



Arthroscopic Anterior Cruciate Reconstruction
Post Operative Care Instructions
Dr. Tarlow – Advanced Knee Care, PC

You will go home the day of surgery with an ace wrap/Post Op Hinged Brace on your knee. If you experience nausea/vomiting for more than 24 hours after surgery it is likely due to the pain reliever. We like to help you during working hours so ***please phone during business hours for prescription refills/changes***. We like to have fun when not at work so ***expect a return call for refill/change requests made after hours/weekends/holidays on the next business day***.

If you experience the following symptoms call our office (480-483-0393) or present to your closest Emergency Room as soon as possible . These may be signs of infection or deep venous thrombosis.

- Severe knee pain with fever greater than 102 F.
- Diminishing knee motion with progressive severe knee pain.
- Calf or thigh pain that is constant and does not go away with elevation/rest.
- Trouble/pain with breathing or chest pain/shortness of breath-best to phone 911.

Phone/Answering Service: 480-483-0393

Direct Scheduling Line: 480-225-2343

Rachael 480-440-6557 or Mishelle 480-440-6532 during office hours

Website: www.tarlowknee.com

Blog: www.tarlowmd.blogspot.com

E-mail: for Dr. Tarlow - doctlow@cox.net

Activities: Limited for 72 hours after surgery; be sure to divide your time between resting/leg elevation and standing/walking periodically those first 3 days. General anesthesia effects persist for 24 hours; Do not drive, operate machinery/tools, drink alcohol or make important decisions or sign legal documents for one day.

Shower: Remove dressings on second day after surgery. Leave sutures/staples, wash knee incisions, and dry incisions. Application of band-aid/gauze and ace 48 hours after surgery is optional.

Follow-up appointment: Usually scheduled for 7-10 days after surgery. Our staff will phone you to confirm appointment. Call our office (480-483-0393) with questions.

Crutches: Partial weight bearing (1/4 to 1/2 body weight) for 7-10 days. Stop crutches after 7-10 days when able to walk comfortably and you have good leg muscle control.

Brace: Post Op hinged brace will be used - Placed on knee in Surgery. Lock straight for 2 days, then open hinges 0-90 (click off lock on each hinge) and use brace until leg strong-usually for total of 7-10 days. Remove while sleeping after 2nd night. We will attempt to prior authorize brace coverage with your insurance carrier.

Exercises: SLR (straight leg raises) and knee range of motion (ROM) 25 reps twice daily beginning immediately postop. Start exercise bike on 7-14 day postop for 15 minutes. Return to normal activities expected 6-12 months depending on type of ACL graft, rehab progress and commitment. More detailed instructions from Dr. T./physical therapist.

Ice: Knee swelling and pain is expected. Purchase Ice packs or gel packs and apply to the knee/lower leg for 20 minutes four-six times daily for up to 3 weeks.

Chemical Prophylaxis against DVT/PE: Use Aspirin 325 mg orally twice daily for 14 days starting 8am day after discharge. Get up frequently, pump ankles while at rest.

Swelling and bleeding: Some bleeding through dressing in first 48 hours may occur. Swelling is normal. Lower leg/foot/ankle may turn greenish/yellow with black stripes around ankle from the blood traveling under skin and down leg 3-14 days after surgery. Lower leg throbbing on standing also can occur. This is normal.

Physical therapy: You have the option of attending formal PT (office will direct you to trusted professional) or directing your own recovery with home and gym workouts. Physical therapy usually begins after 3-7 days post op when you can comfortably travel out of the house and continues for several months.

Driving: May drive 5-10 days following surgery as long as narcotic pain relievers are not being used. Common sense dictates safe return to driving.

Off Work: Usually 5-10 days if desk type work, 1-4 months for construction type work.

Return to Sport: Range is 6-24 months, with or without sports brace depending on a multitude of factors. Please discuss your specific situation with Dr. T.