Post Operative Instructions

Arthroscopic PCL Reconstruction
Patella Tendon (bone-tendon-bone) / Hamstring - Duel Bundle Graft

Michael E. Joyce, MD

Bandages & Ace Wrap:

Your post-operative dressing has three layers you need to understand in order to properly care for your knee for the two weeks following surgery. Your incisions were closed with a single long stitch, which were covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place until your sutures are removed 10 to 12 days after surgery.

The second layer is a large white fluffy dressing that is loosely wrapped around your knee. Since arthroscopy is performed with water, this second layer can absorb some water that will leak from your knee for the first couple hours after surgery. Occasionally, there will also be a small amount of blood mixed with this water, which is nothing to worry about. The third and final layer is a long ace wrap that was wrapped around your leg from the foot up to your thigh. We wrap the whole leg, not just the knee, so that the ace wrap does not act like a tourniquet causing the lower leg to swell.

While you can remove the white fluffy dressing the day after surgery, you should use the ace wrap for at least a few days after surgery, or as long as your leg or knee has some swelling.

Ice, Elevation & Cryo Cuff:

One important goal following surgery is to minimize swelling around the knee. The best way to achieve this is with the frequent application of ice and by keeping the leg elevated. This is most important the first 72 hours following surgery. The ice pack should be large (like a big zip-lock bag) and held firmly around the front of the knee. While we wrap your ace bandage from your foot to your thigh to prevent the calf from swelling, it is still important to keep the entire leg elevated on a couple of pillows. We follow the "one to four" rule - which means that for every hour your leg is down (like sitting in a chair or walking) it takes four hours to reverse the swelling.

Many patients will have a cryo-cuff to cool the knee after surgery. If you do not have one simply follow the same instructions using a bag of ice. For the first few days after surgery the cryo-cuff is placed over your dressing, later it can be placed directly on the knee or over a thin towel. The brace should be removed to properly use this device. Use the cryo-cuff for 20 to 30 minutes every 1-2 hours for the first 3 to 4 days, then use it after physical therapy or times of increased activity for the next several weeks.

Brace:

A brace is used to protect your knee after surgery. The only time you really must wear the brace is when you are ambulating. While in bed or resting feel free to remove the brace. The brace's hinges are locked so that the knee is held in a fully extended position (straight out), do not change the hinges on the brace. Once your rehabilitation has begun the physical therapist may begin allowing you to walk without the brace. Feel free to adjust the brace in order to make it more comfortable. The brace is worn for 6 to 8 weeks. Around 2 to 3 months after surgery you will be fitted for a custom brace that will be used for the next year. If you have any questions about the use of your brace please ask Dr. Joyce or your physical therapist.

Several times a day the brace must be removed to work on knee extension. The FIRST goal of rehabilitation is to get full knee extension - that is to get the leg out straight. This is begun the day following surgery and you will be instructed on this exercise by your physical therapist. With PCL surgery we do not allow flexion beyond 90° for 6-8 weeks after surgery.

Washing & Bathing:

You should be careful to keep the wound clean and dry for the first 48 hours after surgery. Beginning on the forth day after surgery it is OK to shower directly over your Steri-Strips (they won't come off). It is also OK to use soap on your leg and over the Steri-Strips. This shower should be quick. I would prefer that you do not take a bath until one week after surgery. It is OK to go into a swimming pool a week after surgery, but no lakes or ocean until two weeks after surgery.

The yellow discoloration you will find on your leg is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water, instead you will need rubbing alcohol to remove it. This can be done the day after surgery unless it is causing your leg to itch, then it can be removed sooner.

Walking & Crutches:

We allow you place your 50% of your full weight on the operative knee when walking as soon after surgery as it feels comfortable (always in your brace). Remember that walking with your brace on is perfectly safe and may actually speed your recovery. You should use your crutches for at least 2 weeks after surgery. If needed, some patients feel more comfortable using their crutches for up to 4 weeks. How long you use them will depend on how extensive your surgery was, for example many patients had several ligaments repaired or reconstructed in addition to their PCL, in this situation longer bracing and slower walking is recommended.

