

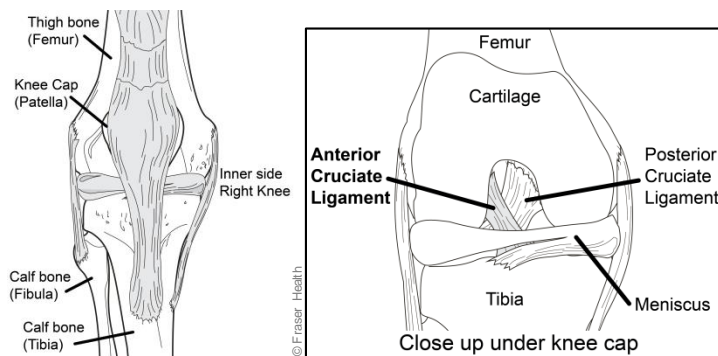
# Anterior Cruciate Ligament Repair

## Your Surgery and Recovery at Home

### What is the anterior cruciate ligament?

Ligaments are strong bands of tissue that connect one bone to another. The anterior cruciate ligament (say *ku-she-at*) is one of 4 major ligaments in your knee. Your anterior cruciate ligament (ACL) helps keep your shin bone from twisting or sliding out in front of your thigh bone.

This surgery repairs any over-stretching or tearing of the ACL.



### How is the surgery done?

The surgery is usually done using a small camera called an arthroscope ('arthro' means joint and 'scope' means to look inside). The surgeon inserts the arthroscope through a small cut in the skin (an incision) and views the inside of your knee on a video monitor. Small instruments are inserted through other small incisions to do the surgery. This surgery usually takes about 1 to 1.5 hours.

You usually go home the same day or the next day. This depends on your health before surgery and your recovery.

### Appointments after surgery

See your surgeon after surgery.

My appointment is on: \_\_\_\_\_

Knee x-ray before your appointment  Yes  No

### Getting ready for your surgery

You might get instructions to buy, rent, or borrow:

- an ice compression machine
- crutches
- supportive shoes with closed toe and heel

Bring these with you when you come for surgery.

To fit over the bandage, bring or wear loose baggie pants, shorts, or skirt.

### Going home checklist

- You have someone to drive you home.
- You have a responsible adult to stay with you for the first 24 hours, or longer if needed.
- You know what medicine(s) to take, as well as when and how to take them.
- You know what you cannot do for 24 hours (because of anesthetic) including:
  - × No driving or operating hazardous machinery
  - × No drinking alcohol or using any substance or street drug
  - × No making important decisions or signing legal documents

## Caring for Yourself at Home

### Incision Care

A bandage covers your incisions. Over the bandage, you might have either a compression stocking from toe to thigh or an elastic bandage from mid-calf to thigh. The elastic bandage might have padding under it. If the elastic bandage feels too tight or you feel numbness and tingling in the foot, loosen the padding and re-wrap the elastic bandage.

### Washing

To shower, wrap plastic around the bandage and tape snugly around the top and bottom.

For a tub bath, put 2 to 3 inches of water in the bottom of the tub. Sit with your operated leg either resting on the rim of the tub or on a footstool in the tub.

If your bandage gets wet, make an appointment with your surgeon to change the bandage. A wet bandage increases the chances of infection.

### Activity and Rest

It is normal for your knee to be swollen and hurt. As long as your knee is swollen and hurts:

- Rest your whole leg up on pillows as much as possible, especially for the first 2 days. Try to keep your leg straight. Do not put pillows directly under the knee.
- Wiggle your toes, and point and flex your foot often.
- Use either the ice compression machine or an ice pack for 10 to 20 minutes, 4 to 5 times a day.

Balance your activity and rest for the first few days. Try to get 8 hours of sleep each day.

Your surgeon and physiotherapist tell you how and when to exercise your knee.

### Walking and Weight Bearing

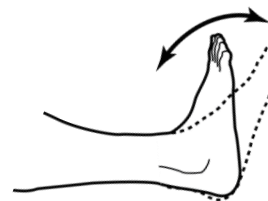
Most people are allowed to put as much weight on the leg as is comfortable and does not cause pain (called 'weight bearing as tolerated'). Your surgeon tells you how much weight you can put on your leg.

