

## **KNEE LIGAMENT RECONSTRUCTION MULTIPLE LIGAMENT OR REPAIR POST-OP INSTRUCTIONS**

### **DR. SALVATORE FRANGIAMORE**

**Your Procedure: Anterior cruciate ligament reconstruction with collateral ligament reconstruction with or without meniscus repair**

Your weightbearing status is: **Non weight bearing** with crutches for 4 weeks transition to WBAT over the next two weeks

- **Brace is locked at 0 degrees full extension (straight leg) to be on for all ambulation, transfers, and sleeping overnight. In a sitting position, you may open up/remove brace for light range of motion 0-90 degrees max several times/day starting the day of surgery.**

\*If it is after hours, call our answering service (**440-349-7137 ext. 52015**) and you will be directed to the appropriate physician on call with Dr. Frangiamore.

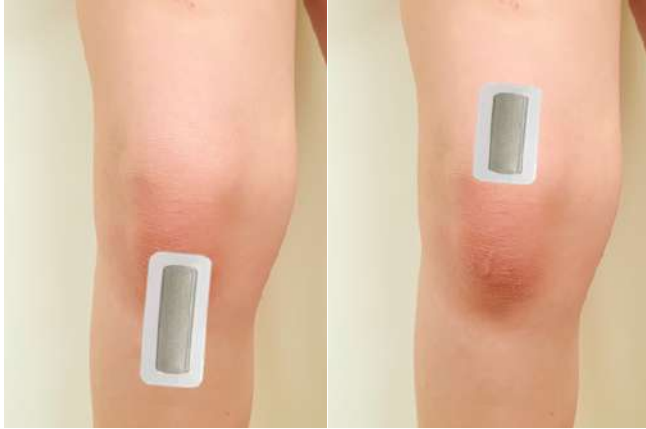
\*Please direct any postop medical or clinical questions, physical therapy issues, or questions related to paperwork to our team at **440-349-7137 ext. 52015**

### **FOLLOW-UP APPOINTMENT**

We would like to see you for a post-operative visit at: 2 weeks, 6 weeks, and 16 weeks (4 months) after your procedure. If you have not made your post-operative appointments with Dr. Frangiamore, please call Dr. Frangiamore at 440-349-7137 ext. 52015 to schedule your appointment. If you live outside the Cleveland area and will be returning back to your hometown, please schedule an appointment prior to your departure. The 6 week follow up can typically be done virtually, so ask about this option if interested.

### **INCISION DRESSINGS:**

- Your knee was dressed in the sterile environment in the operating room.
- **The bulky dressing (ACE bandage and cotton wrap) can be removed on the third day after surgery.**
- After you remove the bulky dressing (ACE wrap and soft cotton roll) you will see the sterile dressings (waterproof bandage in photo below) and steri-strips (thin white adhesive strips)
- If there is a large sterile dressing (see below), it will be clear with gray inside color and is waterproof/shower proof. Remove this bandage after 7 days. **No later than seven days to prevent infection.**



- You may also see white steri-strips (look like an X over small incision).



- These are typically covering the arthroscopic incisions. Please keep the steri-strips in place for 10-14 days after surgery, they will be removed at your post op appointment. If they fall off during a dressing change simply keep the area clean and keep covered with bandaids
- At this point you can look for any signs of infection ie. (fever, redness, drainage).
- You may take a shower after 72 hours out from surgery.** The incisions do not need to be covered unless instructed by your doctor. Water may run over the area, but do not attempt to scrub or wash the area vigorously.
  - Pat the area dry after the shower and apply a dry dressing if desired.
  - Avoid creams, salves or ointments unless instructed to do so by your physician.
  - Soaking the incisions in a tub, pool or hot tub is NOT permitted** until instructed by your physician, generally 3 weeks post-operatively.

## SUTURES

The sutures used during your surgery are typically dissolvable and will dissolve under your skin over time. Please keep your wounds clean and dry for the first 2 weeks by following the instructions above regarding dressing changes. Some incisions may have blue non-absorbable sutures which will be removed at your first post-operative visit.

## POST OPERATIVE MEDICATIONS

- You may resume your regular medicines after surgery.
- Please take a baby aspirin (81mg) daily for 28 days post operatively to help prevent blood clots**

- We often prescribe narcotic pain medications to aid in controlling post-operative pain – such as Percocet (oxycodone/acetaminophen) or Norco (hydrocodone/acetaminophen). These medications may not alleviate ALL of your discomfort, but should help manage your pain along with elevation of your extremity and icing.
- You MAY take over the counter (OTC) Medications) in addition to your narcotic medication and this is encouraged! Occasionally we may provide you with a prescription for an anti-inflammatory **called ketorolac (Toradol) which you can take with your pain medication** (recommend staggering timewise for maximum benefit). **If we do not prescribe this, you can use ibuprofen or naproxen (Aleve).**
- Please take medications as instructed. Do not mix with alcohol or drive while you are taking narcotics. While the prescription is written for one tablet every 6 hours, you may increase the dose if needed to 1-2 tablets every 4-6 hours.
- We CAN refill your pain medications if you require more than the typical 5-7 days of medications. To request a refill, you can: 1. Call the office 2. Send a message through the electronic medical record

