

HOME CARE INSTRUCTIONS

ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION

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BANDAGE: Your knee will be covered in a double length tubi-grip stretch bandage, some woollen padding and op-site waterproof dressing/steri-strips, to cover the puncture wounds.

1. Tubi-grip can be removed for showering and reapplied (it can be shortened if desired)
2. The woollen padding can be discarded after 24 hours.
3. The op-site dressing and steri-strips should be left in place for 10 days. Occasionally blood and fluid collect under this dressing – if this leaks it can be replaced by 2 band-aids. Further excessive bleeding may require re-bandaging – please contact Mr Comley's rooms
4. The stitches used are dissolvable and either fall out or are removed at follow up.

PAIN/SWELLING: You will be given a prescription for painkillers, as needed. You may also be prescribed anti-inflammatory medication such as Voltaren which should help control pain and swelling and can be taken for up to 10 days. These tablets may induce gastric upset and should be discontinued if this occurs. The amount of swelling varies, depending on the pre-operative state of your knee and how much is done at the time of surgery. An increase in the swelling in the first few days indicates you are progressing your activities too quickly or you are standing for prolonged periods or walking too far.

CRUTCHES/BRACE: You will be supplied with crutches and sometimes a brace. These are to be used mainly in the first 2 or 3 days after surgery to support the leg. The brace can be removed for showering, exercises (see over), icing the knee and when resting quietly. As the knee becomes more comfortable and strength returns, the crutches can be discarded in the first 1 or 2 weeks. If you have combined ligament injuries in the knee, arrangements will be made to fit a hinged knee brace which should be worn for the first 6 weeks.

PHYSIOTHERAPY: A physiotherapist will visit you and go through an exercise program prior to discharge from the hospital. They will outline a plan for further management and follow up as required.

RECOVERY/RETURN TO ACTIVITY: Although the surgical wounds are small, the surgery inside your joint is quite significant and the knee will take time to recover. Each knee injury and surgery required varies slightly and knees with more damage, such as cartilage tears or injuries to other ligaments, will be slower to recover injury and surgery required varies slightly and knees with more damage, such as cartilage tears or injuries to other ligaments, will be slower to recover

PLEASE CONTACT ROOMS IF ANY CONCERNS



Wakefield
Orthopaedic
Clinic

Level 2 / 270 Wakefield Street, Adelaide

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ANTERIOR CRUCIATE LIGAMENT

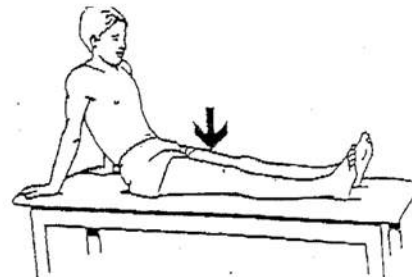
DAY SURGERY AND INPATIENTS

Exercises are very important following knee arthroscopy. The aim of exercise is to:

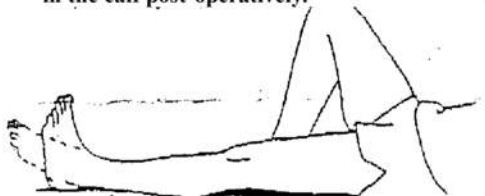
- Strengthen muscles
- Regain knee movement
- Minimise swelling

You need to begin exercises immediately after surgery and continue three times daily for at least two weeks post-operatively. Try ten repetitions of each exercise. Icepacks are useful to minimize pain and swelling. Use them for 20 minutes every two hours for the first two days (when you are awake). Do not place ice directly on skin – wrap in a damp cloth or towel. If pain or swelling prevents you from doing your exercises, please call your physiotherapist to seek advice.

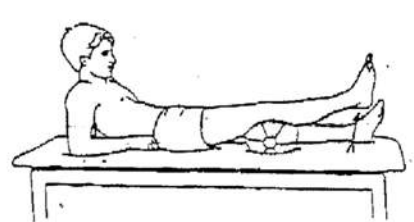
4. **Static Quadriceps:** push your knee down flat into the bed by tightening the quadriceps muscle at the front of the thigh. Hold for five seconds.



1. **Ankle Pumps:** (do these HOURLY whilst awake for the first two days). Pump both feet up and down and move in circles. This helps prevent pooling of blood in the calf post-operatively.



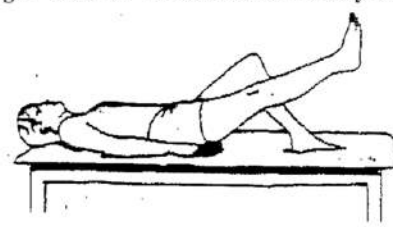
5. **Inner Range Quadriceps:** with a rolled towel under your knee, push your knee downwards and lift your foot/heel off the bed.



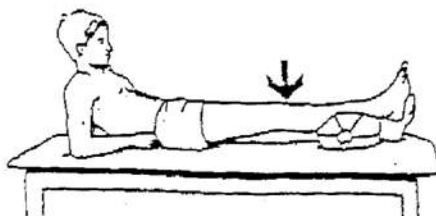
2. **Knee Flexion:** either sitting or lying, gently bend your knee as far as pain allows. You may assist by placing hands under your thigh and lifting gently.



6. **Straight Leg Raises:** lying on your back, lift the whole leg about 30cm off the bed. Keep your knee straight. Hold for five seconds and slowly lower.



3. **Extension:** gently use your hands just above the kneecap to stretch your knee down to straight or rest with rolled towel under your heel.



7. **Daily Walking:** you should try to walk as normally as possible after surgery, without limping. Gradually increase the amount of walking that you try each day, guided by pain and swelling.

