

What is anterior cruciate ligament reconstruction?

Anterior cruciate ligament (ACL) surgery replaces the damaged ligament with a new ligament called a graft. In most cases, the graft is a tendon taken from your own knee or hamstring. In some cases, the graft comes from a donor.

Your doctor uses a lighted tube called an arthroscope, or scope. He or she puts this and other surgical tools through small cuts in your knee. Your doctor may make a larger cut to take the graft from your knee or hamstring. He or she then replaces the ACL with a graft. The cuts are called incisions. They leave scars that usually fade with time.

You will go home on the same day of the surgery. Your knee will slowly get stronger as you recover. You may be able to go back to most of your normal activities within a few weeks. But it will be months before you have complete use of your knee. It may take as long as 6 months before your knee is ready for hard physical work or certain sports.

You will need physical rehabilitation (rehab) after surgery. This will build your strength and improve the motion of your joint. At first, you will get help with the exercises. Later, you will get exercises to do on your own. The rehab will last for several months. After surgery and rehab, you should have less pain and your knee should be more stable.

How soon you can return to sports or exercise depends on how well you follow your rehab program and how well your knee heals.

How do you prepare for surgery?

Surgery can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for surgery.



Preparing for surgery

- You will have a chance to talk to your physiotherapist. Physical rehabilitation is a big part of your recovery. Your therapist may teach you some exercises that will help prepare your knee for surgery.
- Be sure you have someone to take you home. Anesthesia and pain medicine will make it unsafe for you to drive or get home on your own.
- Understand exactly what surgery is planned, along with the risks, benefits, and other options.

- Tell your doctor ALL the medicines and natural health products you take. Some may increase the risk of problems during your surgery. Your doctor will tell you if you should stop taking any of them before the surgery and how soon to do it.
- If you take aspirin or some other blood thinner, ask your doctor if you should stop taking it before your surgery. Make sure that you understand exactly what your doctor wants you to do. These medicines increase the risk of bleeding.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

Plan Ahead

- **Plan a ride home.** Ask a family member or friend to bring you home after your hospital visit and stay with you for 24 hours
- **Plan for meals.** Good nutrition is important for your recovery, but cooking may be harder to do right after you get home. Prepare and freeze meals before your surgery or ask friends and family to help you cook or shop for groceries.
- **Get help with chores.** After you get home you may need help. For a short time after your surgery, you may be told to avoid certain physical activities. Plan ahead and arrange to have some help with chores after your surgery.
- **Buy gum or hard candies.** Chewing gum and sucking on hard candies may help get your bowels moving after surgery.

Be as healthy as possible

- **Be active.** Being active before surgery will make it easier for you to be active after surgery. If you're normally active, keep doing your regular activities up to the day of your surgery. If you aren't used to exercising, start slowly. You can start by going for 15 minute walks.
- **Eat healthy.** Eating healthy foods will give your body the nutrients it needs to prepare for and handle the surgery. Eat healthy foods and drink enough fluids in the weeks before your surgery. Your healthcare team will tell you how long before surgery that you need to stop eating and drinking.
- **Manage your medical conditions.** If you have other medical conditions, such as anemia or high or low blood sugar, ask your healthcare team what you need to do to prepare for surgery.
- **Quit tobacco.** You can heal faster and prevent lung problems after surgery if you quit tobacco. Aim to quit smoking and using tobacco and tobacco-like products at least 4 weeks before surgery. Talk to your healthcare team about ways to quit or cut back. **Don't drink alcohol 24 hours before surgery.** Alcohol, cannabis, and other drugs may interact with medicines you take before and after surgery. Talk to your healthcare team if you need help stopping or cutting back on alcohol, cannabis, or other drugs.

Do the following before your surgery to help you feel better sooner and recover faster.

The day before surgery

- Know the time of your surgery, when you need to be at the hospital, and where you need to go when you get there.
- Follow any instructions the healthcare team or your surgeon gave you for your medicines (including herbal or complementary medicines).
- Don't drink alcohol 24 hours before your surgery.



- **Stop** eating at midnight. This is very important!



- Stop eating and drinking all non-clear fluids at midnight. This is very important
- You may DRINK CLEAR FLUIDS ONLY up to 3 hours before surgery. This includes BLACK coffee, tea, Gatorade, apple juice and water.

