee may be provided to you on the day of your post op appointment.

### **Pre-operative Instructions:**

1. Do not eat or drink anything after midnight the night before your surgery.
2. Please discontinue aspirin 10 days prior to your surgery when possible to minimize bleeding.
3. Please discontinue the use of anti-inflammatory medicines such as Motrin, Aleve, Advil, and Ibuprofen one week before your surgery if possible to minimize bleeding.
4. You may take anti-inflammatory medicines such as Celebrex or Mobic prior to surgery because these medicines do not affect your bleeding time or clotting capability.
5. Please discontinue the use of any herbal supplements two weeks before your surgery to minimize anesthetic risks. Some herbs are biologically very important. The following specific herbs should definitely be discontinued prior to surgery: valerian, echinacea, ephedra, ginkgo, kava, garlic, ginseng, and St. John's wort.
6. Please discontinue diet medications such as Phentermine, Contrave, and Hydroxycut 14 days prior to surgery.
7. Anesthesia: The type of anesthesia used is between you and the anesthesiologist. However, we recommend that you strongly consider a general anesthetic with a femoral nerve block (a numbing shot). The nerve block may significantly help with postoperative pain, particularly the first eight hours following surgery.

### **Post-operative Instructions:**

Anterior cruciate ligament (ACL) reconstruction is outpatient surgery but it is not minor knee surgery like a simple knee arthroscopy. Although the ACL is

reconstructed arthroscopically, the recovery time is longer. The following is a list of what you can expect postoperatively:

1. Pain is significant but manageable with narcotic pain medications for the first few days. Narcotic pain medications may be necessary for up to 4 weeks for the average person. You may also take anti-inflammatory medicines with the narcotic medicines after surgery.
2. Driving time: If the surgery is performed on your left leg, you may expect to drive one week after your surgery if you are off all narcotic medications. If the surgery is on your right leg, you may not be able to drive for three to five weeks depending upon the individual. Driving with automatic transmission (as compared to manual transmission) is recommended.
3. Showering: You may change the dressing and shower 48 hours after your surgery. Place band-aids over your incisions. You may bathe before 48 hours after surgery but please keep the bandages on your knee dry (use a plastic bag or plastic wrap). You may have little white strips (steri-strips) across your incisions. Please leave these in place when changing the dressing because they help to hold the edges of your incision together.
4. Crutches: Crutches will be necessary for up to 3 to 4 weeks after your surgery.
5. Icing: Postoperatively, an ice bag placed on top of the knee is recommended to reduce swelling, decrease pain, and decrease inflammation. A cooling device (cryotherapy) can be purchased prior to surgery. This cooling device is recommended to reduce swelling, decrease pain, and decrease inflammation. When applying this to your knee, please do not allow the cooling wrap to directly touch your skin because this may cause blistering. Place the wrap around your knee over an ACE wrap to prevent skin problems. After the first 48 hours, it is no longer necessary to use this continuously but only as needed for pain and swelling. Ask your nurse in the recovery room prior to discharge if you have any questions.
6. Physical therapy: P.T. visits will be needed twice a week for up to 4 months depending upon the individual. We will schedule your therapy visits within the first week after surgery.
7. CPM machine: We recommend the use of a continuous passive motion (CPM) machine at home for the first few weeks after surgery to help you regain your knee range of motion. This will be delivered to your home by Medtrex and you will be instructed in how to use it. Typically, patients begin with the motion machine by the second or third day after surgery. If you do not want this machine, let our office know.
8. When will my knee have full range of motion? The amount of time varies depending upon the individual and the type of graft used. Most people have full range of motion by eight weeks after surgery.
9. Swelling: Significant swelling is normal for the first three to four weeks after surgery and may persist for up to three months.
10. Healing time: Your sutures are usually removed two weeks after surgery if removable sutures are used. The ACL graft used to reconstruct your torn ligament takes about three to four months to heal and revascularize. It usually takes anywhere from four to six months to regain your quadriceps strength and

have a fully healed graft. Average return to sport and aggressive activity is six months after the date of surgery.

11. Return to work: For a sedentary, desk type of job, one can generally expect to return to work in one week. Reduced hours may be necessary initially. For a moderately strenuous job (prolonged standing or walking but no squatting, climbing, or heavy lifting), one can expect to return around six weeks after surgery. For a strenuous job with no light duty available, return to work time can be up to three months.
12. Out of Work Forms: Please provide our office with any forms from work that need to be addressed. The time required to complete these forms is reduced if you answer the non-medical questions (name, address, employer information, date of injury, etc.) prior to turning them over to us.
13. Success rate: The published success rate of ACL reconstruction is approximately 95%, regardless of the type of graft used. There is a 5% chance that the graft either will not heal properly or may be re-injured. The surgery is quite successful in providing you with a stable knee. However, the knee may not feel absolutely normal due to scar tissue, occasional aches or swelling, kneeling discomfort, or from symptoms related to damage to other structures in the knee (cartilage, meniscus, etc.). Most people with symptomatic knee instability may expect to return to their normal recreational activities including exercise and sports with a high degree of satisfaction.
14. Surgical complications: Most patients hopefully will experience no complications and enjoy a rewarding return to regular activities. However, like most surgical procedures, ACL reconstruction does have post-operative complications. Most complications are minor and include kneeling discomfort, areas of skin numbness around the knee, minor loss of knee motion, persistent swelling, or occasional pain in the knee. More severe and less frequent complications include infection, medical complications from anesthesia, blood clots, severe loss of motion necessitating additional surgery, re-rupture of the graft, or nerve injury.

We hope that your experience with the Sports Medicine Center of Palmetto Health Orthopedics is as pleasant as possible. Dr. Noojin is Board-certified by the American Board of Orthopaedic Surgery and Fellowship-Trained in Sports Medicine and the arthroscopic treatment of knee, shoulder, elbow, and ankle disorders. It is his ambition to return you to activities that you enjoy in the most minimally invasive manner possible utilizing both nonsurgical and surgical methods.