

**SAN RAMON SURGERY CENTER  
200 PORTER DRIVE, SUITE 100  
SAN RAMON, CA 94583  
925-838-6880**

**Postoperative Instructions for Patients  
Following Anterior Cruciate Ligament Repair**

**Day of Surgery**

Before leaving the surgery center, you will receive a femoral block and 60 mg of Toradol.

Post-op medications will be prescribed as needed after your surgery. You may require a second injection of Toradol to be given at home by a visiting nurse the following day. The visiting nurse should also change your dressing. After the outer dressing has been removed, only a light dressing will be necessary. Wrapping an Ace bandage around the knee is advised.

You will usually be discharged from the surgery center in a full length, hinged knee brace which is unlocked, allowing motion. At home, the CPM machine can be used to tolerance; from full extension (0E) progressing to 90E, as rapidly as you feel comfortable. The CPM needs to be used primarily during the day. It is not necessary to use the CPM at night. The brace does not have to be used while you are in the CPM.

The neuromuscular stimulator is primarily helpful in the first 48 hours to overcome quadriceps inhibition. After that, it is usually not necessary. The ice machine should be used for the first 48 hours; after that at your discretion. You may be out of bed as tolerated, weight bearing to tolerance, discarding crutches when comfortable. You may bend your leg to tolerance while walking and at night. You do not need to be immobilized at night.

**Post-op Day 1**

Start an exercise program during the day – four-way leg lifts and heel slides for range of motion. The initial goal is to have range of motion of 0E to 90E within the first 2-3 days and to gain control of quads and hamstrings. A formal long range program will be instituted when you are ready. Lie in the prone position (face down) and either have someone help you, or use your opposite leg, to bend your knee. This will help you to start gaining quadriceps flexibility.

You may shower. Take all dressings off except for staples or steri-strips. Rewrap after showering. It is ok to shower, not to bathe. You should notify your physician if evidence of infection or increasing pain should occur.

**Modifications when Meniscus is Repaired**

When the meniscus is repaired, you may still bear weight, progressing to tolerance. The only difference is that we prefer the knee to be kept in relative extension. This means that the motion of the knee while walking should be limited to bending it no more than 20E. Range of motion of the knee is important, however, and must be accomplished while lying down, either on your back or on your stomach, in a non-weight bearing, unloaded position. Transition to the regular full weight bearing program begins in the fifth and sixth weeks.

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**Equipment to be Used Following  
An Arthroscopic Anterior Cruciate Ligament Reconstruction**

- CPM

A CPM or constant passive motion machine assists in obtaining early movement in the extremity with a minimum of discomfort. The initial settings are 0 to 30 degrees. You are to increase the range gradually, as tolerated, until you reach 0 to 90 degrees. This can be done at your own pace, and generally is accomplished within the first two to three days. It is not important if it takes a few days longer.

Once you have reached 90 degrees, you no longer need the CPM. Call the provider to have them retrieve the machine.

- Neuromuscular Stimulator

The purpose of a neuromuscular stimulator is to overcome postoperative quadriceps inhibition. The device is used to stimulate early quadriceps function in the postoperative period, minimizing the likelihood of developing profound quadriceps atrophy. Once the patient is able to contract the quadriceps muscle (the big group of muscles in the front of the thigh), the neuromuscular stimulator is no longer needed.

- Ice Machine

The ice or cold wrap is very helpful in the first 48 to 72 hours to reduce swelling and discomfort. After that, it is an optional piece of equipment that patients may use if they continue to find it helpful in reducing their discomfort.