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SPORTS MEDICINE SURGERY & HIP ARTHROSCOPY

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– Cutting edge information on the arthroscopic treatment of the hip, knee and shoulder –

SURGERY INSTRUCTIONS

Anterior Cruciate Ligament Reconstruction

Checklist

- ✓ Physical Therapy Prescription
 - Set up PT 4-5 days after surgery
 - Trainer Rx for supplemental home based rehab (\$75) – Email VanThielMD@orthoillinois.com
- ✓ Medications
 - Paper Prescription*
 - Pain - Norco 10/325 (3 scripts)
 - Sent To Pharmacy*
 - Antibiotic - Keflex 500mg every 6 hr x 1 day (If allergic, Doxy 100 mg twice)
 - Pain - Naproxen 500 mg twice a day x 2 weeks as needed
 - Additional Medications:

- ✓ Brace
- ✓ Ace Wrap
- ✓ Crutches as needed – full weightbearing encouraged (unless meniscus repair performed, then crutches for 4 weeks)
- ✓ Camoped Machine
 - Use 3 hours a day starting post-operative day 1
- ✓ Optional – Ask Clinical Lead
 - Ice Machine - \$200
 - Purchased in DME store.
 - Ice and Compression Machine – Game Ready - \$395 for 3 weeks
 - Compression Stockings - \$23.
 - Help with post-operative swelling. In DME store.
- ✓ **Post Op Visit:**

What to Expect

- The following instructions will help guide you through your recovery. Separate instructions for therapy and exercises will be given and are available at www.VanThielMD.com.
- Dr. Van Thiel's PA (Physician Assistant) Carly Jackson will be closely involved in your care and recovery. A physician assistant is a licensed practitioner that has completed over 2 years of post-college medical training and has the credentials and expertise to treat patients independently.
- **1st Post-Operative Visit** – This will be between 10-14 days after the surgery. You will see Dr. Van Thiel and he will go through your pictures from surgery and answer any questions you have.
- **2nd and 3rd Post-Operative Visits** – Occur at 6 weeks and 3 months after surgery. During these visits you will be seen by Carly Jackson (Dr. Van Thiel's PA) to ensure that you are comfortable and meeting the recovery goals. Ms. Jackson is always in direct communication with Dr. Van Thiel and does have the medical expertise, training and credentials to help you along with your recovery.
- **4th Post-Operative Visit** – Occurs at 6 months after surgery. Dr. Van Thiel will discuss any questions that you have and ensure you are making a complete recovery.
- **Physical Therapy** – Physical therapy can start 4-5 days after surgery. We will assist with setting up a physical therapy upon scheduling your surgery.
- We will contact your insurance company to authorize your surgery, but we suggest that you also contact your insurance company for further information and to verify coverage.

Day of Surgery

- **Diet** – Do not eat anything after midnight the day of surgery.
- When you get to the hospital or surgery center Dr. Van Thiel will come speak with you and confirm the procedure and the side. Feel free to ask any questions.
- The anesthesiologist will also come speak with you. We routinely perform regional blocks for pain control during and after surgery. A regional block is a small injection that will numb the nerves at the operative site for up to 12-30 hours after surgery. These blocks are excellent for pain control.

- **After Surgery** – You will wake up in the recovery room and once you are comfortable and fully awake, the nurses will discharge you to go home.
- **Nerve Block** – The nerve block performed before surgery can last for 1-2 days and will make the leg weak. Care must be taken when putting weight through the leg.

Post-Operative Care

Diet

- Following surgery, nausea is very common. Begin with clear liquids and progress to your daily diet as tolerated.

Wound Management

- A bandage is applied to the operative site.
- It is normal for there to be drainage and for the dressing/ACE wrap to become blood tinged. If this occurs, reinforce with additional dressing.
- Do not remove the dressing until the 3rd post-operative day. Once removed, cover incisions 6 inch ace wrap. If showering, cover leg with plastic bag/tape and keep dry until day 3 after surgery. If the dressing becomes saturated, it is ok to remove the ace-wrap and apply a new ace-wrap.
- If you have a compression stocking, place the compression stocking on the operative leg to help with swelling.
- Keep incisions dry for 3 days after surgery. You may then shower normal after 3 days (running water only). No soaking in bath or hot tubs!
- Sometimes small incisions are made that do not require suture closure. Do not be alarmed.

Activity

- Keep the operative knee in the brace provided at all times, with the exception of showering or when performing therapy exercises.
- The brace may be removed by the therapist to begin range of motion exercises.
- You are encouraged to walk in a controlled environment and avoid prolonged sitting. Crutches may be used to assist with walking and you may put as much weight on the operative leg as you like unless directed by your physician due to meniscus repair.
- Elevate the operative leg with pillows under the foot and ankle to aid in the reduction of swelling.
- No driving until instructed by your physician.

- Generally, if you have a desk job you may return to work on the third post operative day.
- Return to a physically demanding job will be discussed on your postoperative visit.

Exercise

- You may begin exercises 24 hours after the surgery to include ankle pumps and quad sets.
- Formal physical therapy will begin prior to your return visit and it is safe to perform these exercises at home to assist with a return of strength and motion.
- Use the Camoped device for 3 hrs per day. Work on range of motion starting on postop day 1.

Brace

- Week 0-2: Keep the brace locked straight for walking and sleeping. It can be unlocked at all other times.
- To unlock the brace pull the red tabs on each side of the brace back toward the top of the brace.
- Week 2-6: The brace can be fully unlocked and removed for sleeping or around the house.

Ice/Cryotherapy

- An ice machine or ice packs can be used after your surgery.
- Use continuously for the first 72 hours postoperatively, then in 30 minute increments 4-5 times per day thereafter as tolerated.

Medications

- Most patients require the use of narcotics for a period of time after surgery. Take as directed.
- If you received a femoral nerve block, numbness and loss of function may persist for up to 24 hours. You are encouraged to take your prescribed pain medication as indicated on the bottle regardless of pain for the first 24 hours.
- Side effects of pain medication: nausea, insomnia, itching, constipation, drowsiness, hallucinations.
- Take medications with food.
- Do not operate machinery or moving vehicles while taking the pain medication.
- Take the Naproxenn as prescribed for the first 2 weeks to decrease pain. After the first 2 weeks

take ibuprofen or aleve as needed.

Emergencies

- If at any time you have questions or emergent concerns contact Dr. Van Thiel or his physician assistant Carly Jackson, PA-C at (815-398-9491).
- If you are calling after hours or over a weekend you will be directed to the physician answering service and you may be called by the physician or physician assistant on call.
- Please call if any of the following arise:
 - Fever >101. (It is normal to have a low grade fever for the first 1-2 days after surgery)
 - Redness
 - Painful swelling
 - Numbness
 - Shortness of breath
 - Excessive bleeding and/or drainage from incision sites
 - If you require immediate attention, go to the nearest emergency room

Follow-up

- A follow-up appointment will be set for 10 days after the surgery. If you have questions or concerns about this date contact our scheduler at (815-381-7332) during normal office hours.
- If you have additional questions or concerns please call our clinical lead (815-381-7365).