



Mr Arpad Konyves MD FRCS(Orth)
Consultant Orthopaedic Surgeon

Suite 5, LAKES CARE MEDICAL CENTRE
1165 Tutanekai Street, Rotorua 3010
Ph: 07 348 9150 Fax: 07 348 7727
contact@lakesorthopaedics.co.nz
www.lakesorthopaedics.co.nz

Discharge Advice ACL RECONSTRUCTION

Activity guidelines:

- You can weightbear and walk as comfortable.
- You do not usually need a brace or crutches but you might find them useful during the first few days. Sometimes with additional procedures, such as meniscal repairs, a range-of-movement brace is necessary for 6 weeks to prevent harmful movements.
- You will not be able to drive for 6 weeks.

Hygiene:

- During the first two weeks, until the wounds are healed, keep your dressings clean and dry.
- For shower you will need to put a waterproof plastic bag (a bin bag usually does well) on your operated leg and seal it around your thigh with tape. Alternatively tightly wrap your knee with cling film.

Wound care:

- Keep your dressing clean and dry.
- Remove the bandage after 48 hours.
- Should your sticky dressing bleed through, change it to a clean one, leaving the steri-strips (adhesive strips sealing your wounds) intact.

Medications:

- You should resume taking your normal medications.
- Take painkillers as directed.
- When taking strong painkillers (Codein, Tramadol, Oxycontin, Oxynorm), you will need to watch out for constipation. Eat plenty of high fibre food and fruit and drink plenty of fluid.

Get in touch or notify your Doctor if you:

- develop a fever of 38 degrees or more that lasts 24 hours.
- have numbness or tingling of your foot.
- have profuse drainage from your wounds.
- have increased pain despite using painkillers.
- develop increased swelling of your foot, coolness and loss of colour despite elevating and moving your ankle.
- develop swelling and pain in your calf, back of the knee or your thigh.
- develop sudden chest pain and shortness of breath (this could be a sign of pulmonary embolism - please go to the nearest Emergency Department).