

## DISCHARGE INSTRUCTIONS FOR ARTHROSCOPIC ACL or PCL RECONSTRUCTIVE KNEE SURGERY

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Please reference [www.markayzenberg.com](http://www.markayzenberg.com) and go to “Patient Resources” and then to “Instructional Videos” for some videos that may apply to your care after surgery. Please note: not all surgeries will have instructional videos to review.

### ACTIVITIES:

1. Rest and relax today. Do not resume usual activities.
2. No strenuous activities. No heavy lifting, squatting, or excessive stair climbing.
3. No sports, gym or work until discussed at your first postoperative visit.
4. You may fully weight bear on your operative leg with the brace locked in full extension using crutches.
  - a. The crutches should be used at all times for the first 10-14 days.
  - b. The brace will be worn full time while weight bearing for the first 4-6 weeks after surgery.
  - c. Do not remove brace until instructed by Dr. Ayzenberg except as described below:
5. **Knee exercises:**
  - a. Your first goal after knee surgery is to get your straightness back. You will actually feel more comfortable with the knee slightly bent but it is important to start working on extending your knee immediately. This entails placing a firm but padded cushion/pillow/pad beneath your heel and pushing down on your thigh to straighten out the knee. Do this at least four times daily.
  - b. Practice quadriceps muscle tightening by straightening your knee as much as possible and holding the tension for 10 seconds at a time. These exercises should be performed 10 times an hour and should be done with your brace on. Ability to repeatedly raise your leg off the bed with the knee straight and **the brace on and locked straight** should be the goal.
  - c. While in the seated position or laying, you may remove your brace 5-6 times daily and bend your knee as much as the dressing will allow.
  - d. The brace will be discontinued or transitioned to a lower profile brace by your surgeon once you are able to perform a straight leg raise without any bend in your knee (approx. 4-6 weeks).
6. Please start physical therapy 7-10 days after surgery unless otherwise instructed by your surgeon.
  - a. This script will be provided to you at your first post-op visit at 7-10 days post-op.
  - b. It is important that you attend each session to attain the very best surgical outcome.
7. No driving while taking narcotic medications

## CARE OF OPERATIVE SITE:

1. You may shower keeping the dressings dry and intact. Do not allow water to touch the incisions during the initial 48 hours after surgery.
2. Apply the cryocuff ice machine (if obtained) or ice packs to the operative site for 48-72 hours to control swelling.
  - a. Directions regarding the use of the cryocuff have been provided to you.
  - b. Do not apply cryocuff directly to your skin.
  - c. Change the ice water in the cooler every 12 hour to keep the circulating water cold.
  - d. After the first 72 hours, the cryocuff should be used 3-4 times daily to control pain and swelling.
3. Elevate the surgical leg above your heart for 48-72 hours to help reduce swelling and pain. Sleeping with multiple pillows under your leg (with the brace locked in extension) is helpful.
  - a. After ligament reconstruction, it is normal to have swelling down to your foot and ankle.
  - b. You may reduce swelling in the foot and ankle by pumping your ankles up and down and curling your toes frequently.
  - b. Restrict activity if excessive swelling is present and elevate your leg.
  - c. Please use the white TED hose compressive stocking if it was placed in surgery, until cleared by Dr. Ayzenberg as this helps to control swelling as well as prevent blood clots. This stocking may be removed temporarily for showers or to wash the stocking.
4. Some bloody drainage on the dressings is to be anticipated after surgery.
  - a. If this occurs, do not remove the dressings.
  - b. You may reinforce the dressings with gauze/dressing pads and cling wrap available at the pharmacy.
5. **Dressing care:**
  - a. You may keep your dressings on until your first office visit, or remove them after 48 hours if you would like. If you remove them:
  - b. Wash hands thoroughly before removing the dressings.
  - c. Leave the white tape (steristrips) over your incisions in place. Cover the incisions with **gauze** and waterproof tegaderm or similar dressings that can be purchased at a pharmacy. At 48 hours, you may shower or sponge bathe, but you must keep your knee clean and dry. This usually entails keeping your leg outside the shower or using a large plastic bag taped on to protect your wounds. If the dressings you applied are 100% waterproof and all incisions are covered, then it is OK to let water run over these dressings. You will likely be allowed to shower normally at your first post-op visit
  - c. Do not apply any antiseptic ointment or medicine to the incisions.
  - d. Do not swim, take tub baths, or use a whirlpool until at least 3 weeks post-operatively and cleared by your surgeon.

## MEDICATIONS:

1. Resume your medications and take any prescribed medications that have been added to your medication list. Your medication list is being sent home with you.
  - a. Take your pain medication with food to avoid any nausea or vomiting.
  - b. Eat only light non-greasy foods today. Patients may experience nausea for the first 24 hours after surgery due to the anesthesia received.

- c. Pain medication may cause constipation. If this occurs, please increase your fluid intake (prune juice). You may also try over the counter stool softeners or laxatives.
  - i. Stool softener: Colace twice a day as directed.
  - ii. Laxatives: Milk of Magnesia as directed. (takes several hours to work).
2. In addition to the pain medication, you may take over-the-counter non-steroidal anti-inflammatories to control your pain and swelling (unless otherwise instructed by your surgeon or primary care doctor).
  - a. Take one Aspirin 325 mg daily for 4 weeks.
  - b. 7 days after surgery, you may take Motrin by mouth every 8 hours with food **or** Aleve by mouth every 12 hours with food. It is OK to combine this with Tylenol **ONLY IF** you are no longer using narcotics.
  - c. If your surgeon has placed you on a prescription anti-inflammatory prior to surgery, you may take this instead of the over-the-counter Motrin/Aleve.
  - d. If you are already taking blood thinners, such as Coumadin or Plavix, these medications should not be combined with non-steroidal anti-inflammatories (Advil/motrin/ibuprofen, Mobic, Aleve, Aspirin, Celebrex, Naproxen, and Voltaren). Do not take aspirin if you are currently taking a blood thinner.
  - e. If taking a blood thinner prior to surgery, call your prescribing physician to see when you are to restart your medication.

#### ANESTHESIA:

1. Eat only light non-greasy foods today. Patients may experience nausea for the first 24 hours after surgery due to the anesthesia received.
2. Most patients receive a nerve block for additional pain control during surgery and post-operatively.
  - a. This numbing medication lasts for up to 18 hours before abruptly wearing off.
  - b. You may experience some numbness/tingling or burning in your foot/toes during the first 24-48 hours after surgery.
  - c. Be sure to take your pain medication as directed to avoid severe pain when the block wears off. It is prudent to take the first dose immediately as you feel any sense of pain coming on in order to avoid the abrupt onset of pain.

#### **POST-OP VISIT:**

1. Your first post-operative visit will be 10-14 days after surgery with Dr. Ayzenberg.
2. Please call the office the day after surgery to make or confirm your appointment. The phone number is: (215) 745-4050.
3. If you experience fevers >101.5F, or calf swelling and pain, or any other unexpected symptoms, please call the office or call service immediately.

#### **Emergency Contact**

1. If experiencing a true emergency, please call 911 or go to the ER.
2. Our call service is available for phone calls, which will be answered by a physician.
3. Dr. Ayzenberg provides a cell phone (215-817-9928) specifically for his post-operative surgical patients for them to have the ability to contact him directly with questions. You may text or call that number any time. Please leave a voicemail if calling. **Please note, this cell phone is only checked every other day**, usually in the evening and/or early morning. It is meant to provide a direct line of contact for non-emergent concerns but is rarely answered immediately. To contact him during the day or for a faster response, please call the office.

**Thank you for entrusting Dr. Ayzenberg with your care.**