



**Dr. Christopher Hajnik**

## **Post-Operative Instructions for Anterior Cruciate Ligament Reconstruction**

**1. Note:** If you have any further questions, please feel free to call Dr. Hajnik's office at any time. If there is an emergency, please go to the nearest emergency room and call Dr. Hajnik's office so he can make sure you receive the appropriate care.

**2. Follow - up:** Please call the office to schedule a follow-up appointment. The appointment should be about 2 weeks after the surgery.

**3. Incision Care:** Please remove your dressing 48 hours after surgery. Underneath the dressing, you will find white plastic strips (Steri Strips) that help to hold the incision together. DO NOT remove these strips. Occasionally, there may be some clear or blood-tinged drainage. If this happens, please re-apply a clean gauze and an Ace Bandage. The drainage should stop in the next day or two. If the drainage persists for more than 1 - 2 days, you should call the office. If the wound is dry, you do not need to apply a new dressing. However, you may re-apply the Ace Bandage to cover the Steri Strips if you wish. Finally, despite great care, any incision may become infected. If the operative site becomes markedly red, swollen, shows pus, or feels very hot, call Dr. Hajnik's office.

**4. Ice and Elevation:** Please keep the leg elevated with 2 - 3 pillows. Place the pillows under the foot or ankle so the knee remains straight (DO NOT keep the knee bent for a prolonged time). Elevation is especially important for the first 2 – 3 days. In addition, you should ice the knee in 20 minute intervals (20 minutes on and 20 minutes off). Finally, please remember to ice and elevate your leg after physical therapy sessions and exercise.

**5. Pain Medication:** You will be provided with a prescription for pain medication when you leave the hospital. Please take as directed. You may also take Tylenol instead for the pain.

**6. Diet:** You may eat whatever you would like.

**7. Physical Therapy and CPM:** You will be provided with a Physical Therapy referral when you leave the hospital. Please make an appointment with a therapist within 48 hours of your arrival at home. You will also be provided with Dr. Hajnik's preferred protocol for ACL reconstructions. The therapist should follow this protocol. If you need help finding a therapist, please call the office for a list of therapists near your home or work.

Along with physical therapy, Dr. Hajnik would like you to use a CPM (Continuous Passive Motion) machine. The CPM should be used for a total of 4 – 6 hours per day. You may break up the sessions according to your schedule. The range of motion should be set according to the aforementioned ACL protocol.

**8. Brace and Crutches** - Upon discharge from the hospital, you will be fitted with a knee brace and crutches. Be sure to use them when ambulating as it helps protect the reconstruction. You DO NOT have to wear the brace when sleeping. You may stop using the brace and crutches according to the criteria defined in the ACL protocol (usually about 4 weeks). Your therapist will let you know when it is safe to do this.

**9. Other concerns**

*a. Fever:* a temperature of up to 101.5 degrees Fahrenheit is expected for the first 2 - 3 days following surgery. If this should occur, take your prescribed pain medication or Tylenol as directed. Call the office for any fevers in excess of 102 or that do not respond to Tylenol.

*b. Swelling / Bruising:* It is normal for the knee to become mildly swollen after surgery. You may also notice some bruising. The swelling and bruising from the knee may also migrate down to the calf and ankle (gravity).

*c. Showering:* You may shower after your dressing is removed and the incision is dry. However, do not get the Steri Strips wet. Place Saran Wrap over the Steri Strips to keep them dry. If the incision gets wet, make sure to pat it dry. DO NOT take a bath.

Physician Name: Christopher Hajnik, MD Signature \_\_\_\_\_

I hereby acknowledge receipt of the instruction indicated above. I understand that I must make arrangements for my post-operative follow-up care with Dr. Hajnik as instructed by him.

Patient Signature \_\_\_\_\_

Witness \_\_\_\_\_

Relationship: \_\_\_\_\_