**Pain medications will only be refilled in the post-operative period. The State of Ohio does not allow us to manage chronic pain, so no prescriptions will be filled past your 6 week post operative visit.** It is crucial to keep this in mind as you wean off these medications. Unfortunately, some of these medications may not be covered by your insurance. If this is the case, we will not be able to obtain authorization for coverage.

**\*\*It is the strict policy of this office that narcotics and other pain medications will NOT be refilled on weekends or after hours.**

- Please note: narcotics are highly addictive pain medications that can create side effects such as constipation and lethargy. Many narcotics, such as Percocet, Norco and Vicodin, also contain acetaminophen (Tylenol), which if taken in increasing doses can cause liver failure and even death. All narcotic pain medications are highly addictive and must be used with caution because they cause tolerance whereby the body adapts to them and, in order to achieve pain relief, the body requires increasing doses.
- **Constipation:** May occur when taking oral pain medications. Please increase your water intake while taking these medications. If you are experiencing discomfort due to constipation, you may take an over the counter stool softener (Colace, Miralax, Milk of Magnesia, etc).

### **Reducing blood clot risk after surgery:**

You may be prescribed a blood thinner after surgery, such as Aspirin. This is to be taken daily for 28 days following surgery to prevent blood clots. Alternatives to Aspirin will be utilized if you have an allergy to Aspirin. If you were on a blood thinner prior to surgery, you likely will resume that medication as instructed by your physician and may not be required to take Aspirin. If you have a history of blood clots, a different blood thinner might be required.

**Reduce Swelling:**

Please elevate your lower extremity on 1-2 pillows whenever possible. Elevation means the operative region is higher than your heart. This will decrease swelling, decrease pain, and aid in healing. Be careful not to have constant pressure of pillows or blankets directly behind the bend in your knee, but do prop up and support your lower leg/calf.

**What can you eat?**

You may eat a regular diet following your surgery. Please drink plenty of non-alcoholic, non-caffeinated beverages. Please do not consume alcohol with your pain medications.

**Ice Management to reduce swelling and inflammation:**

Ice your operative site 5-6 times a day 20 minutes at a time. An ice machine will be provided to you post operatively. This will help decrease swelling and pain after your surgery. Use the ice machine as much as possible when you get home at intervals of 20 minutes. You should perform this consistently for a minimum of two weeks after surgery

**PHYSICAL THERAPY OVERVIEW**

**After ACL reconstruction, it is important that you start working on knee extension and quadriceps activation as soon as you feel comfortable doing so. Early Physical therapy is VERY IMPORTANT!! The QR code below gives DETAILED PROTOCOL VIDEOS, HOME EXERCISES AND IS A VALUABLE RESOURCE TO AID IN YOUR RECOVERY**



You will be given a specific physical therapy rehabilitation program which will help maximize your recovery and surgical outcomes. Physical Therapy protocols have been developed by Dr Frangiamore to provide the best surgical outcome possible. Questions about your Physical Therapy protocol can usually be addressed by your specific therapist, but if there are further questions you can always reach out to the office.

**PHYSICAL THERAPY GENERAL PRINCIPLES:**

- You will start therapy immediately (within 72 hours of surgery)

- You will be provided a brace with specific instructions listed below depending on the surgery you underwent.
- You will be given a therapy prescription today (if this has not been set up) and will be given the specific protocol for your therapist to follow. You must give this to them once you begin therapy, if you lose this please call the office for another copy.

## **COMMON QUESTIONS AND ANSWERS**

### **When can I drive after surgery?**

**The side you had surgery on and your range of motion restrictions factor into this decision\*\***

**If you had knee ligament reconstruction, or other surgeries which limit your mobility on the RIGHT knee, you may safely return to driving at approximately 1 month post operatively.**

**If these surgeries are performed on the LEFT knee, you may return to driving when you meet the criteria below:**

1. you are narcotic-free
2. have good muscular control of the surgical leg
3. you can get into the car without the surgical leg being a safety issue in position around or access to the pedals
4. feel safe to control your vehicle.

We often recommend practicing in an empty parking lot before getting on the roads for the first time if there is any question in your ability and comfort level. There can be NO HESITATION!

### **When Can I go back to work?**

This is dependent on your surgery and what type of work you do, but generally speaking for an arthroscopically-assisted surgery with ligament repair you can return to a sitting or desk-based job in 2-3 weeks and on your feet jobs or other higher demand job at 6-8 weeks.