

## **Trauma & Orthopaedic Directorate**

# **Anterior Cruciate Ligament Surgery Post-Op Advice**

## **When will I be discharged from hospital?**

Most patients remain in hospital for 1 night and discharged the day following the surgery. Sometimes it is possible to be discharged on the day of surgery.

### **Goals necessary before discharge include :**

- Have extension equal to your opposite leg
- Have **flexion of at least 90°** on the operated leg
- Be able to **lift your leg** on your own when asked
- Be **walking safely** with crutches and have practised going up and down stairs with a physiotherapist
- Understand the **home instructions** for the next week

### **IF YOU HAVE NOT ACHIEVED THESE GOALS, YOUR DISCHARGE MAY BE DELAYED.**

On **discharge** the Nursing staff will give you:

- Medication as appropriate
- A letter for your GP
- A sick certificate if required
- Written instructions regarding removal of stitches, further appointments etc.
- You will be discharged with tubigrip on your leg. You should keep this during the daytime until advised by your physiotherapist.

### **AFTER DISCHARGE – THE FIRST WEEK**

At home, you should remain. **Lying down with your leg elevated** and get up to walk only for essential purposes. It is very important to stay off your feet and keep your operated

leg elevated as swelling occurs easily and quickly and can result in a delay in your recovery. Continue to maintain extension appropriate to your graft while working to increase flexion and decrease swelling by using the home ice regime.

**DO:**

- Rest with the leg above horizontal
- Keep wounds dry
- Keep walking to a minimum
- Use an ice pack (a large pack of frozen peas in a damp tea towel) for 15 minutes 4 times a day
- Exercise regularly
- Attend the physiotherapy appointments

**Please feel free to call the ward if you have any problems or questions.**

**Signs of potential problems include:**

- Sustained increased temperature. It is normal to have a slight temperature following surgery and it is usually higher in the evening with a return to normal by morning.
- Increased knee pain that is unrelieved with medication
- Increased knee or calf swelling
- Stomach upset after taking medication
- Increased drainage or dressing problems

**If you experience any of these problems call the ward on 01256 313681 or your GP immediately.**

## **GENERAL ADVICE**

It is advisable to take **painkillers** prior to exercising.

You will be encouraged to do regular **home exercises**. If you already attend a gym most of the machines will be beneficial to your recovery but it is important to avoid knee extension exercises for at least 4 months. Your physiotherapist will advise you when you can return.

### **To avoid knee swelling**

- Keep walking to minimum in the first two weeks.
- Take anti-inflammatory drugs as prescribed.
- Use ice regularly, as instructed.
- Continue exercises, as advised by your Physiotherapist.

You will use your **crutches** until you can walk without a limp, usually 3 – 4 weeks.

### **Driving**

Driving can be undertaken when comfortable and safe. Depending on which leg and car type (automatic/manual) this may be between 3 and 6 weeks.

### **Return to work**

For office / sedentary type work most patients will need 6 weeks off. For manual type work the time off is 8-12 weeks.

### **Return to sport**

- Swimming can be undertaken after 6 weeks (but avoid breast stroke)

- Running and other impact activities can be started only when recommended by the physiotherapy department, usually no earlier than four months post-op, and only after regular check-ups.
- You must not play any contact sports for 9 months. Some sports can be started earlier. You will be able to discuss this with your Consultant at the 6 month review.

### **Post-Operative Rehabilitation**

All necessary care will be provided until a Physiotherapist visits to commence your **exercise programme** and start you walking. This will happen during the first day.

When you walk you may put as much weight on your leg as you can tolerate. Putting weight on your leg will not affect the reconstruction, **but being upright may cause swelling**, therefore standing still should be kept to a minimum.

**Walking too much** will cause your knee to swell and this will slow your recovery. It is therefore important you follow the 'strict' **exercise instructions** to avoid delaying your rehabilitation.

**You should only walk for essential toilet purposes.**

The aims of your rehabilitation will be to:

- Reduce swelling
- Achieve full range of movement
- Increase strength
- Improve proprioception (your balance reactions)
- Walk without elbow crutches
- Return to full function
- Return to sport (as desired)

**COMPLIANCE WITH THESE INSTRUCTIONS AND HOME EXERCISE IS VITAL TO ACHIEVE A RETURN TO FULL FUNCTION.**

Your first visit to the Physiotherapy Department will be one week after discharge. The **swelling** in your knee will be checked and your **range of movement** measured.

You will be followed up in the ACL class where you will receive appropriate rehabilitation.