Use the crutches until you see your physiotherapist. At your first appointment, your physiotherapist checks your walking, comfort level putting weight on your leg, and advises you further on using crutches.

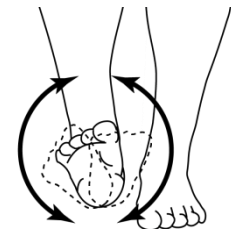
Always wear supportive shoes with a closed heel and toe. No slippers, flip flops, clogs, or mule shoes. Wear loose fitting clothes. To carry things, use a backpack. Carry hot drinks in a sealed container or thermos.

When not walking:

- Rest your leg up on pillows. Make sure your knee is supported.
- Do your foot and ankle exercises. Repeat each exercise 10 to 15 times (This is called a 'Set'). Do each set of exercises every couple of hours for 3 to 4 days.



Foot pumps



Ankle circles

### Driving

Check with your surgeon as to when you can return to driving. It depends on which knee you had surgery on. You must be able to safely step on the brakes quickly.

**Do not drive or drink alcohol** if you are taking an opioid medication.

## Drinking and Eating

Return to your normal diet. You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from caffeine, carbonated soft drinks, and acidic fruit juices while feeling sick.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. It can make your nausea worse.

If you continue to feel sick, try taking a medicine to settle your stomach such as Gravol®. You can buy either pills to swallow or suppositories to put in your rectum (up the bum). Follow the directions on the package or ask your pharmacist.

You can get constipated if you are less active, eating less fibre, or taking opioid pain medication. To prevent constipation:

- Drink water throughout the day.
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Walk and move around as much as you can.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

\*Family practitioner refers to family doctor or nurse practitioner

## Managing pain

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

Your surgeon gives you instructions to take pain medicine. This could include both prescription and non-prescription (over the counter) pain medicine. Follow the instructions given by your surgeon.

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities. Take your pain medicine regularly for the first day or so, even if you have just a little pain. Also do other things to help ease your pain or distract you from the pain, such as slow breathing, listening to music, watching T.V.

### Non-prescription pain medicines:

- acetaminophen (Tyleno®)
- non-steroidal anti-inflammatory drugs (NSAIDs)  
Examples: ibuprofen (Advil®, Motrin®)  
naproxen (Naprosyn, Aleve®)

**NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

### Prescription pain medicines with opioids (narcotics):

- Tramacet® (tramadol and acetaminophen)
- Tylenol #3® (codeine and acetaminophen)
- Oxycocet®/Percocet® (oxycodone and acetaminophen)

**Note:** These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

Always read the label and/or information from the pharmacist about how to take medication safely.

**Questions about medications?** Speak to your local pharmacist. After-hours, call 8-1-1 and ask to speak to a pharmacist

## Safe use of opioid pain medicines

If you are using any medicines that have opioids (narcotics) in them, take note of the following safety information.

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.
- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines, **do not** drive, drink alcohol, or start taking any new sleeping pills.
- Store opioid medicines in a secure place. Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.
- Take any unused opioid medicines back to your pharmacy to be safely disposed. **Do not** keep unused medicines at home.

## When to get help

### Call your surgeon

if you have any of these:

- a fever over 38°C (101°F)
- a red and swollen incision that is hot to touch
- pus (yellow/green fluid) draining from or a bad smell coming from the incision
- continued bleeding from the incision
- pain does not ease with pain medicine, or stops you from moving or recovering
- increasing or new numbness and tingling in or around your knee that does not go away with loosening the bandage
- not urinated (gone pee) for 8 hours after surgery or have the urge to go but can't (This more likely if you had a spinal anesthetic – it can also happen to men who have an enlarged prostate.)

### Call your family practitioner

if you have any of these:

- a cough that continues to get worse
- throwing up often
- feeling increasingly tired or dizzy
- diarrhea that is severe or continues for more than 2 days

Can't contact your surgeon or family practitioner?  
Have any questions about your recovery?

- **Call Fraser Health Virtual Care**

10:00 a.m. to 10:00 p.m., daily

**1-800-314-0999**

[fraserhealth.ca/virtualcare](http://fraserhealth.ca/virtualcare)

- **Call 8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

- **Call 9-1-1** if you have any:

- trouble breathing or shortness of breath
- chest pain
- sudden severe pain