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## **Instructions For: Anterior Cruciate Ligament Surgery With Allograft**

### **Prior to Surgery**

It is necessary to maintain full range of motion in your affected knee, emphasizing strengthening your quadriceps (thigh) muscle by doing straight leg lifts and biking on a stationary bike if possible. Formal physical therapy is recommended.

We require pre-admission testing by your family physician within 30 days prior to surgery. We must have the results in our office at least ten business days before surgery. Fax number 203-407-3558, attention Regina.

On the day prior to surgery, you must call the surgical center at 407-1500 to find out your arrival time for surgery. This is usually two hours prior to surgery, in order to admit you, shave your leg before surgery, etc.

**\*\*Please do not shave your own leg, as this may increase bacterial growth on your skin.\*\***

### **Day of Surgery**

It is a good idea to wear loose fitting clothing or shorts to the Hospital, the brace you will be wearing does not fit under snug pants. Your family may wait with you until you are taken to the holding area. I will see you prior to the procedure, answer any questions, and place my initials on the correct leg.

You will be in the recovery room for about 45 minutes after your surgery.

### **After Surgery**

In the operating room, your leg will be lightly bandaged and a long leg brace as well as an ice pack or ice machine pad will be applied to your leg.



Your I.V. will be taken out in the recovery room after you have successfully emptied your bladder.

We want you to begin physical therapy approximately 3-7 days after surgery. We work closely with Star Physical Therapy, but if no office is convenient, check with your insurance provider for other facilities that are covered. You will be going to physical therapy 3 times per week for 4-5 months after your surgery. You should get a prescription for PT from Regina and arrange for your post-op PT BEFORE your surgery. It is helpful to book your PT dates for several weeks ahead to assure a place in their schedule.

It is also important for you to be doing your exercises on your own to help rebuild the strength and function of your knee. Do them three times daily.

A nurse will work with you before you leave the recovery room. She will instruct you on locking and unlocking your brace; to obtain full extension of the brace, it is best to place a pillow under your foot prior to locking the brace straight.

**IT IS EXTREMELY IMPORTANT TO WORK ON YOUR RANGE OF MOTION ON YOUR OWN. BEGIN THE DAY OF SURGERY. FAILURE TO REGAIN MOTION CAN LEAD TO THE NECESSITY FOR FURTHER SURGERY. EXERCISES SHOULD BE PERFORMED EVERY 2-3 HOURS WHILE AWAKE DURING THE FIRST MONTH.**

\* Perform bedside exercises in order to increase your range of motion and strengthen your quadriceps and hamstrings.

\* Lift your operative leg with your good leg behind your ankle and move to a seated position at the side of your bed.

\* You will use crutches for 4 weeks. You may touch your flat foot to the floor to balance, but do not fully weight bear.

\* Perform active (using your muscles) flexion (bending) of the knee from 0-90 degrees, and passive extension (straightening) of the knee to zero degrees (straight) (USE YOUR NON-OPERATED LEG TO STRAIGHTEN THE OPERATED LEG)



\*Sitting on the floor or a firm bed, place a rolled towel beneath your ankle and push the back of the knee towards the ground in an effort to obtain a completely straight leg. Hold for 15 seconds and repeat.

\* Quadriceps sets: Isometric contractions with the knee straight.

Pain medication will be given to you in the recovery room or at your pre-operative visit. It will be the same medication that you will go home with.

My assistant Regina will make your post-operative appointment for you. If you are unsure about this, please call the day after surgery.

## **AT HOME**

Change the dressing three days after your surgery. The small arthroscopic incision sites with steri-strips across them may be left open to air, but do not remove the steri-strips over the small holes (x configuration). The larger incision with the steri-strips must be kept dry and do not remove the steri-strips. Please do not use any ointments under your dressing. You may cover the incisions with plastic wrap and tape until you are seen in our office for suture removal.

You will be using crutches for 4 weeks.

Brace: Sleep with brace for first 2 weeks. Use brace when up and about for 4 weeks. You may remove the brace to perform exercises. Try to do your exercises 3-5 times a day.

With a pillow under the foot, work on extending the knee until it is fully straight.

Try to use ice or the ice packs as much as possible, especially after the exercises. At night, your leg should be locked straight in the brace. When in bed, your leg should be straight with a pillow under your foot or ankle.

**(NEVER BEHIND YOUR KNEE)**

### **Goals**

- Obtain full extension (straightening).
- Range of motion: 0-90 degrees by 2 weeks.
- Ability to unlock and lock the brace.

### **Miscellaneous Information**

There may be a small amount of bleeding and/or fluid leaking at the site. This is normal as the knee is filled with fluid during the surgery, sometimes causing leakage for 24-36 hours. You may need to change or reinforce the bandage as needed.

It is normal to have increased swelling and bruising on days 1-3 compared to the day of the surgery. The swelling is decreased by using the anti-inflammatories and the ice machine.

The swelling usually makes it difficult to bend your knee to or past 90 degrees, but this is to be expected. As the swelling goes down, it will become easier to fully bend your knee.

Over the next 7-10 days, the swelling and bruising may extend down towards your calf and ankle. Please do not become alarmed.

It will help you if you elevate your leg at the end of the day. You may experience some numbness adjacent to the incision site. This may last 6-12 months, but usually subsides or improves.

Please feel free to call our office with any questions or concerns.

Good luck and speedy recovery!

-David Cohen, MD