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Recovering From Your ACL Surgery

Congratulations! Your surgery is over. You are on your way to recovery. Although the actual surgical procedure is a critical part of your successful recovery, the postoperative course is as important if not even more important. The graft takes about 3 months to heal to the surrounding bone. If you do too much, too little or the wrong activities before then, you can jeopardize your outcome. Therefore, it is essential that you follow by the instructions listed below.

WOUND CARE

1. There is no particular wound care needed. The “portal” and incision sites are sealed now and will fully heal over time. You do not need to cover them and you may get them wet. Salt water, chlorinated water, even lake water is now ok. Soap on the incisions is permitted as well. The steri-strips can get wet. Afterwards dry them. In a week or two, they will begin to “curl up”. You may remove them at that time.

PROMOTING HEALING

2. If you smoke, this would be a good time to cut back or quit. Smoking can interfere with your graft healing.

PROPER ACTIVITIES

1. There are two ways that you can ruin your surgery. One is by having an abrupt injury - So be very careful throughout your day. The other is by performing too frequent smaller activities with your knee. Just as bending a paperclip once isn't enough to break the clip but repeatedly bending it causes it to snap - Doing too much with your knee or doing this level of activities too often, can cause the repair to fail.
2. It is common to wonder what specific activities are permitted during your recovery. As the graft heals and as you regain more function, it will become safer for you to do more. As a result, what you are permitted to do at any given time is often hard to specify during our office visits because it is a “moving target”. Throughout your recovery, the best way to know what activities are safe and permitted is to use your physical therapy visits to define these. If you have done a particular activity in PT and you have done it well, without any residual issues and if your physical therapist has agreed with that, then that particular activity will be permitted outside of PT. However, if you have not tried a specific activity in PT or you were “unsuccessful” in attempting it, then you should not do that activity outside of PT.
3. The goals for the first three months are simply to reduce your pain and swelling and to regain your range of motion and strength all while allowing the graft to begin to strengthen and heal to the bone. You should not do any higher levels of activities than simply walking or performing your PT exercises during this time. If all is going well, you will begin jogging after three months.

4. Your crutches are for your safety and comfort. Prolonged crutch use can lead to weakness and even loss of some knee motion. As a result, I encourage you to stop using them whenever you feel as though you can do so safely unless you have had a meniscal **repair**. If you have had a meniscal **repair** along with your ACL surgery, we have likely restricted your activity and weightbearing more than if you had an isolated ACL surgery.

ASSISTANCE WITH PAIN CONTROL AND SLEEP

1. The pain medications that you were given, can cause many undesired issues (drowsiness, intoxication, constipation, nausea and dependency). We understand that the surgery you had is very painful and that these medications are often needed but we recommend reducing how much you take as soon as you are able. Some strategies to help with this are: increase the time between doses, cut the pills in half, get a newer, lower dose medication or take Extra Strength Tylenol (Acetaminophen) **instead** of the narcotic medication.
 1. You cannot take Tylenol **along with** (Percocet, Norco or the generics for these two) but you can take it **in place** of these medications.
2. You should not take additional anti-inflammatories **along with** the Celebrex (Celecoxib) prescription that we prescribed.
3. If you are having difficulty sleeping since your surgery, be assured that this will improve. In the meantime, there are several strategies to help:
 1. Take your pain medication as close to bedtime as possible
 2. Consider taking Melatonin 5-10 mg 20 minutes before bedtime. Melatonin is a natural hormone that helps us sleep. It can be purchased at any pharmacy. There are extended release forms that may be even more helpful.

DRIVING

1. Driving after this type of surgery may be less safe than driving before surgery. If surgery was on your driving leg, then your ability to get from the gas to the brake is likely to be affected (slowed). This can lead to accidents that would not occur otherwise. It has been shown that this effect lasts for about 6-8 weeks after surgery.
2. Taking narcotic pain medications can also slowdown your reaction time
3. As a result, I do not recommend driving while on narcotic pain medications or if you had surgery on right leg or even your left leg if you have a standard transmission until your pain, stiffness and apprehension as resolved enough to enable you to drive safely
4. When returning to driving, you may consider practicing in a school parking lot on weekends or some other low traffic area before driving on main roads.

RETURN TO WORK OR SCHOOL

1. Returning to work or school (as well as other social interactions) is critical to recovering from a surgery such as yours. Social isolation can impair your ability to heal. Getting up and out of bed at a regular time each day, showering, dressing in street clothes, leaving the house, socializing and having responsibility have all been shown to have a positive effect on surgical healing. For these reasons, I suggest returning to work or school as soon as you can. Often, employers will accommodate modified work or limited hours if asked. If needed, we will be happy to provide you a note that details your limitations.