ACL KNEE SURGERY INSTRUCTIONS

Lance E. LeClere, MD • Professor of Orthopaedic Surgery · Chief, Orthopaedic Sports Medicine · Vanderbilt University Medical Center

Some pain after ACL surgery is expected. These instructions cover your medications, activity, wound care and the warning signs that should prompt a call. **Bring this sheet to your first post-operative visit.** If anything here differs from what you were told at discharge, follow those instructions and call the office to confirm.

PAIN CONTROL

You will likely need pain medication frequently for the **first 1–3 days** after surgery. As the pain improves, begin to wean off the opioid pain medication.

OPIOID PAIN MEDICATION	◆ **Percocet or Vicodin** — take 1–2 tablets every 4 hours as needed ◆ Begin weaning off as soon as the pain starts to improve ◆ If you received a **nerve block**, take pain medication before going to sleep the day of surgery — blocks typically wear off in the middle of the night
ANTI-INFLAMMATORY	◆ **Motrin (ibuprofen)** — up to 800 mg every 8 hours as needed for pain ◆ **Pain and muscle spasms often worsen on days 2–5 after surgery.** If this happens, let Dr. LeClere and his staff know — we can send a prescription-strength NSAID (**Toradol**) to be used for 5 days ◆ **Toradol replaces the Motrin — do not take both**
STOOL SOFTENER	◆ **Colace or Surfak** — take daily to prevent constipation from the opioid pain medication
NAUSEA	◆ **Phenergan or Zofran** — take as needed for nausea
BLOOD CLOT PREVENTION	◆ **Aspirin 81 mg** — beginning the day after surgery, take one 81 mg aspirin **twice per day for 4 weeks** ◆ Follow the directions on the bottle if they differ from the above

ACTIVITY & RECOVERY

ACTIVITY & WEIGHT BEARING — FIRST WEEKS

- **Clarify your weight-bearing status with Dr. LeClere and his staff.** If you did not have a major meniscus repair, you may put **as much weight as you can tolerate** on the leg
- You will be given crutches to use as needed after surgery for pain control
- Knee range of motion is encouraged
- **Do not sleep with a pillow under the knee** — this can cause a permanent contracture

PHYSICAL THERAPY — DAYS 2–4

- A major component of a successful recovery is **beginning physical therapy in the first 2–4 days after surgery**
- If therapy has not already been arranged, speak with the clinic staff about a referral and contact your preferred PT location directly so you can start within this critical window
- You may also start Phase 1 exercises — quad sets, heel slides, straight leg raises and calf pumps — as guided by Dr. LeClere's protocol at **acltear.info**

DIET — AFTER SURGERY

- Resume your regular diet
- Increase fiber and fluids to prevent constipation from anesthesia and opioid pain medication
- Avoid supplements; a multivitamin may be taken
- **No alcohol while taking opioid pain medication**

DRIVING & TRAVEL — FIRST 2 WEEKS

- **No driving or operating machinery while taking opioid pain medication**
- We strongly recommend **against** car trips longer than 2 hours or airline travel in the first 2 weeks because of the risk of blood clots — if you must travel, let the office know first

FOLLOW-UP — 4–14 DAYS

- You should have an appointment with your surgeon **4–14 days** after the day of surgery
- If one has not been scheduled, contact the clinic as soon as possible

PROUD MEDICAL TEAM FOR

Lance E. LeClere, MD
Orthopaedic Sports Medicine & Shoulder Surgery

Appointments
615-936-7846

Website
LanceLeClereMD.com

Athletic Trainer
Justin Tatman · 615-421-4160

POST-OPERATIVE INSTRUCTIONS

WOUND CARE & CONCERNS

ICE & COLD THERAPY

WEEKS 1–2

- Regular **ice and elevation** are strongly recommended for swelling and pain control in the first 1–2 weeks
- Use ice packs or a polar care device if one was provided — the clinic staff can discuss other cryotherapy options
- **While the dressings are in place:** ice 30 minutes at a time, with 30–60 minute breaks
- **Once the dressing is removed:** ice 20–25 minutes at a time, with 60 minute breaks
- **Always keep at least one layer between the device and your skin** — a towel, sleeve or thin clothing — and check your skin after icing

DRESSINGS, WOUNDS & SHOWERING

FIRST 4 WEEKS

- Keep the dressings in place until the **third post-operative day** (at least 72 hours from the time of surgery) unless you are told otherwise. Keep them clean and dry
- After removal you may cover the wounds with band-aids or gauze, but this is not required. No ointments or creams are needed
- Once the dressings are off at 72 hours you may **shower**, letting the water run over the wounds. **Do not scrub the wounds**
- **No submerged bathing for 4 weeks** — no hot tubs, pools, ocean or bathtubs

CONCERNS FOLLOWING SURGERY

Our office can assist with most concerns during normal business hours. **Message us through My Health at Vanderbilt for the quickest response** — portal messages are monitored Monday through Friday, 8 a.m. to 5 p.m.

CONTACT THE CLINIC FOR

- Increasing pain or swelling not relieved by medication, ice and elevation
- Redness, warmth, increased incision tenderness, drainage or foul smell
- Bleeding that does not stop
- Numbness in the leg or foot
- Temperature over 101.4°F
- Any other concern

GO TO THE EMERGENCY DEPARTMENT FOR

- Headache following spinal anesthesia
- Prolonged dizziness
- General weakness
- Sensations or experiences recalled from your operation or procedure
- Shortness of breath or chest pain

NIGHTS & WEEKENDS
615-936-7846

Call to speak with the on-call orthopaedic resident. My Health at Vanderbilt portal messages are not monitored on weekends.

LANCE E. LECLERE, MD

CLINIC LOCATIONS

Belle Meade Orthopaedics and Sports Medicine
6002 Highway 100, Nashville, TN 37205

Vanderbilt Orthopaedics Nashville West
6606 Charlotte Pike, Suite 104, Nashville, TN 37209

Vanderbilt Orthopaedics Franklin
206 Bedford Way, Franklin, TN 37064

APPOINTMENTS & QUESTIONS

Vanderbilt Orthopaedics
615-936-7846

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ONLINE

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vumc.org/orthopaedics

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