Frequently Asked Questions following Anterior Cruciate Ligament Reconstruction Surgery

Will my knee be normal after surgery and recovery?
Unfortunately, even with an ACL reconstructive procedure, it is not possible to expect a completely normal knee when surgery and recovery are complete. There is still a risk of developing osteoarthritis in the knee in the future but this is often related to other associated knee injuries see in conjunction with the torn ACL such as meniscal tears, and articular cartilage injuries.

In general, between 80-90% of people are able to return to their preinjury level of activity after a primary ACL reconstructive procedure. There is a risk of recurrent ACL injury in the surgically repaired knee of approximately 5-8%. Interestingly, after one has sustained an ACL injury to one knee, the chance of ACL injury to the opposite knee is up to 5% in the future.

Will I have a lot of pain after surgery?
Although everybody’s response to pain is different, one should expect the knee operated on to be fairly sore for the first 2-3 days. Frequent icing is helpful during the first few days, along with elevation to help control associated swelling.

Often a narcotic medication such as Hydromorphone or Oxycodone is prescribed immediately post-operatively. This can be taken with regular around the clock. In conjunction with the narcotic medication and Tylenol, an anti-inflammatory medication such as Celebrex, Naproxen or Voltaren is often also prescribed. For additional pain relief, adjunctive medication like Gabapentin and Neurontin are occasionally prescribed in the early postoperative period.

After the acute surgical pain has settled over the first several days, usually it is possible to get off the stronger narcotic medication and transfer over to Tylenol with codeine tablets (Tylenol #3 or Emtec 30), Tylenol with tramadol tablets (Tramacet), or simply plain Tylenol.
Is swelling normal?
Each patient is expected to experience swelling on the knee following an ACL reconstruction. The amount of swelling immediately post-operatively can be quite variable but often is quite dramatic and similar in degree to the swelling that develops following an acute ACL injury.

Due to the effect of gravity, the swelling is often noted to extend down to the foot and ankle region (depending on the amount of time spent in an upright position.) Swelling may also be seen to accumulate into the thigh if the leg is proposed up for a lot of the time in the first few days.

A tensor wrap from foot to thigh over the first few days can help to reduce some of the immediate post-operative swelling. Your doctor may prescribe for you an anti-inflammatory medication in the early postoperative period, which can help control some of the swelling, while serving as an effective adjunct for pain control.

Is numbness normal?
Most patients will develop numbness immediate lateral to the graft harvest incision about the anterior shin following an ACL reconstruction with the hamstring tendons used as the donor graft source. Occasionally the area of numbness over the front of the leg can extend further down the lateral aspect of the leg besides just immediately lateral to the graft harvest incision.

If the patellar tendon is used as the donor graft, similarly, numbness is expected lateral to the incision. Because the incision is directly over the front of the knee in this instance, the area of numbness is also more proximal.

Sometimes after an associated medial meniscal repair with an accessory incision it is possible that numbness can extend more medially down the leg (inner aspect) towards the ankle.

In general, the area of numbness does universally get smaller over time and is not usually bothersome. There can be recovery of some of the sensory nerve pathways as time goes on.
Frequently Asked Questions following Anterior Cruciate Ligament Reconstruction Surgery

What do I do to care for the surgical wound?

After ACL surgery, the initial post-operative dressing should be left intact for the first 72 hours. It is possible to rewrap the overlying tensor bandages without disturbing the underlying dressing if it is determined the tensors are too tight or too loose. One is encouraged to apply ice to the knee frequently (approximately 4-6 times) for 20 minutes at a time the first several days following the surgery.

When the dressing is changed for the first time postoperatively, all of the wrapping and underlying gauze can be removed but the steri-strips or tapes directly over the incisions should be left in place for 7-10 days. The small arthroscopic portals can be covered with band-aids for a few days as dictated by any residual drainage and the other incisions can be covered with a simple Mepore strip or other simple gauze type dressing.

What exercises should I be doing?

Around the time of surgery, you will be given a packet of exercises to work on post-operation. At the beginning, the main focus of these exercises is to recover the knee’s range of motion while bringing down the swelling. Strengthening of the leg muscles that support the knee are also begun early in the post-operative period. If the hamstrings have been the donor site for the ACL graft—as is the case in most instances—resistive exercises for the hamstrings are generally delayed for the first 6 weeks.