Morning of surgery

Plan to arrive at the hospital on time.

- Follow any instructions provided
- Bring all of the things you packed for your hospital stay **if** you are being admitted.
- Follow **all** other instructions the healthcare team gave you to prepare for surgery.
- Bring your CPAP if you use one



What happens on the day of surgery?

If your doctor told you to take your medicines on the day of surgery, take them with only a sip of water.

- Take a bath or shower before you come in for your surgery. Do not apply lotions, perfumes, deodorants, or nail polish.
- Do not shave the surgical site yourself.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital



Bring a picture ID.

- The area for surgery is often marked to make sure there are no errors.
 - You will be kept comfortable and safe by your anesthesia provider. The anesthesia may make you sleep.
 - Your leg will be in a leg brace to limit motion.
 - You may have a device that applies cold treatment to your knee.
 - You will have to use crutches until you are cleared to bare weight
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- **When should you call your doctor?**
 - You have questions or concerns.
 - You don't understand how to prepare for your surgery.
 - You become ill before the surgery (such as fever, flu, or a cold).
 - You need to reschedule or have changed your mind about having the surgery.

Anterior Cruciate Ligament Reconstruction: What to Expect at Home

Your Recovery

You will feel tired for several days. Your knee will be swollen. And you may have numbness around the cut (incision) on your knee. Your ankle and shin may be bruised or swollen. You can put ice on the area to reduce swelling. Most of this will go away in a few days. You should soon start seeing improvement in your knee.

How soon you can return to sports or exercise depends on how well you follow your rehab program and how well your knee heals. Your doctor or physiotherapist will give you an idea of when you can return to these activities. Most people can jog in about 4 months and run or cycle in about 4 to 6 months. You may need to wear a knee brace when you play sports.

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

How can you care for yourself at home?



Activity

- Rest when you feel tired. Getting enough sleep will help you recover. Sleep with your knee raised, but not bent. Put a pillow under your foot. Keep your leg raised as much as you can for the first few days.
- You can use a brace and crutches to move around the house to do daily tasks. Don't put weight on your leg without these until your doctor says it's okay. Your thigh muscles will be weak, so take your time and be safe.
- If you have a brace, leave it on except when you exercise your knee or you shower.
- You may shower 24 to 48 hours after surgery. When you shower, keep your bandage and incision dry by taping a sheet of plastic to cover them. It might be best to get a shower stool to sit on.
- If your doctor does not want you to shower or remove your brace, you can take a sponge bath.
- You can drive when you are no longer using crutches or a knee brace, are no longer taking prescription pain medicine, and have some control over your knee.



Diet

- Start off light with food such as soup toast and tea. Avoid dairy and fatty foods as this might cause stomach upset
- Drink plenty of fluids.
- You may notice that your bowel movements are not regular right after your surgery. This is common. Try to avoid constipation and straining with bowel movements. You may want to take a fibre supplement every day. If you have not had a bowel movement after a couple of days, ask your doctor about taking a mild laxative.



Medicines

- Your doctor will tell you if and when you can restart your medicines. He or she will also give you instructions about taking any new medicines.
- If you take aspirin or some other blood thinner, ask your doctor if and when to start taking it again. Make sure that you understand exactly what your doctor wants you to do.
- Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
- If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.



Incision care

- If you have a bandage over your incision, keep the bandage clean and dry. Follow your doctor's instructions. Your doctor will want you to leave the bandage on until you come back to the office.



Exercise

- Do your rehab exercises as instructed. Exercise in a rehab program is an important part of your treatment. It will help you improve your knee's range of motion and regain your muscle strength.
- If you are given a continuous passive motion machine, use it as directed. This machine will do some of the exercises for you. You will use it for about 2 weeks.
- Avoid twisting and squatting movements



Ice and elevation

- To reduce swelling and pain, put ice or a cold pack on your knee for 10 to 20 minutes at a time. Do this every few hours. Put a thin cloth between the ice and your skin.
- For 3 days after surgery, prop up the sore leg on a pillow when you ice it or anytime you sit or lie down. Try to keep it above the level of your heart. This will help reduce swelling.

