Anterior Cruciate Ligament Reconstruction

Before Surgery
A date will be made for you to be seen by a Physical Therapist (PT). At this time you will be given exercises to do at home before surgery.

A visit is made to be seen in the Sports Medicine Clinic. You will be seen by:

- A sports medicine nurse. They will tell you how to get ready for surgery.
- A physician assistant, and surgeon. They will give you physical exam and explain the surgery.
- You will sign a consent form.

Pain medicine will be e-scribed to the pharmacy of your choice at your work-up. **Be sure to pick up medicine from your pharmacy and have it ready before the day of your surgery.** This medicine is for **after** your surgery. We will tell you how to take it.

On the day of your work-up, you will make an appointment for a clinic visit **after** surgery.

Schedule your PT appointments before surgery. Schedule the first PT visit(s) at the same time you schedule your surgery. The first physical therapy appointment will be the day after surgery, unless you have surgery on Friday.

Anesthesia for Surgery
Before surgery, staff will talk to you about the options for anesthesia. Either general or epidural.

You may also be offered a nerve block, which is done either before or after surgery. The nerve block will help lessen your pain for a few more hours after surgery.

It is important to stay on top of your pain. Take the oral pain medicine as directed. If you have continued numbness or tingling once the block has worn off, let your know doctor.

Patients having ACL reconstruction go home the same day.

After Surgery
Depending on your surgeon:

- PT should be scheduled for 1-4 days after surgery. Your dressing will be changed and the ice unit pad removed. You will be told how to do home exercises.
- You will be in a brace up to 6 weeks. Your doctor or PT will decide when you are ready to walk without your crutches.
- You can shower 3 days after surgery. Shower with your brace on covering it with a plastic bag. Tape or tie the top of the bag so you do not get the brace wet.
- After your 10-14 days post-op visit, you can shower out of the brace. You can then let the water run over the incisions while you shower.
- After you shower put the brace on and lock. Place new band aids on the incisions after you shower.
- **Do not** put the incisions under water for 3 weeks. **No** swimming, hot tub or tub baths.
- You will return to the clinic 10-14 days after surgery.

All Patients
A white TED stocking will be put on your other leg at the time of surgery. The TED stocking helps to prevent a blood clot from forming in your leg.

You may stop wearing the TED stocking after 24 hours or when you are up and around. Once you are walking often through the day, you no longer need to wear it.

Activities

- You should begin your PT exercises the first day after surgery, as described to you by your physical therapist at your pre-op appointment.
- **Do not** drive while you are taking the pain medicine. If the ACL surgery was done on your right leg, you should not drive until your brace is unlocked and you have regained good control of your leg muscles. This may be 2 weeks or more.
- **Do not** travel in an airplane for at least 2 weeks after your surgery. Traveling in an airplane too soon after surgery may cause a blood clot in your leg.
- Your return to work or school is different for each person. Many people are off for 7-14 days. Talk with your doctor about when you may return.

Weight Bearing the First Few Days

Under 16 Years of Age

- Use crutches at all times.
- Touch down weight bearing on the surgical leg ("toe touch weight bearing").
- The brace should be on and locked whenever walking.

16 years and Older

- Use crutches at all times.
- Can put as much weight on the surgical leg as they are comfortable with (ie no increase in pain or "unsteadiness" of the leg). This is called "weight bearing as tolerated".
- The brace should be on and locked whenever walking.

One exception to these guidelines, is for patients who have had a meniscal root or a large meniscal repair. In these cases the surgeon will specify what the weight bearing limit should be.

Pain Control

Use your pain medicine as directed and be sure to eat something to avoid nausea. It is important to stay on top of your pain by taking these pain pills as directed. **Do not drive or operate machines while you are taking narcotics**.

You may also take anti-inflammatory pills like ibuprofen, naproxen or Ketoralac (Toradol) to help reduce the swelling and control your pain.

Swelling

Use the ice unit to help with swelling and pain. You may leave the ice machine on (lowest setting) through the first two nights after surgery. If too cold, you can turn the unit off for a few hours.

Starting the day after surgery, you should use the ice unit 40-60 minutes on and three hours off as needed. Try to have the leg elevated with the knee and lower leg above your heart. Your knee should be straight.

Use the ice unit often during the first 1-2 weeks after surgery. The ice unit will help with pain after you have PT. You should take the ice pad off while doing your exercises to allow your dressings to air out.

How to Use the Cooler

1. Fill to the top of the blue mark with water.
2. Next, fill to the top of the yellow mark with ice.
3. Start with the dial turned to "max" flow rate. If it feels too cold, you can turn the dial down as needed.

4. Connect the hose couplings. You'll hear 2 "clicks".
5. Plug the adaptor in to start the unit.
6. Refill the ice and water every 4 hours during the first night after surgery.

To Disconnect

- Unplug the cooler.
- Press both couplings to separate the hoses. A few drops of water will drip from the hoses.

If Cooler is Not Cooling

- Check couplings to see if securely connected.
- Check hoses for bends/kinks.
- Check pad for bends/folds.
- Check the level of ice and water.
- Check to make sure that the unit is plugged in.

When to Call

- Nausea/vomiting lasting more than 24 hours.
- If you have not had a bowel movement in 3 days.
- Pus like drainage.
- Increased redness or warmth at the incision sites.
- Excess swelling.
- Bleeding from incision that does not stop after 10 minutes of firm pressure.
- Extreme bruising.
- Sudden shortness of breath.
- Cramping in operative leg.
- Leg or foot becomes cool or dark.
- Leg or foot becomes numb or tingling.
- Pain not relieved by pain pills, elevation, and ice.

Who to Call

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan.

For a list of UW Health Clinics, please visit www.uwhealth.org/.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#5061.