When can I start physiotherapy?

Does a concomitant meniscal repair change rehab?

In most instances, physiotherapy should commence within the first week following the operation. Sometimes some people feel that there is no real benefit to seeing a physiotherapist until the post-operative pain and swelling have settled but this can take several weeks and in fact your therapist can hasten this process along.

Many people will have a meniscal injury identified at the time of an ACL reconstruction and generally these injuries are addressed in conjunction with the ACL surgery. Most meniscal injuries are not repairable and are treated with removal of the torn fragment of meniscus (partial meniscectomy). Those meniscal injuries that are repairable are fixed with some pattern of suturing which is often associated with an additional incision around the knee.

With an ACL reconstruction done in conjunction with a meniscal repair, the post-op rehab is very similar. Full weight bearing is also allowed immediately after the surgery; however, one should avoid loaded deep flexion of the knee however for 4-6 months following a meniscal repair.
When can I get rid of these crutches?
This timeline varies from patient to patient. It is largely dependent on how fast the acute pain and swelling settle post-operatively, how soon knee range of motion returns, and the patient’s comfort walking with or without the crutches.

On average, most patients probably use crutches for 2-3 weeks post-operatively. Weight bearing on the operative leg is allowed right after the surgery unless otherwise specified. In fairly rare circumstances, an ACL reconstructive procedure is done in combination with a realignment corrective knee osteotomy or with microfracturing of full thickness articular cartilage lesions. In these two special circumstances, a delay in weight bearing on the operative leg would be imposed post-op.

When can I return to sports?
It generally takes 6-9 months post-operatively to return to cutting and pivoting type sports. This is the length of time it takes for the ACL graft to become incorporated into the knee. It also takes at least this long to properly rehabilitate the knee and restore the strength and coordination required for these activities.

Do I need to wear a brace to return to sports?
The decision to wear an ACL stabilizing brace needs to be individualized post-op. It is partly dependent on a surgeon’s philosophy and the activity or sport the individual is returning to.

In general, an ACL stabilizing brace is not necessary immediately post-op while working on initial rehab. It is possible that the brace worn immediately post-op may interfere with recovery of motion or alternatively cause some irritation over the underlying incisions.

If one is returning to more aggressive cutting and pivoting sports such as skiing, snowboarding, soccer, basketball or football pos-top, an argument can be made that use of a functional ACL brace can protect the graft and the knee from reinjury on return to play.

If one has the means to afford a formal ACL stabilizing brace, many surgeons will recommend that the patient wear the ACL brace on return to sport for the first 6-12 months with the continued use of the brace optional after that time period. If one has undergone more than one ACL reconstructive procedure on a knee in the past, many patients and their surgeons are happier if that individual continues to use a brace for an even longer period of time.

To date there have been no great studies to show that wearing an ACL brace after ACL reconstruction makes a difference with reinjury rates which needs to be keep in mind. Wearing a simple neoprene sleeve over the knee after an ACL reconstruction may offer almost as much protection for reinjury as a formal ACL brace on return to place.
When can I return to work?
Return to work is dependent on both the nature of work and the time it takes for the acute pain after surgery to settle. Those employed in sedentary type positions, office work for example, are generally able to return to work 4-6 weeks post-operation. Some factors that may allow you to return to work sooner include: the rapid resolution of pain post-operatively, a less pronounced swelling response, the possibility of modifications being made in the work environment, or the ability to work from home.

Those employed in more physically demanding positions would likely return sometime between 3-6 months post-operatively. An earlier return could be influenced by the patient’s progress in rehab, the physically demanding characteristics of the job, the ability to purchase a functional ACL brace post-operatively and the possibility of whether modifications could be made in the work environment.

When can I drive?
It is possible for patients to drive sooner if it has been the left leg that has undergone surgery if these is access to a vehicle with an automatic transmission.

Driving should be generally delayed until one is off narcotic pain medication, and once reasonable mobility has returned. This usually takes a period of approximately 2-3 weeks.