

# PREOPERATIVE & POSTOPERATIVE DETAILS

## A.C.L. RECONSTRUCTION SURGERY

ANTERIOR CRUCIATE LIGAMENT

### MR NICHOLAS FROST

MBBS FRACS (Ortho) FAOrthA  
ORTHOPAEDIC SURGEON

### GOALS OF SURGERY

The goal of surgery is to restore stability to your knee. Surgery will also protect against future damage to your meniscus and should allow you to return to an active lifestyle.

### BEFORE COMING INTO HOSPITAL

**Preadmission Letter & Estimate:** These will be provided to you by Mr Frost's Secretary. Please read carefully as they include important information regarding your fasting, admission time, postoperative appointment and fees.

**Medications:** Thoroughly read the list of medications provided to you in your preoperative pack. This will give you instructions on cessation of medications preoperatively. If you are unsure please discuss it with Mr Frost.

**Aids:** You should arrange for the hire or purchase of elbow crutches from your local chemist or surgical appliance supplier and bring these to the hospital with you. You may also consider the rental of a Game Ready ice and compression machine which will help with swelling reduction following your surgery (details of the Game Ready are attached).

**Physiotherapy:** It is essential to engage in preoperative physiotherapy in order to improve your general strength and conditioning. Mr Frost will refer you for this. In some instances, physiotherapy alone may be adequate and if you feel your symptoms have completely resolved prior to your planned surgery please discuss this with Mr Frost.

### YOUR HOSPITAL STAY

**Admission:** On most occasions you will be admitted on the day of your surgery and will meet with Mr Frost and your Anaesthetist prior to surgery. This will give you time to ask further questions.

**Anaesthetic:** Most patients will receive a general anaesthetic and a local anaesthetic "block". This will provide excellent pain relief in the initial postoperative period and will allow you to mobilise immediately following the procedure.

**Immediately Postoperatively:** You will be taken to a ward specialising in postoperative surgical care. If you have decided to use the Game Ready ice machine this is applied in the initial postoperative period and will assist you with your pain and swelling control. You will have a pump attached to the calf opposite to the operation side and this will help maintain healthy circulation.

**Review by Physiotherapist:** You will be reviewed by the Physiotherapist at Hollywood Private Hospital on the day of your operation to assist you in mobilising.

**Review by Mr Frost:** Mr Frost will see you on the ward before your discharge from hospital.

**Time in Hospital:** The typical time in hospital following an isolated anterior cruciate ligament reconstruction is one day. If you are admitted for an afternoon procedure (i.e. 11am admission time) you may be required to stay overnight.

### AFTER DISCHARGE FROM HOSPITAL

**Mobility:** You are able to walk with crutches immediately and only need to use these for the first 2 weeks.

**Aids:** Aside from the use of crutches, there are no further splints required in isolated ACL reconstruction surgery.

**Pain relief:** You should expect to require pain relief for approximately 5 to 10 days postoperatively and thereafter your need for pain relief should be diminished. All required pain relief will be provided to you prior to discharge from the hospital. You may also be provided with medications to prevent constipation (a common side effect of pain relief medications).

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#### AFTER DISCHARGE FROM HOSPITAL (continued)

**Dressings:** Your wound dressing is designed to remain intact until your first post-operative visit.

**Driving:** You will be required to avoid driving for six weeks following your surgery. Even if you feel capable of driving, your reaction time will be slowed during this period.

**Work:** If you have an office based job, you may feel able to return to work 2 weeks postoperatively. If your work involves a more physical component, 6 weeks leave is recommended. Your ACL reconstruction is at risk of reinjury within the first 12 months. If you have a job that involves working on uneven surfaces with pivoting or twisting then you will have an increased risk of injury if you return to these job roles. It is recommended that you discuss this with Mr Frost prior to proceeding with your surgery.

**Sport:** Full return to sporting activities is typically recommended at between 12 and 18 months. The specifics of your return to sport goals should be discussed with Mr Frost prior to surgery as your return to sport will vary based upon your progress with postoperative physiotherapy and the demands of your chosen sport. Earlier return to sport may be possible in some circumstances, although typically poses a higher risk of ACL re-rupture.

**Flying:** Flying within six weeks of surgery has a higher risk of DVT (deep venous thrombosis) and is discouraged, although in certain circumstances this may be required. Please discuss any intention to fly with Mr Frost prior to your surgery.

**1st Postoperative Appointment:** Mr Frost will review you in his Nedlands rooms approximately two weeks postoperatively and review your surgical wound. In most cases a dissolving suture (stich) is used and will not require removal.

**2nd Postoperative Appointment:** Mr Frost will review you again (in Nedlands or Kalamunda) with an x-ray prior.

#### POSTOPERATIVE REHABILITATION

Rehabilitation is an essential part of ACL reconstruction. Typically your first 2 weeks after surgery are focussed on swelling reduction and maintenance of hamstring and quadricep function. Beyond 2 weeks postoperatively the focus shifts to range of motion and after 6 weeks begins to incorporate gentle strengthening such as cycling and swimming. Typically patients return to running at approximately 6 months postoperatively and sport specific drills between 9 and 12 months. It is not recommended that there is a return to sport prior to 12 months and the exact timing beyond this will be dictated by your Physiotherapist according to your progress.

Mr Frost is happy to discuss specific return to sport timelines and goals as these will vary on an individual basis.

#### WHAT TO EXPECT

In general, although there may be ups and downs, your pain should decrease steadily from the time of surgery and by the two week postoperative mark you should be generally comfortable at rest. Your mobility should increase during this time. Your knee should feel immediately more stable. In fact, your knee will feel stable and strong long before the graft is mature.

Therefore, it is important to follow the prescribed rehabilitation guidelines as these are determined by the biology of your healing and not by your commitment to the rehabilitation.

#### QUESTIONS & CONCERNS

If at any stage you find your pain to be increasing, swelling in the leg markedly increasing despite an appropriate period of rest and elevation, redness or wound discharge please contact Mr Frost immediately.

Office Hours: Mr Frost's rooms (08) 9389 3800

After Hours: Hollywood Private Hospital switchboard (08) 9346 6000

*NB: This is a guide only and should not be a replacement for the advice of Mr Frost or a medical professional.*