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Frequently Asked Questions about ACL reconstruction surgery:

Many patients have similar questions about surgery so I thought it would be a good idea to provide you with those questions as well as with the answers. This is not a comprehensive "FAQ" so feel free to come up with more questions.

I want you to be comfortable and have all of your concerns and questions addressed prior to the operation. If your mind is at ease, then your body will be at ease and you will have an easier time with recovery and a better chance of achieving the outcome you are looking for!

Where and when is my surgery?

The operation will typically take place at St. David's North Austin Surgical Center (1st floor of this building) and will be on a Thursday. Our surgical scheduler will work with you and the facility to secure a date and time for your operation. Sometimes the exact time of the operation may be changed as we get closer to your surgical date just depending on other scheduling factors. You will get a call from the surgical facility within a few days from the scheduled date to let you know the exact time and when you need to be there.

Financial information regarding your surgery?

You should have been provided an estimate of your surgical costs from our office. This does not include costs associated with the surgical facility, anesthesia or a surgical assistant that will be assisting with your surgery. More detailed information regarding this is on the surgical financial acknowledgment sheet that you would have either received in the office or will receive when you schedule surgery. Please understand that all cost information is an estimate based on the planned procedure and your insurance information.

What do I need to do before the operation?

10 days before the operation:

Stop the following medications:

1. Stop all "non-steroidal anti-inflammatory" medications (NSAIDs): aspirin, naprosyn/naproxen/Aleve, diclofenac, relafen, ibuprofen, Motrin, Advil, Feldene, Indocin (aka indomethacin).
2. Any "arthritis medicine" other than Tylenol

These can all increase the risk of bleeding during the operation. It takes about 10 days for the medications to leave your system. It will be safe to resume them after the operation.

It is ok to continue Tylenol products (generic name: acetaminophen) and narcotic pain medications up until the night before your operation.

The day before your operation:

Wear freshly laundered clothes to bed; and sleep in freshly laundered bed sheets. Do not eat anything for 8 hours prior to the start of your operation. You may drink water (and ONLY water) up until 2 hours before the operation. It is ok to take your regularly scheduled medications with water in the morning of your operation EXCEPT LISINOPRIL OR ANY MEDICATION ENDING IN "PRIL."

You should receive a phone call from the hospital by the night before the operation to confirm your arrival time for your operation.

The morning of your operation:

DO NOT TAKE ANY ACE INHIBITOR MEDICATION if you are on that regularly. Generic names for ACE inhibitors include: lisinopril, benzapril, ramipril, quinipril. Anything with "pril" at the end is probably this type of medication.

Take a shower using any soap. Dry off using a fresh towel. Do not apply any lotions or creams on or near the surgical site after the shower. Do not shave any hair near the surgical site.

Arrival time at the facility is typically around 1.5 hours before your scheduled operation. This amount of time is necessary to complete any additional paperwork and have your pre-operative nurse prepare you for surgery. This will include having an IV placed. You will then meet the anesthesia team

What type of anesthesia will I have?

Almost everyone will have general anesthesia plus a regional nerve block. *You will not feel, hear, or remember the operation.* General anesthesia means you are asleep and the anesthesia machine is helping you to breathe. The regional nerve block is an injection by the anesthesia team after you have been provided some sedation through your IV. The nerve block typically keeps you from feeling most of the surgical pain for 1-2 days, which is typically the most painful time after surgery.

What happens after surgery?

You will go home the day of your operation and will typically stay in the recovery room for 1-1.5 hours after surgery. Everyone recovers and responds to anesthesia a little differently. Your postoperative nurse will try to make sure you are comfortable, you can drink and/or eat, and use the restroom before you leave. You will be provided with postoperative instructions and will need to have another adult present to receive those instructions and to take you home.

How much pain will I be in?

That depends. No two people are alike and everyone has different levels of post-operative pain. The first 48 hours after the operation are the hardest and then it gets better after that. You can sleep in any position that is comfortable for you. Your brace can be removed for sleeping.

You will be given a prescription for pain medication that is to be used as needed after surgery. You will also be provided with a prescription for a nausea medication just in case. These prescriptions are typically sent to your pharmacy the day before surgery. If you are able to take nonsteroidal anti-inflammatories such as ibuprofen/Advil/Aleve, these can be taken either instead of the narcotic pain medication or in addition to. A typical dose for ibuprofen/Advil/Motrin is 600 mg, which is 3 over-the-counter tablets, and can be taken a maximum of every 6 hours. The typical dose for Aleve is 2 pills or 440 mg every 12 hours. You can also take Tylenol (acetaminophen) in place of a dose of the narcotic medication but you cannot take these together. The recommended dose of Tylenol is 1000 mg or 2 extra strength tablets. The maximum allowable Tylenol per day is 3000 mg. The narcotic medication provided also contains 325 mg of Tylenol per tablet. Ice is also a very effective way to control pain postoperatively.

Ice can be used around the clock after surgery and does not need to be 20 minutes on and 20 minutes off. If you went home with an ice machine this will typically stay cold for around 6 hours after filled with fresh ice and water. Please make sure there is always something between your skin and the ice pad that goes with the machine in order to prevent a potential frostbite injury from occurring.

Do I need help at home?

Everyone should have help for the first 24 hours following surgery. Help is not mandatory after that but is very helpful. You will have very limited use of the operative arm.

Physical Therapy:

Formal physical therapy should start preferably by Monday or Tuesday the week directly after surgery. There are however exercises which should be started the day after surgery and should be performed at least 3 times per day (there is no limit to how often you can do these). The exercises should only take about 10-15 minutes. Your brace needs to be removed or unlocked to perform these simple but effective exercises. Exercises include ankle pumps, quad sets

(contracting your thigh muscle and holding it for a few seconds), straight leg raises (lifting your leg up in a straight position), and starting to move your knee. Moving the knee can be easily done by hanging your leg over the side of your bed and using your nonsurgical leg to lift and lower your surgical leg.

When do I see you again?

Your first postoperative visit with me should be scheduled to take place 1-2 weeks after your operation. You should call the office for any concerns you may have prior to this appointment.

When can I drive?

People will return to driving at different times following ACL surgery. Nobody should drive for the 1st 24 hours after surgery. If surgery was on the left leg, you can drive as soon as you are not taking narcotic medication and feel comfortable to do so. If surgery was on the right leg, it typically takes 2-3 weeks. You need to be able to perform straight leg raises easily and with good control of your knee before driving.

Use of the brace

You will go home in a brace which will be locked straight. The brace can be unlocked by moving the red buttons on both sides to the unlocked position. The purpose of the brace is for stability when you are walking. The knee may feel unstable walking without the brace but you will not hurt your knee walking without it. The brace can be removed anytime at home. The brace should be worn when outside the house for the first 2-3 weeks after surgery depending on how your muscle function is improving. High school students are advised to wear it at school for at least the 1st 4 weeks. The velcro straps will need to be readjusted after changing the bandage.

Bandage

The surgical bandage can be removed 48 hours from when you went home. The white pieces of tape (Steri-strips) directly on your skin should be left in place. You can shower and rinse gently with soap and water directly over these. After showering, pat it dry. You can leave it uncovered at home but I prefer the area to be covered when out of the house either with one of the Ace wraps you went home with or pants. Most people prefer to keep using an Ace wrap under the brace.

