

Post-Operative Instructions - PCL Reconstruction

Diet

- Begin with clear liquids and light food (such as jello, soup, etc)
- Progress to normal diet as tolerated if not nauseated

Wound Care

- Keep your post-operative dressing on for 48 hours after surgery
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the Ace wrap, this is not significant cause for concern. You may simply reinforce the dressing with another Ace wrap or gauze wrap.
- Remove your surgical dressing after 48 hours following surgery. Do not remove the sutures or Steri-Strips that are now visible. Make sure the wound is dry. Pat-dry if necessary with a clean towel. Cover with a waterproof band-aid.
- You may shower 24 hours after surgery, but keep the dressing covered with plastic so that the dressing stays dry. Do not get the dressing wet. Make sure the waterproof band-aids cover the entire incision once the dressing is off. While showering, if necessary cover the waterproof band-aids to make sure the incision stays dry. Do not immerse or soak the incision in water until 3 weeks after surgery.

Medications

- Local anesthetic medications are injected into the wound and the knee joint at the end of surgery. These numbing medications wear off approximately 6-12 hours after surgery. It is very common for patients to actually have worse pain on the first or second day after surgery.
- Most patients will require a short duration of narcotic pain medications (one to two weeks). Common side effects of the narcotic pain medications include nausea, drowsiness, constipation. Take these medications with food to decrease side effects. To prevent and treat constipation, take your prescribed stool softener (colace 100 mg [docusate] twice per daily) and/or an over the counter laxative (like dulcolax).
- If you have had problems with nausea in the past with surgery, you may have had a prescription written for you for an anti-nausea medication (zofran [ondansetron]). Please take as directed.
- Do not drive a vehicle or operate heavy machinery while taking narcotic pain medication.
- If your pain is not controlled with the narcotic pain medication, then you may take an over-the-counter anti-inflammatory medication like ibuprofen or naproxen in between doses of the narcotic pain medication. This will also help to decrease the pain and reduce the amount of narcotic pain medication required.
- Take your prescribed aspirin daily for 6 weeks following surgery to help prevent blood clots.

Brace

- Your brace should be on, locked fully extended (straight out), at all times (day and night) except while doing your exercises in physical therapy

Activity

- Keep the leg elevated to the level of your chest to reduce swelling
- Use crutches to assist with walking. The brace must be on and locked in extension (straight-out) while walking. We encourage you to get up and move and walk around as much as tolerated. You are allowed to put approximately 20 pounds of weight on the surgical leg (heel-down only) while walking. However, be aware that the more the leg is in a dependent position (below the level of the heart), the more the knee may swell.
- Avoid long distance traveling and long periods of sitting without your leg elevated for 2 weeks after surgery.
- No driving until instructed by Dr. Harris. This is generally for 1-2 weeks after surgery (for left knee surgery), or 6-8 weeks after surgery (for right knee surgery)
- If pain is tolerable, you may return to sedentary work or school 3-4 days after surgery.

Ice Therapy

- It is very important to keep ice on your knee during the initial post-operative period (first 2 weeks). This should begin immediately after surgery.
- Use the ice machine continuously or ice packs (if no machine used) for 20-30 minutes every 2 hours daily until your sutures are removed. Keep leg elevated while icing. Care should be taken to avoid frostbite while icing by making sure the ice is not directly touching the skin.

Exercises

- Begin exercises the day after surgery. These include straight leg raises with the brace on and locked in extension (straight out), patellar mobilizations (moving kneecap left and right, up and down), quad sets, ankle pumps, foot alphabets, and prone hangs with the brace on.
- Ankle pumps may be performed all day long to help reduce risk of blood clots.
- Discomfort and stiffness is common the first few times you try the exercises.
- Complete the exercises 3 times daily until your sutures are removed.
- Formal physical therapy (PT) begins within the week of surgery. You will be given a prescription for PT.

Emergencies

- Contact 713-441-8393 if any of the following are present:
 - Unrelenting pain
 - Temperature greater than 101.0 Fahrenheit
 - Redness or drainage around the surgical incision
 - Color change in foot or ankle
 - Painful calf swelling or numbness in foot, ankle, or calf
 - Continuous bleeding or drainage from incision (a small amount is normal and expected)
 - Difficulty breathing
 - Nausea and vomiting
- If you have an emergency after-hours or on the weekend, contact the office at 713-441-8393 and you will be connected to our answering service. This will connect you to either Dr. Harris or the physician on-call.
- If you have an emergency that requires immediate attention, call 9-1-1 or go to your local emergency room.