

PATIENT INSTRUCTIONS POST KNEE ARTHROSCOPY: AND PCL RECONSTRUCTION OR COMBINED RECONSTRUCTION OF ACL & PCL &/OR MCL

IMMEDIATELY POST-OPERATIVELY

- You will wake up in the recovery area of the hospital theatres
- There will be a heavy bandage &/or brace on your knee
- There will be a nurse there to look after you and monitor your recovery
- You will be kept comfortable but if you are in pain, tell the nurse and you will receive additional pain killers
- Your surgeon will see you in recovery, or on the ward, to tell you about your operation and to answer any questions you may have

DISCHARGE FROM THE RECOVERY AREA AND/OR HOSPITAL

- If you have recovered sufficiently from the procedure to go home safely, you will be discharged in the company of a carer on the day of the surgery, or the following day
- You will be given a prescription for painkillers and advised by your anaesthetist and/or surgeon on how to take these medications. You should be able to control your pain with these medications. Some patients will be on blood thinner to reduce the risk of clots.

BETWEEN DISCHARGE AND YOUR FIRST POST-OPERATIVE REVIEW

- Rest and ice your knee for the first 72 hrs. Apply ice for 20 minutes at a time every 3-4 hours.
- TAKE THE ANALGESIA AS PRESCRIBED BY THE ANESTHETIST
- Keep your knee elevated when not walking around, above the level of your heart. It may be easier to recline or lie down.
- You will not be allowed to put any weight through the operated knee until after your first post-operative review, within 14 days of surgery
- Phone Dr. Porter's rooms to confirm the date and time of your post-operative review, and an appointment to see your physiotherapist within a few days after that first post-operative review.
- The only exercises you will be able to perform prior to seeing your surgeon are those shown below.

1. Calf Pumps

Pull toes & ankle up, then push toes and ankle down.

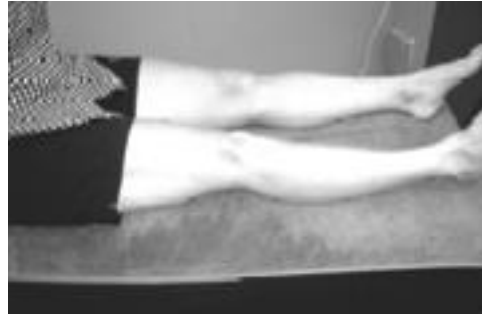
Repeat: 20 times



2. Co-contraction

Contract your hamstrings by pushing

your heel into the bed and then co-contract your quadriceps while holding the hamstring contraction. This exercise may also be performed with a rolled towel behind the knee and attempt to squash the towel while keeping your heel on the bed.



Hold: 5-10 seconds.

Repeat: 10 times

YOUR DRESSINGS

- Under your bandage there will be a layer of “soft band” – cotton wool bandage, and under that the dressings covering the wound. The wounds will be closed with “dissolvable” sutures.
- If you are seeing the surgeon for your post-operative review within 10 days, leave all the bandages intact until then.
- If your appointment is 10 days or more later, you can “de-bulk” the bandages after 7 days. This involves taking off the bandage and the cotton wool. It is common for there to be some blood visible under the bandage and/or some bruising related to the graft harvest site, so this should not cause alarm. Leave the dressings covering the wounds until you attend your follow up appointment.
- **YOUR WOUNDS MUST BE KEPT CLEAN AND DRY UNTIL REVIEW.**

POST-OPERATIVE REVIEW

- After you have returned home, phone Dr. Porter’s rooms to confirm the date and time of your post-operative review. You may be sent an SMS reminder.
- At this appointment Dr. Porter will check the wounds and redress them as appropriate. You will also be instructed on what exercises you are allowed to perform and how much weight you are allowed to place on the operated leg

POST-OPERATIVE REHABILITATION (show this to your physiotherapist)

- A hinged brace is worn for a total of 8 weeks. It is set at 10-45 degrees for one week, then 0-60 for one week, then 0-90 for one week and then 0-120 for the 4th week.
- You are only allowed to begin weight-bearing with the brace on and locked in full extension, after the first post-operative review by your surgeon. The brace protects the graft from the pull of the hamstrings. The brace can be opened up to allow the relevant range of movement, when not weight bearing, and can be removed under the supervision of the physiotherapist for your exercises.
- Passive ROM exercises are performed for the first week, then assisted heel-slides are introduced.

- Partial weight bearing is commenced after first review and usually progressed to full weight bearing at three weeks. .
- Heel slides and straight leg raises are the mainstay of rehabilitation and the aim is to restore ROM and quadriceps strength without producing pain in the knee.

RETURN TO WORK

- If your job is office-based/ clerical you may be able to return to work soon after the first post-operative review
- If your job is light manual, then you may be able to return to some of the lighter duties within 6 weeks, while wearing the brace
- A return to heavy manual activities is usually not possible for at least 6 months

RETURN TO WALKING

- Most patients will be able to walk without crutches within 6 weeks of the surgery

RETURN TO DRIVING

- This is not usually possible until walking without pain, that is around 6 weeks

RETURN TO SPORT

Generally you will be able to return to the following activities within the time frames stated. If the PCL injury was associated with other damage there may be variations.

- Upper body weights within 10-14 days
- Stationary cycling at 4 weeks (when you have sufficient range of motion)
- Road cycling at 8-10 weeks
- Water based training at 8 weeks, but no breast-stroke or egg-beater kick
- Running at 12-14 weeks
- Return to pivoting sports 6-9 months at the earliest

COMPLICATIONS

Contact your surgeon's rooms, your own GP, the hospital where your procedure was performed or a local A&E department should you develop:

- **Severe pain not controllable with ice, elevation and the medication prescribed**
- **significant bleeding, swelling, numbness, loss of power or color changes in the operated limb**
- **fevers, chills or night sweats**
- **chest pain or shortness of breath**
- **any other symptoms that are worrying you**