ACL Reconstruction: Discharge Instructions Dr. Garrett Kerns, D.O.

1. Dressing Instructions:

- A. Keep dressings clean and dry
- B. You may shower as long as the dressing is covered and waterproof(wrapped in plastic bag or plastic wrap and secured with tape).
- C. DO NOT touch the incision.
- D. DO NOT apply creams, ointments or cleanser to the sutured or stapledarea.

2. <u>Activity/Restrictions:</u>

- A. You may *partial* weight bear with crutches during the first seven days and advance to full weight bearing as tolerated after that. You MUST wear the hinged knee brace at all times.
- B. NO long automobile rides until approved by Dr. Kerns.
- C. NO jumping, running, or squatting until approved by Dr. Kerns.
- D. You should maintain your knee motion by performing the exercises provided to you during your pre-op education (always wear the knee brace when performing your exercises). Your therapy will begin immediately and it is crucial to attend all appointments.

3. Comfort:

- A. You can expect a certain amount of swelling to the knee and possibly downto the foot. To aid in controlling the amount of swelling, and to prevent ablood clot from forming, please wear your TED hose on both legs day andnight for the first two (2) to three (3) weeks. You may remove them twicedaily for skin care or to wash the hose.
- B. You may remove the ACE bandage and re-apply it to your comfort level. The ACE bandage also aids in reducing the amount of swelling and should work snugly, but not too tight.
- C. Elevate the operative extremity as much as possible. For the first 24 to 48hours after surgery, try to keep it elevated; after 48 hours, elevate as muchas possible (at least six (6) times daily, and more often if needed, to aid inreducing the swelling and pain).
- D. Apply ice packs or use the cryocuff as much as possible, especially in thefirst 24 to 48 hours. In the days that follow, use ice or the cryocuff 4 to 6times daily for 20 to 30 minutes each time. This will help with paincontrol and help to reduce swelling.
- *E.* Pain medication may cause *dizziness, lightheadedness, drowsiness, ornausea.* These are often expected side effects. Remember to take themedication before the pain becomes too severe. Your pain Medication is:
 - i. ** please call the office ((989) 583-7450 to request a refill before you run out of your pain medication completely and allow up to 2 business days for it to be filled.**
- F. You may resume anti-inflammatory medicine four (4) days after surgery.

4. Appointments:

- A. Date and time of therapy appointment: ______.B. Date and time of follow-up appointment with your physician or the physician assistant:

5. Notify the physician's office at (989) 583-7450 for any of the following reasons:

_____.

- i. Increasing redness of the incision
- ii. Increasing swelling
- iii. Draining (green, yellow, or foul smelling)
- iv. Increased Pain
- v. Fever above 101 degrees F or more
- vi. Calf pain (especially accompanied by tenderness and redness)
- vii. Persistent change in the color or temperature of the operative leg
- viii. Prolonged nausea and vomiting
- ix. Chest pain or shortness of breath

Patient Signature_____

Nurse Signature _____