

# Seeds Orthopaedics

Orthopaedics and Sports Medicine

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[www.DRSEEDS.com](http://www.DRSEEDS.com)  
[www.allaboutarthritis.com](http://www.allaboutarthritis.com)  
[www.jointreplacement.com](http://www.jointreplacement.com)

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## DISCHARGE INSTRUCTIONS FOLLOWING ACL RECONSTRUCTION

**Pain Pump:** You will need to return to the office on  Mon.  Wed.  Thurs. at \_\_\_\_\_  AM  PM for removal of the pain pump. Keep your dressing clean and dry. Your dressing will be changed in the office when the pain pump is removed.

**Dressing & Stitches :** Band-Aids may then be used to cover the stitches after the original dressing has been removed. Your stitches will be removed 10 to 12 days after surgery. Keep the stitches clean and dry. Your stitches may be cleansed with betadine, but do not apply any ointments to the stitches. Place Band-Aids over the stitches. You will have steri strips on the knee. Do not remove the steri strips.

**Bathing:** You may shower after the pain pump has been removed. Keep the sutures out of the direct water as much as possible. Apply clean Band-Aids after your shower. Do not take a tub bath and soak your sutures in the water.

**Activity:** Limit your activity for 24 hours after surgery. Thereafter, you may be up as tolerated. Elevate the operative leg when sitting or lying down. You will need to use crutches for two weeks following surgery. You may bear weight on the operative leg , with the brace locked in extension.  **DO NOT** bend your knee.  Wear your knee brace at all times. You  may  **may not** remove it at night while sleeping. The Brace is only to be unlocked while using the CPM machine.

**EXERCISE:** You may do leg lifts twice a day. 15 lifts with each leg. Unless instructed otherwise, you may bend the knee in its normal range of motion. **DO NOT** twist, squat or lift weights. Use the CPM machine for 6 to 8 hours per day as instructed.

**Ice Packs:** Use the iceman continuously for the first 24 hours after surgery. Use the iceman when using the CPM machine and as needed for comfort.

**Medication:** You will receive a prescription for pain medication. Take the medication, as directed, as needed for pain. Refill requests need to be called to the office between 8:00 AM and 4:30 PM Monday thru Friday. No refills are given after hours on weekdays, weekends or holidays.

**Appointment:** You should already have your appointment for suture removal. If not, please call the office to schedule this appointment as soon as possible after your surgery.

**Precautions:** Early postoperative problems can be seen by an increase in pain not relieved by the pain medication, a temperature above 101 degrees, numbness, progressive swelling not relieved by ice and elevation, bleeding or the inability to move the leg.

**CALL THE OFFICE OR GO TO THE EMERGENCY ROOM IF ANY OF THE ABOVE SYMPTOMS OCCUR.**

If you have any questions or problems, please call the office. The office is open Monday through Friday from 8:00 AM to 5:00 PM and can be reached at (440) 997-5427.

( ) I have reviewed and received the discharge instructions sheets for hand or wrist surgery.

Date: \_\_\_\_\_ Patient's Signature: \_\_\_\_\_

Nurses's Signature: \_\_\_\_\_