



# ACL RECONSTRUCTION

*Date of Surgery* \_\_\_\_\_

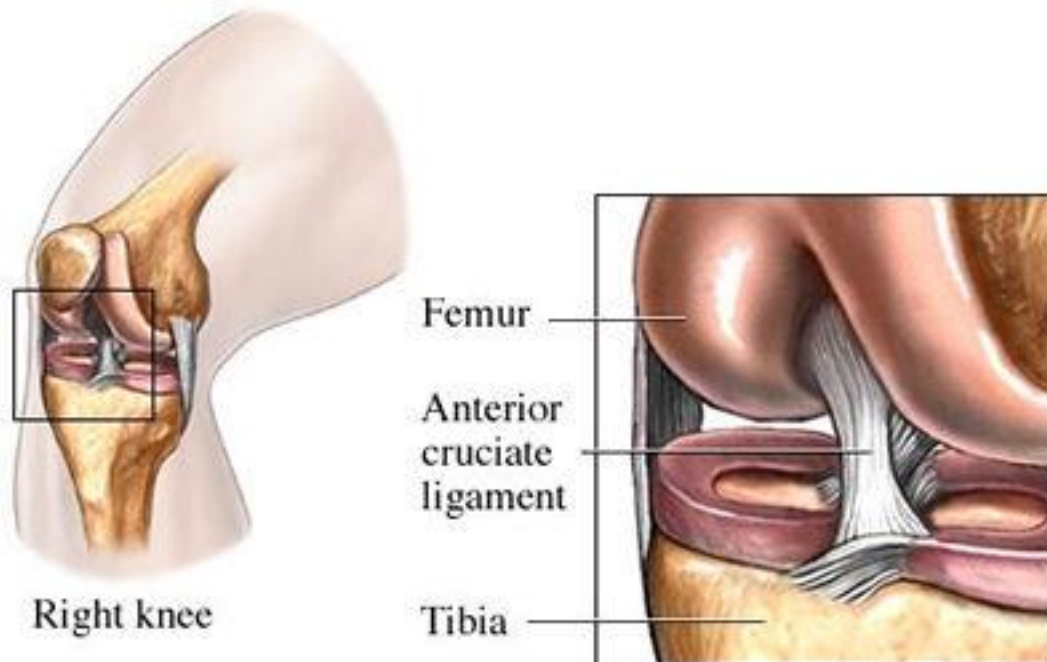
**Please bring this booklet the day of your surgery.**

Quinte Health Form #65

The ACL (Anterior Cruciate Ligament) is the major stabilizing ligament of the knee. The ACL is located in the center of the knee joint and runs from the femur (thigh bone) to the tibia (shin bone). The ACL prevents the tibia (shin bone) from sliding forward on the femur (thigh bone). When the ACL is torn, it allows extra motion in the joint, placing extra strain on the other stabilizers of the knee joint.

The goal of ACL surgery is to restore normal stability in the knee and the level of function you had before the knee injury, limit loss of function in the knee, and prevent injury or degeneration to other knee structures.

ACL surgery may be done by arthroscopy (several small incisions in the knee and inserting instruments for surgery through these incisions) or by open method (using a larger incision in the knee). Your surgeon will determine which surgical method is best for you.



## **Before Surgery**

A pre op physiotherapy appointment will be arranged for you. You will be notified by the hospital of the date and time of the appointment.

## **The Day of Surgery**

Arrive at the hospital at your scheduled time. After admission and preparation for surgery by the nursing staff you will go to the operating room.

The most common types of anaesthetic used are general anaesthetic (which puts you to sleep) or a spinal anaesthetic (which freezes from the waist down). The surgery takes approximately 2 - 3 hours.

## **After the Surgery**

You will remain in the recovery room for 1-2 hours while recovery from anaesthesia is monitored. If you have had a spinal anaesthetic, you may remain in the recovery room longer. Once you are ready to be discharged from the recovery room, you will be taken back to day surgery or to your hospital room.

## After the Surgery

Deep breathing and coughing is very important. To help prevent lung congestion or pneumonia, inhale deeply through your nose then slowly exhale through your mouth. Cough 3 times. Do this 10 times per hour while awake.

Leg and foot exercises (i.e. moving your feet up and down and in circles) are encouraged 10 times per hour to promote good blood flow and decrease the chance of blood clots.



You may have a drain inserted at your incision site called a hemovac. The purpose of the drain is to remove any collection of fluid or blood from around the incision. This is usually removed in 24 hours or when the drainage is decreased. You will have a dressing in place, as well as a knee immobilizer. Staples are usually removed in 10-14 days.

Usually patients go home the same day of surgery or spend one night in hospital. Please have arrangements for someone to take you home and stay with you to help you as needed.

After ACL reconstruction, you will need to do rehabilitation exercises to gradually return your knee to full flexibility and stability. Building strength in your thigh and calf muscles helps to support the reconstructed ACL. Rehabilitation is a very important part of the recovery process after surgery.

### **Prior to leaving the hospital**

A physiotherapist will visit you to review crutch ambulation and strengthening exercises. Continuing these exercises after your surgery is very important to maintain knee range of motion, reduce scar tissue and strengthen weakened muscles.

Education will be given by the nursing staff regarding pain control and care of the incisions.

### **Guidelines for Home**

You may experience some nausea after surgery as a result of the anaesthetic. You may obtain anti-nausea medication at any pharmacy without a prescription. i.e. Gravol (pill) or Bonamine (chewable). Start your diet off slowly.

Resume your regular diet as tolerated. Eat high fiber foods (whole grains, cereals, fresh fruits and vegetables) to help prevent constipation and to keep your bowels soft. Drink adequate fluids (8-10 glasses per day).

Good nutrition promotes healing and helps fight infection. Choose iron rich foods, such as red meats, green vegetables, whole grain breads and cereal.

## **Guidelines for Home**

It is common to feel more tired than normal the first 1-2 weeks after surgery. Get extra sleep at night and taking a nap during the day to help you feel less tired. Have someone available at home to help you as needed.

Take pain medication as directed on a fairly regular basis to promote comfort. Taking pain medication at bedtime will help to get a good night's sleep. Do not drink alcohol while taking pain medication.

Wear your knee immobilizer when walking for comfort and support or as directed by your surgeon.

Crutches are used for about 1-2 weeks. Put only as much weight on your operative leg as advised by your surgeon.

Continue your daily exercises as instructed by the physiotherapist. These are very important to the function and recovery of your knee. It is helpful to take your pain medication 30 minutes prior to doing your exercises.

Elevate your leg above your heart with the help of pillows as much as possible to reduce pain and swelling. Do not place pillows directly under your knee.

Use ice as needed to reduce swelling and discomfort. Apply ice for 10-15 minutes at a time. Leave off for one hour. Do not apply heat to your operative area.

## **Guidelines for Home**

Keep the incision(s) clean and dry. Do not shower or soak in a bath tub, hot tub or pool until advised by your surgeon.

Driving is not permitted until directed by your surgeon.

Return to work is at the discretion of your surgeon.



**Call your Surgeon or go to the nearest Emergency Department if you experience:**

- Increased pain that is not relieved by the prescribed medication
- Signs of infection – including fever, increased redness or swelling along your incision, foul-smelling drainage
- Unusual cough, shortness of breath or chest pain
- Leg tenderness, redness or swelling in your calf
- Increased swelling, tingling, pain or numbness which is not relieved by elevating your leg above your heart for 1 hour



## **Appointment**

Call your surgeon's office to arrange a follow-up appointment.

## **Special Instructions**

## **Questions?**

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