

ANTERIOR CRUCIATE LIGAMENT SURGERY

Dr. McCormack Patient Instructions

PREPARATION FOR SURGERY

Prior to your surgery date you should:

- Purchase an ice compression device. (Examples of ice compression devices available are Don Joy Iceman, DJ Iceman, Aircast Cryocuff, Breg Kodiak, etc.) Please read the package, which explains how to use them.
- Purchase prescribed medication (anti-inflammatory and pain medication) as well as Graval.
- Purchase or rent crutches (practice their use to become familiar)

DAY BEFORE YOUR SURGERY

- On the day before your surgery, please call Dr. McCormack's office to find out the time you should arrive at the Admitting Department.
 - ✓ Do not shave the operative site (increases the infection rate)
- ***Do not eat or drink anything after midnight, the night before your surgery.***

DAY OF YOUR SURGERY

- ***Do not drink or eat anything*** (including coffee, gum or candy). You can eat after surgery.
- You will be admitted to Surgical Daycare two hours prior to your surgery.
- Bring your medications, crutches and ice compression device to the hospital with you.
- An intravenous will be started before your surgery, which you will receive antibiotics through.
- Dr. McCormack will see you in the pre-operative area to review the plan and answer any questions that have arisen since your last visit. The leg being operated on will also be marked by the surgical team, before proceeding to the operating room.
- An Anesthetist will see you prior to your surgery. This is a good time to ask any questions concerning your anesthetic.
- From the pre-operative area, you will be moved to the Operating Room where the Anesthetist and Dr. McCormack will perform your surgery.
- The ice compression device will be applied to your knee in the operating room (**so make sure it goes with you to surgery**)

AFTER YOUR SURGERY



After your operation, you will be taken to the Recovery Room. A nurse will check your blood pressure and pulse frequently. You will wear an oxygen mask for a short period of time. Indicate to your nurse if you are having pain or feel sick to your stomach. Your nurse will give you medication as ordered by your doctor.

Your leg/foot may appear red in color. This is because it has been washed with a red tinged antiseptic in the operating room.

Notify your nurse if you notice any numbness, tingling or coolness of your foot.

The intravenous will be left until you are able to drink fluids and have received the last dose of antibiotics as ordered by the doctor.

DISCHARGE INFORMATION

Your knee will be swollen and somewhat uncomfortable for a period of time after your operation. This is normal. Elevate your leg and apply your ice compression device as per directions, to reduce swelling. If you did not get an ice compression device, apply crushed ice in a zip lock bag for 15 minutes out of each hour.

1. Medications:

You will be discharged with a prescription for a pain medication and an anti-inflammatory medication. This will be more effective if taken regularly to get a steady level into the blood stream. For the first 24-48 hours take two tablets every four hours. If there is no, or mild, pain take two plain Tylenol. For mild to moderate pain take one Tylenol and one Tramacet/Tylenol #3. For moderate to severe pain take two Tramacet/Tylenol #3.

After the first day or two take the medications as required to control the pain, but you can start to taper them

Pain can be further controlled by the use of ice to the knee. If the leg hangs down, the pain will be much worse. If you have a reaction to the pain medication, or if you are unable to reasonably control the pain, call your doctor's office.

2. Bandages:

You will have a bandage on your knee. There will also be a compression stocking from toe to thigh. Ensure that this does not get wrinkled behind your knee. It does not need to be removed.

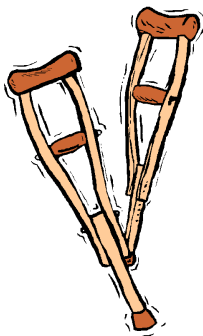
Alternatively, you may have the knee wrapped in a tensor bandage, which should be removed for icing and then re-wrapped from the mid-calf to the lower thigh. This elastic bandage may also have padding under it. If the bandage feels too tight or you feel numbness and tingling in the foot, loosen the padding/bandage.

Try to leave the dressing intact, and keep it clean and dry. Sometimes the dressing can soak through. If blood soaks through the dressing, the dressing can be changed using sterile gauze, and a lightly applied elastic wrap to hold it in place. If bleeding occurs, apply pressure for 10 - 15 minutes or until the bleeding stops. The use of the compression stocking will help control the swelling of the leg but, if you wish, may be left off at night when in bed.

The sensation of “splashing” of fluid in the knee is normal and will gradually disappear.

You can change your dressings at 48 hours to a lighter dressing. **Leave the steri-strips (tapes) in place until you are seen in a follow-up appointment.**

3. Activities:



You can take as much weight on the leg as you feel comfortable and it is safe to take your full weight on the leg. However, it is wise to use crutches to support the leg, as the muscles in the thigh will not work properly initially, and the leg could give way, causing injury.

You may move the knee as much as tolerated, and early movement is encouraged (bending and straightening). In particular, full straightening (extension) of the knee is important. Do not put pillows behind the knee, which will keep the knee bent (flexed) somewhat.

You do not need to use a brace on the leg (unless specifically instructed), as the brace can cause problems with excessive swelling, as it may be too tight on top of the surgical dressing.

4. Bathing:

For the first 3-4 days keep the incisions dry. If you wish to shower, wrap plastic around the bandage and tape snugly at the top and bottom. For a tub bath, put 2-3 inches of water in the bottom of the tub and sit with your operated leg on the rim of the tub or on a footstool in the tub. If your bandage gets wet, it must be changed to prevent infection (see above).

After 4 days you can get the incisions wet in the shower but avoid soaking them (ie: bath).

5. If you are unable to pass urine and your bladder is hurting, put warm washcloths on your lower stomach, to allow your body to relax and let the urine come out. If you continue to have difficulties, go to the Emergency Department.
6. Feeling sick to your stomach can sometimes be a problem post-surgery. If you experience nausea, you can take over the counter Gravol (Dimenhydrinate). This can be taken orally or by suppository, as per the package instructions.
7. Due to lack of activity and use of pain medication, you may experience some constipation. Try to prevent prolonged constipation by drinking lots of fluids, and eating foods that are high in fiber. If necessary, take over the counter laxatives.

8. Call Dr. McCormack's office to arrange a follow up appointment. During this doctor's appointment we will review the details of your surgery, discuss physiotherapy, activity instructions, etc.
9. If you have had a general anesthetic, the effects persist for many hours. The following precautions are advised by your anesthetist:
 - a. Do not drive your car for at least 24 hours
 - b. Do not drink alcohol for 24 hours
 - c. You may eat when you feel like it, but take small quantities at first
 - d. Have an adult stay with you overnight

NOTIFY DR. McCORMACK, OR GO TO THE LOCAL EMERGENCY DEPARTMENT, IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:

- Severe pain, or pain that increases after 2nd post-operative day
- Increasing redness or puss-like drainage from you knee
- Continuous bleeding
- Continued, severe swelling in your leg/foot



If you go to any other doctor because you are concerned about possible infection, make sure they aspirate the knee joint (for cultures) before starting antibiotics.

After surgery, while on crutches, the following tips may be helpful:

- Wear safe footwear
- Wear loose fitting sportswear
- Use a backpack
- Carry sealed beverage containers (use caution when carrying hot beverages)
- If sitting elevate your leg



If you need to contact our office, here is our information:

Dr. Robert McCormack

Telephone : 604.526.7885