

## **Dr Angus Nicoll**

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### **Consultant Orthopaedic Surgeon – Surgery of Hip & Knee**

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## **ANTERIOR CRUCIATE LIGAMENT KNEE RECONSTRUCTION**

### **POST-OPERATIVE INSTRUCTIONS**

#### **Pain**

Pain will commonly increase as you become more active at home and during rehabilitation. You may experience thigh, knee and calf pain in the operative leg.

Medication will be prescribed for you. Take tablets regularly during the initial post operative period. Prescription pain medication may cause nausea, constipation and a light-headed sensation. If symptoms occur the medication can be changed. You should not drink alcohol, drive a car or operate machinery after taking prescription medication.

Simple analgesic (pain relief) medicine with paracetamol only may be substituted for prescription medication as your pain permits.

#### **Incisions**

The outer dressing may be removed prior to discharge or 2 days after surgery. Leave the inner dressings clean, dry and intact until your first post-operative review. You may reapply the outer bandage for support and to help with comfort and swelling as needed.

If the inner dressings are inadvertently removed, replace them. You should keep your wound dry beneath the water-resistant dressing for the first 2 weeks. Usually, dissolving sutures are used in the skin - they do not require removal.

You may apply ice in a bag to the operative region for 10-15minutes at a time, no more than once every hour. Take care not to injure the skin by direct application of freezing temperature. Take care not to disturb the dressing or traumatize the wound. You may open the brace to allow the ice to better cool the knee.

If you note any new redness, swelling or drainage from your incision, please call the rooms.

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#### Swelling

Swelling in the operative leg is a normal part of the postoperative course after surgery. Normal swelling is reduced in the morning, and gradually accumulates throughout the day. This can be reduced by elevating your legs or lying down for around 30 minutes during the day. Any activity that leaves your feet on the floor, such as sitting in a chair, standing or walking can lead to swelling.

It is normal for some degree of swelling to persist for several months. You should continue the calf pump and circulation exercises and walk as tolerated to maintain the blood flow. If the swelling is increasingly severe and accompanied by leg pain, you should contact the rooms.

#### Temperature/Fever

Your temperature may be slightly elevated for several days after the surgery. However, if fever persists above 37.5°C and is accompanied by chills, sweats, increased pain or drainage at the incision, you should call the rooms. These may be signs of infection.

#### Physical Therapy

The physical therapist will review your exercise. Use the knee immobilizer when walking for the first 2 weeks. When you have good muscle control over your leg, you will then discontinue use of the knee immobilizer. It is common to use crutches for 2-4 weeks. You may take weight through the operated leg as tolerated.

It is important to continue with the exercises the physical therapist has shown you. Additional physiotherapy in the community will be recommended – this is often initiated after your first post-operative review.

For knee bending, perform leg dangles over the edge of your bed at least twice a day. You may bear your full weight on the operative leg, as tolerated.

#### Travel

You should not drive using the operated leg for at least 4 weeks after the surgery. Long journeys and flying are generally not recommended in the first 6 weeks after surgery.

*This information should serve as a general guide for you after surgery. As this is general information, your own care may be modified based upon the specific nature of your surgery and general condition.*