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(1961-2012)

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## **POST OPERATIVE PATIENT INFORMATION**

### **ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION**

#### **(AUTOGRAFT)**

#### **PROCEDURE**

Your operation will be done in two steps. The longer incision in the front of your knee will be used to take a portion of your patella tendon and to remove the torn or abnormal tissue with special instruments. A smaller incision will be made on the inside of the knee to replace the damaged ligament. Two absorbable screws will be used to hold the new tendon in place.

#### **PAIN**

Dr. Higgins has a very particular routine to help make you comfortable (not necessarily pain free) after surgery. This routine includes over the counter medication, prescription medication and ice. You will be given prescriptions for medicine that will help control pain, nausea, inflammation and infection. You will also be asked to take over the counter medication for pain control. Medication should be taken as directed on the calendar that will be given to you at your preoperative visit. Please take all of the antibiotic medication. The Cold Therapy System, alternative system or ice bags should be worn continuously for the first day and through the night for the first few weeks after surgery. Please be sure to have a layer, such as the bandage, between your skin and the ice, avoiding direct exposure of the cold to your skin. You should take the ice off every 30-60 minutes to complete the exercise program given to you by your physical therapist. The ice and activity will help reduce pain and swelling. Elevate your entire leg above the level of your heart with icing to allow gravity to help decrease swelling. Some patients may go home with a pain control infusion pump. This is a small catheter placed inside the joint attached to a syringe filled with an anesthetic or numbing medicine. You do not need to push buttons or manipulate this device in any way. It will automatically deliver the appropriate dose of medication over the 2-3 days following surgery. Either you or the physical therapist may remove the catheter when the syringe is empty.

#### **BANDAGE**

Steristrips, Band-Aids, a bulky pressure dressing and an ace bandage, an immobilizer and possibly a cold therapy pad will be placed on your knee. The bandages will soak up any blood or fluid that may seep from the incisions. You may remove the bulky dressing the day after surgery. Do not remove the steristrips or Band-Aids. The feeling of water in the knee is normal. It is left over water from the surgery. Some of this water may leak from the incisions and your body will absorb the rest. Reapply

the ace bandage, immobilizer, and cold therapy pad (if using one). Wrap the bandage from the foot upward extending just beyond the knee.

## **WOUNDS**

The incisions may be sore and some swelling and bruising may develop over the first few days following surgery. You may also notice some bruising down your leg. This will go away and no special care is needed. Steristrips will be placed over the incisions and will fall off by themselves or will be removed as needed by your physical therapist. Band-Aids may be changed as needed after the first few days after surgery but never use Neosporin on the incisions.

## **BATHING**

It is safe to bathe 24 hours after surgery. Your skin will have a sticky orange substance on it from the cleansing solution used in surgery. This can be removed by using rubbing alcohol. To bathe, remove the immobilizer, the ace bandage, and bulky dressing. Leaving the steristrips and Band-Aids on, wash with regular soap and water. After you bathe, pat the Band-Aids dry or replace them, loosely reapply the ace bandage wrapping from the lower leg toward the thigh, replace the immobilizer and pad for the cold therapy system.

## **ACTIVITY**

Unless otherwise instructed, you are encouraged to bear as much weight as possible within your pain tolerance after surgery. It is important that your knee is straight and you are not walking with a considerable limp. If there is pain temporarily resume use of your crutches. Remember you will have had a considerable surgical procedure and will be on pain medication. Your feedback from your knee is likely inaccurate. Through the first few days after surgery, be prudent about the amount of walking and weight bearing you perform on your knee. If standing at the counter to brush your teeth or prepare dinner, you are encouraged to shift your weight to your operated leg as early as pain allows. Discontinue using your crutches when you feel comfortable and have regained confidence in your knee and are walking with equal and even strides. This usually occurs in about a week. Remain in an immobilizer until instructed otherwise by your therapist, Kristine James or Dr. Higgins. You will begin physical therapy the day after surgery. Please see your surgery letter for the date and time. If you have misplaced your letter please contact our office at 301-232-1050.

## **RESULTS**

Surgery done through the arthroscope is very similar to the surgery done inside you knee through a larger incision. Even though the holes are small, there has been an operation inside and around the knee joint. Complete healing may take several weeks or months.

## **PRECAUTIONS**

If you have a fever over 101, severe pains, or redness on your knee, please contact the office at 301-232-1050. If it is after hours please call 240-401-0019. Swelling, some drainage and redness are normal.

## **FOLLOW-UP**

Your appointment to see Dr. Higgins or Kristine James has been made for about 1 week after your surgery. Please refer to your surgery letter for the date and time. If you have misplaced this letter, please contact our office at 301-232-1050.