

Lisa Kaplin, DO

MULTILIGAMENT KNEE RECONSTRUCTION (ACL/ POSTERO LATERALCORNER)

1. DIET

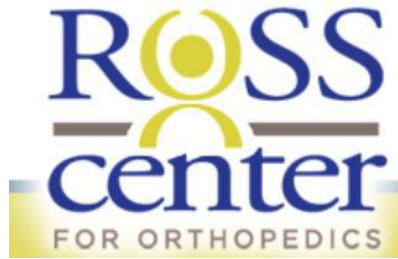
- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

2. WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed, reinforce with additional dressing
- To avoid infection, **keep surgical incisions clean and dry for the first 7 days** following surgery – you may shower by placing a large plastic bag over your brace beginning the day after surgery. NO immersion of the operative leg (ie: bath or pool).
- **Wait until your first post operative appointment to have Dr. Kaplin's team remove the surgical dressing**
- Please do not place any ointments lotions or creams directly over the incisions.
- Once the sutures are removed at least 7-10 days post operatively you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry). NO immersion in a bath until given approval by our office.

3. MEDICATIONS

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative and be sure to drink plenty of water.



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- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication
- Please avoid alcohol use while taking narcotic pain medication

- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For 2 weeks following surgery take one aspirin 325mg tablet daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

4. ACTIVITY

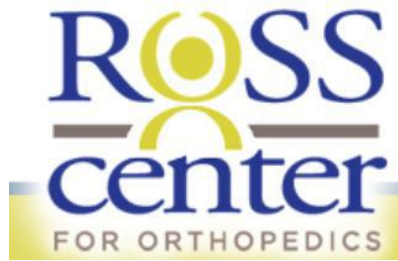
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Place pillows under foot to support the brace locked in extension.
- Use crutches to assist with walking – you will be **NON WEIGHT BEARING x6 weeks with brace locked in extension following surgery**
- Do not engage in activities which increase swelling/pain (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

5. BRACE

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise instructed after the first post-operative visit

6. ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) for 30-45 minutes every 2 hours daily until your first post-operative visit – remember to keep



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leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin.

- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable

7. EXERCISE

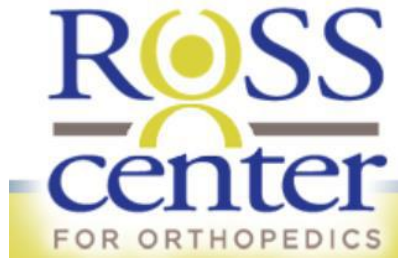
- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides, and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few days following surgery
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- Formal physical therapy (PT) typically begins after you are seen for your initial post operative appointment following surgery. A prescription and protocol will be provided at your first post-op visit.

8. EMERGENCIES**

Contact Dr. Kaplin or her medical assistant at (609) 267-2333 if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in wrist or hand
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, contact the same office number (609) 267-2333 and you will be connected to our page service – they will contact Dr. Kaplin or one of her physician assistants if she is unavailable. Do NOT call the hospital or surgical center.

**If you have an emergency that requires immediate attention, proceed to the nearest emergency room.



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9. FOLLOW UP CARE + QUESTIONS

- A member of Dr. Kaplin's team will call you on your first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at (609) 267-2333.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (609) 267-2333 and ask for appointment scheduling.