Discharge

How you may feel after your operation

- You may feel nauseated, light headed dizzy or sleepy for up to 24 hours after your surgery
- You may have a slight temperature for 2 days
- You may feel tired for a few days after your surgery

For 24 hours after your surgery do not....

Drive a vehicle

Operate heavy equipment

Drink alcohol or smoke

Make any important or legal decisions

At Home

Slowly get more active.

- Eat healthy and drink fluids as you did before surgery (unless your healthcare team gives you other instructions).
- Drink oral nutritional supplements (like Ensure Protein Max) for the first month after surgery to give you extra protein and help you heal faster.
- Take less pain medicine as your pain gets better.
- Take your blood thinner and other medicines as you were told.

What is anesthesia?

Anesthesia controls pain. And it keeps all your organs working normally during surgery or another kind of procedure.

Anesthesia can relax you. It can also make you sleepy or forgetful. Or it may make you unconscious. It depends on what kind you get.

Your anesthesia provider (anesthesiologist) will make sure you are comfortable and safe during the procedure or surgery.

There are different types of anesthesia.

- **Local anesthesia.** This type numbs a small part of the body. Doctors use it for simple procedures.
 - You get a shot in the area the doctor will work on.
 - You will feel some pressure during the procedure.
 - You may stay awake. Or you may get medicine to help you relax or sleep.
- **Regional anesthesia.** This type blocks pain to a larger area of the body. It can also help relieve pain right after surgery. And it may reduce your need for other pain medicine after surgery. There are different types. They include:
 - Peripheral nerve block. This is a shot near a specific nerve or group of nerves. It blocks pain in the part of the body supplied by the nerve. This is often used for procedures on the hands, arms, feet, legs, or face.
 - Epidural and spinal anesthesia. This is a shot near the spinal cord and the nerves around it. It blocks pain from an entire area of the body, such as the belly, hips, or legs.
- **General anesthesia.** This type affects the brain and the whole body. You may get it through a small tube placed in a vein (IV). You are unconscious and will not feel pain. During the surgery, you will be comfortable. Later, you will not remember much about the surgery.

What type will you have?

The type of anesthesia you have depends on many things, such as:

- The type of surgery or procedure and the reason you are having it.

- Test results, such as blood tests.
- How worried you feel about the surgery.
- Your health. Your doctor and nurses will ask you about any past surgeries. They will ask about any health problems you may have, such as diabetes, lung or heart disease, or a history of stroke. They will want to know if you take medicine, such as blood thinners. Your doctor may also ask if any family members have had any problems with anesthesia. You will talk with your anesthesia provider about your options. In many cases, you may be able to choose the type of anesthesia you have.

What can you expect after having anesthesia?

Right after the surgery, you will be in the recovery room. Nurses will make sure you are comfortable. As the anesthesia wears off, you may feel some pain and discomfort from your surgery.

Tell someone if you have pain. Pain medicine works better if you take it before the pain gets bad.

You may feel some of the effects of anesthesia for a while. It takes time for the effects of the medicine to completely wear off.

- If you had local or regional anesthesia you may feel numb and have less feeling in part of your body. It may also take a few hours for you to be able to move and control your muscles as usual.
- When you first wake up from general anesthesia, you may be confused. Or it may be hard to think clearly. This is normal.
- Don't do anything for 24 hours that requires attention to detail. This includes going to work, making important decisions, or signing any legal documents.

Other common side effects of anesthesia include:

- Nausea and vomiting. This does not usually last long. It can be treated with medicine.
- A slight drop in body temperature. You may feel cold and shiver when you first wake up.
- A sore throat, if you had general anesthesia.
- Muscle aches or weakness.
- Feeling tired.

You may go home the same day of surgery or you may stay in the hospital. Your doctor will check on your recovery from the anesthesia. He or she will answer any questions you may have.

For answers to frequently asked questions about your anesthetic, please visit

<https://www.cas.ca/en/about-cas/advocacy/anesthesia-faq>



When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have chest pain, are short of breath, or you cough up blood.

Call your doctor call or seek immediate medical care if:

- Your foot is cool or pale or changes colour.
 - Redness or swelling in your leg.
- You have signs of infection, such as:
 - Increased pain, swelling, warmth, or redness.
 - Red streaks leading from the incision.
 - Pus draining from the incision.
 - A fever.
- You bleed through your bandage.