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## ACL Reconstruction Post-Operative Guidelines and Frequently Asked Questions

This document will help you plan for your post-operative recovery course following surgery. **Please read and retain this information for future reference.** Many of the questions you may have later can be answered by referring to this information.

**Post-Op Brace:** A hinged knee brace (typically black) is to be worn for 3 weeks after surgery. Please sleep with this brace on for the **first 5 days after surgery**. After 3 weeks you should then switch to the small hinged grey brace (Marshall brace). This second brace will be provided to you at your 1-week postoperative visit.

**Crutches:**

**Week 1:** Toe-touch weight-bearing with 2 crutches  
Approximately 20 lbs - lightly resting the foot on the floor.

**Week 2:** Full weight (wearing the brace) as tolerated.  
Wean to 1 crutch during the 2<sup>nd</sup> week, then discontinue crutches or transition to a cane.  
*You may discontinue the crutches during the second week when you are comfortable with full weight on the leg.*

**Wound Care:** **Keep the site clean and dry** as it heals\*. You may shower 48 hours after surgery with the brace on; wrap the knee securely with plastic to avoid wetting the bandage and incisions. Continue showering with the brace on during the first week. **Do not apply any gels or ointments to the site.**

*\*It is normal to have small amounts of bloody drainage on the dressing. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101° Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot or ankle.*

**Pain Medication:** Prescriptions will be sent to your pharmacy a few days prior to your surgery. **Please pick up all prescriptions BEFORE your surgery day. Pain medication cannot be called in to pharmacies!** You will receive three (3) medications: one narcotic pain medicine (1-2 tabs to be taken every 4-6 hours as needed), one anti-inflammatory medicine (1 tablet daily for 14 days) and one medication for nausea (as needed). **Please call the office ASAP for a refill when your supply is low – All refills must be requested in the office by 4pm on Thursday afternoon.**

**PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!**

**Game Ready Device/Cold Therapy:** You will receive a cold therapy device on the day of surgery or the next day. You will not be able to use this device until you remove your bandages the day following surgery; do not worry if you do not have the device on the day of surgery. **Use the unit for 20 - 30 minutes at a time, 4-6 times per day** to manage swelling and pain. Frequent cold therapy is encouraged as often as possible during the first few post-operative weeks.

**Follow-up Appointments:** 1 week with the Physician Assistant for suture removal and new brace (gray Marshall), 6-8 weeks, 4 months, 6-7 months. **Please plan ahead to arrive on time.**

**Physical Therapy\*\*:** You will receive a physical therapy prescription at your first post-op visit with the Physician Assistant, 6-8 days after surgery. Your first therapy session should be scheduled approximately 7-10 days after surgery. Facility suggestions may be found on the HSS website: <https://www.hss.edu/rehab-network.asp>. PT typically is necessary 1-2 times weekly for 4-5 months post-operatively.

*\*\*These guidelines may be adjusted by Dr. Williams or the PA as you progress. Typical clearance for full activity occurs at the 6-month mark.*

**Post-Operative Testing:** Isokinetic testing should be done in the physical therapy department at Hospital for Special Surgery, at the 6-7 month mark. You will receive the prescription for this special testing during your 6-7 month follow up visit.

## Frequently Asked Questions: ACL Reconstruction Surgery

1. What is the ACL?

The ACL or anterior cruciate ligament is stabilizing structure in the middle of the knee. This ligament keeps the bone of the leg from slipping and shifting during pivoting type activities such as skiing, basketball, soccer, and lacrosse (among others). Unfortunately, the ACL does not heal once torn.

2. Why do I need to have my ACL fixed?

Because the torn ACL does not heal spontaneously, a surgeon must replace the injured ligament to restore stability to the knee. Eliminating this potential instability by replacing the ACL is better for the knee over the long term – as this reduces the likelihood of meniscus and cartilage problems (arthritis) down the line.

3. Which is the best graft choice for ACL surgery?

All potential graft sources work for the purpose of restoring stability to a knee following ACL injury. Grafts can come from the patient (Patellar Tendon, Hamstring, Quadriceps Tendon) or from a donor (allograft source). While each type of graft has its advantages and disadvantages, Dr. Williams will typically guide you in the process of selecting which graft is best for your lifestyle and recovery.

4. How long is the ACL rehabilitation?

One can expect to use crutches for about a week after surgery. Patients can full weight bear after that first week. We recommend the use of postoperative knee brace for about four weeks after surgery. You do NOT have to sleep in this brace after the first week.

In all, the ACL rehabilitation takes six (6) months. This is the time needed for the inserted graft to mature to a point where Dr. Williams is assured that the graft strength is suitable for you to resume all activities. Your diligent participation in fitness exercise and PT during this period is crucial to your timely full recovery from surgery.

On average plan on two (2) visits to PT each week. An additional two independent work-outs should be scheduled per week to adequately address the involved limb.

5. What are the risks of ACL surgery?

There are two primary risks associated with ACL surgery. The first risk is infection. While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 2 weeks after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff. Again, smoking interferes with wound healing, so discontinuing smoking 2 weeks prior and following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, doing leg lifts etc. all contribute to keeping the blood moving in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area, or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner (Warfarin, Coumadin) until the clot disappears.

6. How often do I come back to the office?

You will need to come back to the office at 1 week, 6-8 weeks, 4 months and 6-7 months after surgery. The first and second postoperative appointments should be made when a date for surgery is confirmed. **Please plan ahead to arrive on time.**