

ACL RECONSTRUCTION + MENISCUS REPAIR POST OP INFORMATION

Your surgery is finished and we now move onto the post operative phase of your recovery. These are the things you need to know and answers the most commonly asked questions.

After your surgery was finished I injected local anaesthetic both into the knee, and into your incisions. As a result most people only have mild pain when they wake up from surgery. The duration of effect of the anaesthetic is usually between 6 and 18 hours. When the anaesthetic wears off you may have a significant increase in your pain. For this reason, unless you have an allergy to the medication, I would like you to **take a 5mg endone tablet thesevening before bed even if you do not have significant pain so that you don't wake up in the middle of the night with pain**. Also take one of these tablets when you wake up in the morning. After that, use this medication sparingly and only if you have significant pain that is not well controlled with your other medication. Common side effects of opioid medications include nausea and vomiting, constipation, itch, and drowsiness. You should not drive if you are taking these medications.

For the first 10 days post surgery I would recommend taking **regular paracetamol** (1 gram = 2 x 500mg tablets, every 4-6 hours) **and regular anti inflammatory** (either neurofen 400mg three times a day with food OR meloxicam 7.5mg twice a day with food if neurofen irritates your stomach). We will talk about ceasing these medications at your post op appointment depending on how you are recovering.

You can take the large bulky bandage and the wool underneath the bandage off your knee the day after your operation. Underneath this are four small waterproof dressings. Leave these on until you see me for your post-operative appointment. You can shower once a day with these on but try not to get them too wet. You cannot swim or have a bath in the first 3 weeks. If they do fall off or get wet, contact my rooms and we can give you some more. Ice the knee regularly in the first 4 weeks to help control swelling. A wetsuit/neoprene compression garment will also help control swelling – you can purchase these from your local chemist.

I will catch up with you at about the 2 week mark post op to check the wounds, talk about pain management and discuss the surgical findings

You will be in a brace for the first 6 weeks after your surgery – this is mostly to protect the meniscus repair. Initially the brace will be locked at 30 degrees, after two weeks we will increase it to 0-60 degrees and after 4 weeks we will increase it to 0-90 degrees. You will also be on crutches for 6 weeks after the operation – you can touch your foot on the ground for balance but you are not to weight bear as such.

At the 6 week mark you can start to weight bear and wean off the crutches and out of the brace over the next 3-10 days. By 8 weeks you should be mobilizing without the brace and crutches. Book in to see your physio at the 6 week mark post-op.

ACL RECONSTRUCTION + MENISCUS REPAIR POST OP INFORMATION

Very broadly speaking your rehab will be as follows:

- 6 weeks in a brace and crutches doing lots of straight leg raises
- Weeks 6-10 is about getting back to a normal gait pattern and regaining your motion
- Weeks 10-18 is about regaining strength with closed chain exercises
- You can start in line jogging on level ground at the 6 month mark
- You can start sprinting at 9 months
- You can return to training for pivoting sports at 9-12 months
- You can return to competition sports at 12-24 months

The high risk periods for rerupture are between 6 and 12 weeks and in the first year on returning to pivoting sports. If you stick with the prescribed therapy program you should be fine.

If you are under 20 and/or female you are in a high risk group for rerupture and I will talk to you about delaying your return to competition sports. If you don't trust your knee or your quads bulk is not back to normal you should definitely delay team sports. For high risk patients I recommend a formal return to sport assessment with a physio.

You need to have a good relationship with your physiotherapist – you will be seeing a lot of them over the next few months.

Deep vein thrombosis is rare post ACL reconstruction, but can happen. The main indicators of DVT are calf pain and swelling that is getting worse not better. If you have this let me know and I will arrange a USS. Small below knee DVTs typically do not require formal treatment. Clots that involve the vein behind the knee, or higher, require treatment with blood thinners for 3-6 months.

Infections are also very rare. Signs of infection include: discharge from the wound, fevers, and pain that is getting worse and worse post surgery instead of slowly getting better. Call me if you are concerned about infection.

Well done getting this far. We've got a long way to go but you'll get through it. See you in a couple of weeks.

Regards,
Luke McDermott.