Physical Therapy

Your physical therapy appointment should have been made for you before your surgery day. It is important to start physical therapy within two to three days after surgery. The goal of physical therapy is to first assess how your knee responded to the surgical procedure, therefore they will remove your dressing and look at your wound. They will re-introduce you to your knee so that you feel comfortable with your surgery and aren't afraid to start doing things. Your

therapist will start range of motion, gait, and strength exercises on your first visit. If they find anything unexpected they will let Dr. Joyce know right away.

With the complexity of PCL surgery I expect to have several phone conversations with your physical therapist. Please remind your therapist to call me and update me with your progress. If you ever feel that the communication between your therapist and myself is incomplete, call and let me know immediately.

Follow up appointment:

We try to give all of our patients a follow-up office visit at the same time we schedule your surgery. Sometimes I find things, or do things, I didn't anticipate during your surgical procedure, therefore I may want to see you in the office sooner than originally planned.

Typically I want to see my patients in the office 10 to 12 days after surgery.

Medications:

I will usually prescribe two medications for the control of your post-operative pain. During surgery I will often inject a painkiller, like novocaine, that will give some pain relief for several hours after surgery. It is important to begin to take your pain pills before this medicine wears off.

This first medication I use is Vicodin (hydrocodone) which is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. For some sensitive patients, when taking the first few doses of Vicodin you may experience nausea or an episode of vomiting. The best way to prevent this is to take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. If the nausea persists, it is possible that a similar response will occur with other narcotic pain pills, therefore we should try the Anaprox as the main medication to control your pain. It you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. Normally, Vicodin is taken every 6 hours but if the pain is severe, it can be used every 4 hours.

The second medication I prescribe is Anaprox, which is a non-narcotic painkiller in the NSAID class. The advantage of this medication is that nausea is a very infrequent side effect and it can also be taken with the Vicodin for even better pain control than any pain medication alone. This medication should be taken with food. For patients that get stomach irritation from NSAIDs I will substitute Vioxx for the Anaprox.

Many patients end up taking the Vicodin at night and the Anaprox (Vioxx) during the day. Whatever combination works best with you is fine with me.

Under some circumstances I will also prescribe Oxycontin as an additional pain medication. This painkiller is a slow release formula that is long acting (over 12 hours). It will be used in conjunction with Vicodin. Oxycontin will decrease the amount of pain you experience throughout the day and night, the Vicodin is then taken for "break-though" pain, or pain associated with rehabilitation. Both of these are strong narcotics and your dose should be increased in a slow and gradual fashion. If you have any questions, call our office.

What to watch out for:

- Pain that is increasing every hour in spite of the pain medication.
- Drainage from the wound more than 2 days after surgery.
- Increasing redness around the knee
- Pain or swelling in your calf
- Fever greater than 101°
- Increasing pain with walking.
- Locking or catching within the knee that is getting worse not better.
- Unable to keep food or water down for more than one day.

Who To Call for Questions and Problems:

If you are having problems or there are questions you need answered then please call our office at 860-652-8883 and our nurse will help you. We are open between 8:30 and 4:30 pm, Monday to Friday.

We realize the after surgery some problems or questions are urgent and cannot wait until normal working hours. Under these circumstances please call 860-652-8883 anytime (24 hours a day, 7 days a week) and the doctor on-call, or myself will return your call. If you do not receive an answer within 20 minutes there may be a problem with the beeper so please call again.

If an emergency were to occur you can always go straight to the emergency room for immediate attention.

Driving:

There are no restrictions on driving after surgery as long as the following precautions are followed. First, do not attempt to drive with the brace on. Remove the brace after getting into the car then proceed with operation of the vehicle. Second, you should not drive if you are still taking a large dose of pain medication. Third, you should not drive until the pain in the knee has decreased to a tolerable level and the knee has more than 90 degrees of motion. The first time you drive, test your skill in an empty parking lot with another passenger.

Wishing you - All the Best,

Michael Joyce, MD