



Department of Surgery
DIVISION OF ORTHOPAEDIC
SURGERY

Département de chirurgie
DIVISION DE CHIRURGIE
ORTHOPÉDIQUE

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Dear Patient:

RE: ACL Surgery Information

You should be aware of a few aspects of your upcoming surgery. The postoperative recovery is especially important after this type of surgery, and it is important that you plan for this in the immediate weeks that follow the surgery.

In an effort to prevent infection, I strongly suggest that you purchase an antiseptic wash prior to your surgery. If you use this the night before and the morning of surgery in the **affected area only**, then the bacterial count of your skin will be significantly diminished and your chances of infection will be decreased.

If you do desk work, you should plan to be off work for at least 7-10 days after the surgery so you can focus on the immediate short-term rehab goals, which will be to regain full knee hyperextension equivalent to preoperatively. This will be achieved through some passive stretching exercises that you will be given.

We will also ask you in the first week to wear the knee extension splint at all times while you are up on your feet and when you are sleeping, if possible, to encourage and maintain the hyperextension that is so important. Otherwise, you can begin to try and bend the knee, most easily done by letting it hang over a chair or your bed. After the first 10 days when you come for a follow-up visit, if you do have a brace, you will be instructed to wear your brace full-time and you will be able to discard the extension splint if your knee is fully straight. If you own an extension splint, please bring this along with you to the hospital on the day of your surgery. You will also require a set of crutches upon discharge.

Another adjunct to the surgery which you may consider is the use of a cooling compressive device and I have included an overview of these devices. **There are alternatives that are available through multiple suppliers**, our preferred being Kinemedics. You may contact [Kinemedics at 613-686-4557](tel:613-686-4557) for more information on how to pick up and use this device. The unit provides compression to the front of your knee, minimizing swelling, and provides a cool temperature to provide some pain relief. This is to be used when your knee is passively being stretched straight. Certainly, other commercial icepacks or even frozen vegetables can be applied over the knee and are helpful.

A referral for physiotherapy will be given to you at the time of surgery. Your physiotherapist appointment should be made as soon as you receive the referral, particularly if you are planning on going to The Ottawa Hospital – Riverside Campus. If you are being seen at a private clinic or elsewhere in the city, I recommend that you make the appointment before your surgery to ensure that you will have access to therapy within the first week after surgery.

Correspondence Address:

The Ottawa Hospital, General Campus, Suite W1652, Box 502 501 Smyth Road, Ottawa, ON K1H 8L6



What to expect postop: Keep the dressing on for 3-5 days, and keep your incision dry except for a short shower which is permitted after day 4. The wound should be kept covered as long as there is any type of drainage or seepage. When dry for 24 hours, it can be left open to the air. You can expect some amount of bruising, particularly on your inner aspect of your thigh and your calf perhaps tracking down into the inner part of your foot. This is not unusual and normally disappears within 10-14 days. You will also experience a mild amount of numbness on the outer part of the skin incision which is reflective in the fact that small nerve skin branches are cut providing some numbness. Part of this numbness will resolve but a small aspect may be permanent although functionally this does not appear to bother most people.

Any other questions can be directed to my office at 613-737-8081.

Kind Regards,

Geoffrey F. Dervin, MD, MSc, FRCS(C)
Professor, Division of Orthopaedic Surgery

GFD/MG



The Ottawa Hospital | L'Hôpital d'Ottawa

Eating and Drinking Instructions

- **Stop eating solid food at midnight** the night before your surgery.
- Do not chew gum or suck on hard candy after midnight.
- Clear fluids make you feel well before surgery and may help speed up your recovery. Continue to drink clear fluids up to **90 minutes** (1 ½ hours) before your arrival time to the hospital on the day of surgery. Drink at least 2 cups of:
 - ☐ Water
 - ☐ Apple juice
 - ☐ White cranberry or white grape juice
 - ☐ Colourless soft drinks (Sprite, Ginger Ale, 7-Up)
 - ☐ Colourless sport drinks (Gatorade, Powerade)
 - ☐ _____
- **Stop drinking 90 minutes** (1 ½ hours) before your arrival to hospital.

Dr. _____

Date: _____

Hospital-Acquired Clots

- Did you know that just being admitted to hospital with an illness carries at 15% chance of developing a DVT, if you do not take preventative measures?
- Did you know that having surgery on your leg, such as a hip replacement, carries a 50% chance of developing a DVT unless you have preventative blood thinners?

What is a DVT?

A deep-vein thrombosis (DVT) is a clot which forms in a deep vein, usually in the leg. Deep veins run through the muscles and transport blood to the heart. When a blood clot forms, it blocks this flow.

Preventing a hospital-acquired clot

Anyone can have a DVT but your risk is increased further if any of the following apply to you:

- You are over 40 years old
- You cannot move around much
- You have cancer or have been treated for cancer in the past
- You are overweight
- You have a family history of DVT or pulmonary embolism
- You are having surgery, especially surgery to your abdomen or hip or knee

Is a DVT serious?

DVT can be very serious and may be fatal. A DVT clot can travel through the bloodstream to the lung where it may result in a blockage called a Pulmonary embolism (PE). It can happen hours or even days after a DVT starts. Most hospital-acquired clots (DVT and PE's) can be prevented safely and effectively.

- Gentle calf exercises and getting out of bed soon after an operation can reduce your risk of developing a DVT
- Sequential compression devices (SCD) squeeze the legs and help the flow of blood and prevent DVT, if you cannot take blood thinners
- Small doses of blood thinners take each day help those most at risk

Questions to ask about DVT

When you are admitted to hospital, your nurse or doctor will discuss risk and prevention of DVT.

Questions you should ask are:

- What is the risk of deep-vein thrombosis during my stay?
- What preventative treatment will I be given?
- What symptoms might I have if I get a DVT or PE?
- What should I do if I think I might have a DVT or PE?

What are the symptoms of DVT or PE?

The concern about DVT's is that many of them are "silent". In fact, in 80% of cases, DVT's produce no symptoms at all apart from pain. They can occur in a leg or an arm. If there are symptoms, they may include:

- Swelling
- Pain
- Change in colour of the skin

The symptoms of a pulmonary embolism – clot in the lung – may include:

- Chest pains
- Suddenly feel short of breath
- Blood-stained sputum
- Feeling clammy, dizzy or panicky
- A cough which will not go away

DVT or PE Treatment

DVT's are normally treated with blood-thinning medicine (anticoagulants) such as heparin and warfarin. These prevent further blood clots forming and stop existing clots from getting bigger. Clots that have already formed in the body will then naturally break down over time. You should be seen by a specialist in clots (Thrombosis Specialist). They can discuss and prescribe the most suitable treatment for you.