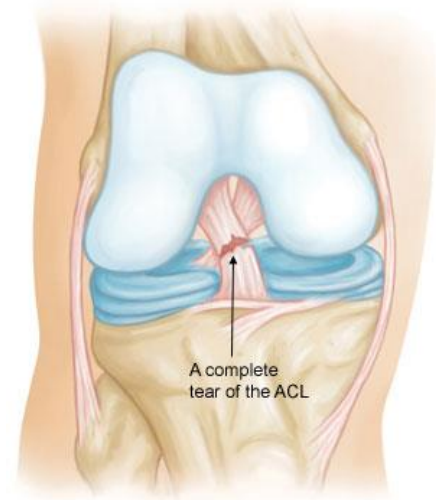


Anterior cruciate Ligament tear

What is the Anterior Cruciate Ligament (ACL) and why is it important?

- The ACL prevents the tibia (lower leg bone) from sliding out in front of the femur (thigh bone), as well as provides rotational stability to the knee.
- Most ACL tears are non-contact injuries such as: changing direction rapidly, stopping suddenly, landing awkwardly from a jump. Use can also tear your ACL from direct contact or collision (i.e. tackled during football).
- Surgery to reconstruct the anterior cruciate ligament is accomplished by using an autograft (from the patient) or allograft (donor graft).



Physical therapy

- Physical therapy begins the day after your surgery. You should have an appointment scheduled with your physical therapist for the next day.
- If not already provided at your pre-operative appointment in our office, a prescription for physical therapy will be provided at your first post-op appointment.
- You will be in formal physical therapy for approximately 6 months. The frequency of physical therapy visits on a weekly basis will be determined as you progress throughout the rehabilitation protocol.
- You must pass all functional testing in physical therapy prior to being cleared to return to sports activities. Those with a clerical job, return to work will be discussed at your post-op appointment(s).

Pain medication

- Most patients use pain medication for a few days after surgery. There are times where pain medication is used for a longer period of time, depending on the surgical procedure and your recovery (pain varies from person to person).

-
- If you were prescribed Percocet (oxycodone/acetaminophen), Demerol (meperidine) or Dilaudid (hydromorphone), these medications cannot be called into your pharmacy. You will need a paper prescription, as these are narcotic pain medications.
 - The most common side effects of narcotic pain medicine are dizziness, nausea, vomiting, urinary retention and constipation. We recommend starting with a stool softener (i.e. Colace, which is an over the counter stool softener that you can purchase at any local pharmacy).
 - If you experience any other rare side effects such as shortness of breath or difficulty swallowing call 911 or report the nearest emergency department immediately.
 - If the medication is not effective at controlling your pain or you are having difficulty tolerating the pain medication, please contact our office (804) 320-1339.
 - Do not take Tylenol (Acetaminophen) if you were prescribed Percocet (oxycodone/acetaminophen) in addition to your pain medication, as this medication already contains Tylenol (Acetaminophen). Do not exceed 4000mg of Tylenol per day. For example: Percocet 5/325mg = 325 mg of Tylenol (Acetaminophen).

Blood thinner

- You will be prescribed a blood thinner after your surgery. If you are prescribed Xarelto, do not take NSAIDS while on this medication (i.e. Ibuprofen, Motrin, Aleve, Naprosyn, Naproxen, Voltaren, Diclofenac, Mobic, etc.).
- If you were prescribed Aspirin (81 mg) daily after surgery, you may take a NSAID, if needed and you are able to take these medications (approval from your medical doctor).

Work/School Status

- Return to work will be discussed with Dr. Young and/or Jake at your post-op appointments and will be based on the physical demands of your job.
- **The following are some general examples. Each patient is different. Work limitations and time out from work will be discussed on a case-by-case basis.**
- **Light/Clerical work** with minimal to no physical work (administrative job/student): typically 2-3 weeks.
- **Moderate physical work** (i.e. salesperson, job that requires carrying lighter objects as part of their daily tasks, prolonged walking, and/or any professional that has "light duty" at work, etc): 1 - 3 months.
- **Heavy, physical work** (construction worker, athlete): Approximately 6 months. Many patients will choose to go back to work earlier on "light duty." Dr. Young and/or Jake will help you decide when it is appropriate to return to work.
- A note for work or school will be provided for you at your post-op visits.

T-scope brace

- The T-scope brace may be removed for bathing.
- The T-scope brace will be locked in extension immediately after your surgery. You will begin to wean out of the brace around 4 weeks (unless instructed otherwise). Dr. Young, Jake and/or your physical therapist will discuss this with you and determine the amount of time you need to wear the brace. Your procedure, normal gait mechanics and good quad control are some of the factors that determine the amount of time you need to wear the brace.
- The T-scope brace is used to give your knee support for the first few weeks after surgery. Initially, your knee will lack the strength to stand alone and the brace enables you to stand and walk. You may want to wear the brace for "at risk" situations (i.e. attending a sporting event) for a couple weeks after weaning out of the brace.
- **Functional brace** may be used for return to sports or a job that requires heavy/manual labor. The decision will be made by Dr. Young or Jake and will be on a case by case basis.

Compression stockings

- The compression stockings should be worn until your follow-up appointment (white stockings that are on your leg after surgery). This is to help with blood flow and prevent a blood clot.

When can I drive after ACL reconstruction?

- **These time frames should serve as a general guideline, not an absolute.**
- **Dr. Young and/or Jake will discuss when you can begin driving again after surgery.**
- **Left Knee surgery** and you drive an automatic transmission car, typically, driving can begin approximately 10 days - 2 weeks after surgery. If you drive a manual transmission and had left knee ACL reconstruction, typically no driving for 2-4 weeks post-op.
- **Right Knee surgery** you may drive once you have adequate strength and ROM (approximately 90 degrees of knee flexion) with the right leg. This usually occurs between 2-4 weeks post op.
- **Be sure that you are confident in your ability to resume driving.**
- We recommend you test your driving ability in a safe area until you determine whether or not you can drive safely.
- You should not take the narcotic pain medication and drive (i.e. Percocet, Oxycodone, Vicodin, Hydrocodone, Dilaudid, Demerol, Meperidine, etc).

What is this small puncture wound on the side of my thigh?

➤ We use a guide pin to place the ACL graft in the knee. The guide pin is used for a few minutes during the surgery and there are no lasting negative effects. There may be some soreness in this area for a few weeks after the surgery.

How long do I need to be on crutches?

➤ You will have to remain on crutches for approximately 2-3 weeks, possibly longer depending on if your surgery was combined with a meniscus repair, microfracture, etc. This will be discussed at the time you are discharged and again reviewed at your first post-op visit. When you are able to walk with little to no limp and have good quadriceps control, you can wean off of the crutches. This will be determined by Dr. Young, Jake and/or your physical therapist.

When will the stitches be removed?

➤ Your arthroscopic stitches will be removed approximately 7-10 days after your surgery. The stitch in your main incision will be removed approximately 14-21 days after your surgery. The decision to remove these stitches will be based on the healing process of your incision at your post-op appointments.



D. Christopher Young, M.D.

Head Team Physician
University of Richmond
Clinical Associate Professor of
Orthopedic Surgery, VCU

Jacob C. Puglisi, PA-C, ATC

Physician Assistant

Chippenham Boulders Office
1115 Boulders Parkway, Suite 100, N. Chesterfield, Virginia 23225
Office: 804.320.1339 Fax: 804.560.1481