

Provider: Mark Wood, MD

### **ACL Surgery – Pre and Post Operative Instructions**

<b>For Questions or Concerns:</b>	
<b>Office</b>	919-232-5020
<b>Non-Urgent Contact:</b>	Manny Castro (mcastro@wakeortho.com)
<b>Wake Ortho Managers</b>	wo-woodteam@wakeortho.com
<b>Urgent</b>	Call and Request Triage Nurse

### **Diet & Medications**

***You should not eat or drink after midnight prior to surgery.***

If your procedure is scheduled later in the day, do not eat or drink within eight (8) hours of surgery. Continue all your normal medications, taken with a small sip of water, unless instructed otherwise (i.e., blood thinners, insulin and other medications may be discontinued prior to surgery per your primary care, cardiology and/or anesthesia doctors' instructions). Most blood thinners must be discontinued at least five (5) days prior to surgery – please follow instructions from your primary care doctor or cardiologist.

***If you have a history of post-anesthesia nausea or motion-sickness, please inform Dr Wood so a prescription anti-nausea medication can be provided prior to surgery.*** If you know of specific pain medications that have worked for you (as well as those that did not), please inform Dr. Wood. The anesthesia and drugs used during and after your surgery may cause nausea in some patients, despite taking anti-nausea medications. To combat nausea, drink sips of clear liquids (i.e., Ginger ale, Sprite or 7-Up) and eat small portions of dry crackers or toast.

***It is very important to take pain medications, as instructed, prior to the nerve block wearing off and to stay ahead of the pain for the first 2-3 days.*** The anesthesiologist will provide a “nerve block” prior to surgery, which typically last at least eight (8) hours. Most patients will receive a shorter-lasting medication (i.e., oxycodone or hydromorphone) that should be taken as needed and some patients may receive a small prescription for a longer-lasting medication (i.e., oxycodone/oxycotin) for steady-state relief that can be taken only if the other pain management strategy is not working. Unless allergic, it is also safe to take an anti-inflammatory medication (i.e., naproxen/Aleve or Ibuprofen/Motrin/Advil or Mobic/meloxicam) per instructions and also Tylenol. The narcotic pain medications may be weaned after 2-3 days (increasing the time between doses until

stopped) and the anti-inflammatory medication can be taken with food for the first 10-14 days after surgery to decrease pain and swelling.

***Narcotics pain medications may cause constipation***, which can be prevented by proactively taking a stool softener (i.e., Colace/Ducosate OTC), drinking fluids for hydration and eating a high fiber diet. In some patients, a mild laxative (i.e., Dulcolax/Bisacodyl OTC) may need to be added and on a rare occasion a stronger agent (i.e., magnesium citrate) may be necessary.

***To minimize the risk of a blood clot***, please take a baby aspirin (81 mg) daily beginning in the evening after surgery and continue until ambulating normally (minimum 10 mins, 5 times per day). Early mobilization and performing ankle pumps will also decrease blood clot risk. If you have a history of blood clots, pulmonary embolism or are taking a blood thinner, please inform Dr. Wood.

**Medications You Should Obtain Prior to Your Surgery Date May Include:** narcotic and anti-nausea prescriptions (from pharmacist) and a stool softener, baby aspirin and anti-inflammatory medications.

## **Procedure Preparation**

### **Knee Brace Use, Crutches and Activity**

Please bring your knee brace to surgery (it will be pre-fitted to your leg in the office prior to surgery). You will wake up from surgery wearing the brace locked straight in full extension. The brace should be worn at all times after surgery while ambulating, unless advised otherwise. It can be removed for showering, physical therapy (PT) and if you are sitting in a safe position. The brace should remain in the locked position until instructed otherwise by Dr. Wood or the physical therapist. Detailed weight bearing recommendations will be provided in the discharge instructions from the surgery center (depends on surgical findings). PT will assist in gradually weaning the crutches (in 1-2 weeks as quadriceps recovery and normal gait pattern is confirmed) and weaning opening and weaning the brace (when safe, typically 6 weeks).

### **Dressing and Wound Care**

After ACL reconstruction, the wounds will be covered with gauze and the leg wrapped in an ACE bandage. The dressings can be removed after 72-hours, and wounds should be covered with Band-Aids. Due to the large amount of fluid used during arthroscopy, it is

normal to see some bloody drainage on the dressings. Do not apply any ointment to the incisions. Bruising and numbness to the shin are common after ACL surgery.

### **Showering**

You may shower after 72-hours. The wounds should not be submerged in a bathtub, hot tub, sauna, or pool until cleared by Dr. Wood (typically 4 weeks after surgery).

### **Modalities for Pain Control – TENS Unit and Cold Therapy**

Most patients will receive a TENS unit to help decrease postop pain and swelling. On the day of surgery, a company representative will educate the patient and caregiver on operating the unit and provide a direct phone number for future questions or re-ordering pads. TENS units are covered by insurance plans and there is not an out-of-pocket cost to the patient. A rental option for the unit is available with some insurance companies.

Cold Therapy (icing) is very important for the first 5 to 7 days postoperative. While the post-op dressing is in place, icing can be continuously applied on top of the dressing. Once the dressing is removed, ice is applied as needed for 20-minute intervals (then removed for minimum 20 minutes) 3 to 4 times per day. Do not apply ice directly to the skin. There must be a barrier (dressing or wash cloth) between ice and skin to avoid frostbite. Post-op cold therapy devices (i.e., PolarCare, CryoCuff, GameReady) are available; however, due to the high out of pocket cost to the patient (\$175 - \$2,000), these are no longer routinely prescribed. If a cold therapy device is desired, please inform Dr. Wood so the company representative can be notified to arrange delivery of the device.

### **Post-Op Physical Therapy and Post-Op Appointment**

Post-op ACL patients will begin physical therapy (PT) 3 to 4 days after surgery. Scheduling the PT appointment is the responsibility of the patient and should be scheduled as far in advance as possible to assure access to begin PT. There are several PT practices in the region that routinely perform ACL rehab and Dr. Wood can assist with a recommendation for a convenient location. A PT prescription and protocol will be provided. If PT will be performed at a Wake Ortho location, this appointment should be confirmed at the front desk while checking out. Also, the post-operative visit with Dr. Wood (minimum 10-14 days after surgery) should be confirmed prior to surgery – typically the appointment is made at checkout – noting the date, time and office location.

### **Additional Instructions**

For safety, a responsible adult is required to be available during your surgery, to drive you home and to stay with you for a minimum of one night.

Our goal is to arrange and provide all medications, equipment, education, PT and post-op appointments prior to the day of surgery, which maximizes the patient experience on the day of surgery. Manny Castro will inform you of the surgery location, arrival time and surgical time. Often, the surgical schedule may change up until the day prior to your procedure. Please only go by Manny's (or Wake Ortho medical assistant) instructions for your arrival time (not the hospital or surgery center) as the final OR case order is usually confirmed 24-hours prior based on anesthesia, patient driven or equipment related priorities. If you have any questions about your procedure, please contact Manny or a member of Dr. Wood's Wake Ortho team prior to the procedure.