



Sports Medicine

DR ROBERTSON'S POSTOPERATIVE INSTRUCTIONS FOLLOWING (ACL) ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION

Pain Management: You will be given a prescription for pain medications upon discharge from the hospital. You can expect to have pain for the first week or so after surgery. Pain medication should be taken to help alleviate the pain so that you are comfortable and can participate in Physical Therapy. If you are having excessive pain, please call Dr. Robertson's office (214) 645-3300.

Anticoagulation: You should take one Aspirin (325 mg) per day for two weeks following your surgery (unless you can't take Aspirin for some reason). You should also wear the Teds stockings until you follow-up in the office for your first postoperative visit. The Aspirin and Teds are used to prevent a blood clot.

Dressing/Wound: You must keep your dressing dry and clean. It can be removed the second day following surgery, but the Steri-strips (white adhesive strips) should remain in place until your follow up appointment. Cover the wound with a dry, clean gauze dressing as needed. The wound is sealed with the Steri-strips. The blue stitch will be removed at your postoperative visit. You can shower on the 2nd day but keep the wound dry (wrap with plastic wrap) until after the stitches are removed. Do not take a bath or swim until cleared to do so by Dr. Robertson. Check your incision daily for any signs of infection near the incision (redness, excessive swelling, or drainage). Should you have any concerns about your wound, call Dr. Robertson's office.

Brace & Mobility: Your brace will be set to allow the knee to bend and straighten to a certain degree (typically 0-90°). For the first two weeks post-op, keep your brace locked in full extension while walking and sleeping. Use crutches as needed for at least the first two weeks. At other times you may unlock the brace and bend your knee. If you have had a patellar tendon allograft (cadaver) or hamstring graft you must wear the brace for six (6) weeks. If you have had a patellar tendon autograft (your own patellar tendon) you must wear the brace until your quadriceps strength returns to a safe level (typically 4 weeks). This will be determined by your therapist. If you've had a meniscus repair or microfracture (in addition to the ACL reconstruction), then Dr. Robertson will discuss your weight bearing status with you (as it will be different than described above). The brace may be taken off while in CPM (continuous passive motion) machine.

Ice: For pain, discomfort, or swelling you can use ice or the cold therapy unit (30 minutes on, 30 minutes off) for the first week. After the first week it can be used as needed (at the end of day or after therapy). Be sure to check your skin to make sure that there is no problem from the use of the cold therapy.

Exercises: On the first post-operative day you may start strengthening your quadriceps by firing the quadriceps muscle with the leg straight, as if you were trying to push the back of your knee into the floor/bed. Hold this for 5 seconds and repeat for a total of ten repetitions. Perform three sets per day. At your 1st post-op visit you will see a physical therapist along with Dr. Robertson in his office. They will help you schedule a therapy appointment at UTSW. If you wish to perform therapy elsewhere, please make arrangements to start 1-3 days following your first post-op visit. The ACL rehab protocol can be found at www.billrobertsonmd.com

CPM: The office may make arrangements to have a CPM machine delivered to your home prior to (or shortly after) surgery. You should use the CPM for at least 6-8 hours per day. Start at 40 degrees flexion and 5 degrees hyperextension, and progress to 100 degrees flexion as quickly as tolerated. You should remove your brace while in the machine.

Postoperative Visit: Call Dr. Robertson's office to schedule your postoperative appointment, if you have not already scheduled this appointment. Your appointment should be approximately 10-14 days after your surgery.

If you experience fever (>101.5°F), chills, redness or draining from the wounds, and/or numbness, tingling, or discoloration of the foot, please call the office. Please call if your calf becomes significantly swollen or painful, or if any other problems arise. If you have a problem when the office is closed, please call the office and you'll be connected to the physician on-call.