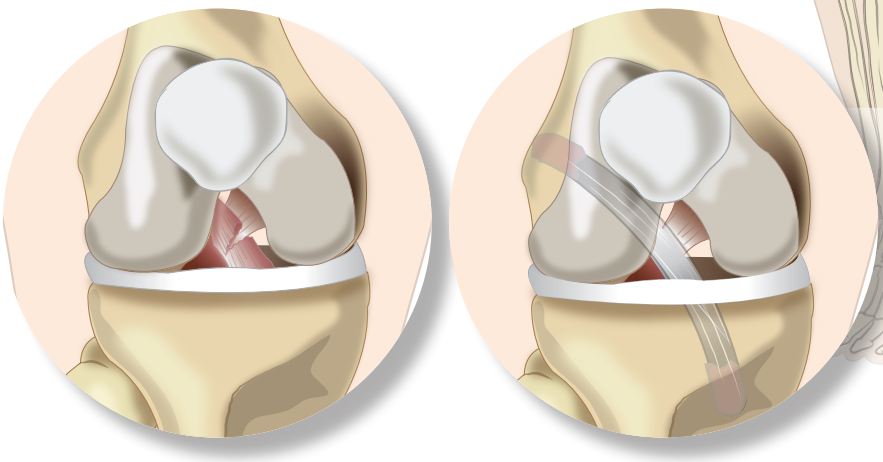
Centre universitaire de santé McGill
McGill University Health Centre

A GUIDE TO

ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION (ACL)



This booklet will help you understand and prepare for your surgery.

This booklet was developed by the MUHC Surgical Recovery (SURE) working group, the Post Anesthesia Care Unit nurses and was reviewed by the surgeons.

Clinical Authors
Lucie Martineau
Nancy Branco
Tina Costanzo
Jules Bricault
Sharon Pidgeon
Evelyn Nketiah
Lisa Patel

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Important

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care.

Contact a qualified healthcare practitioner if you have any questions concerning your care.

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INTRODUCTION

Please keep this booklet with you throughout your hospital stay. Use it as a guide during your hospital stay and even after when you go home. Hospital staff may refer to it as you recover, and review it with you and your family before you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Ask us if you have questions about your care.

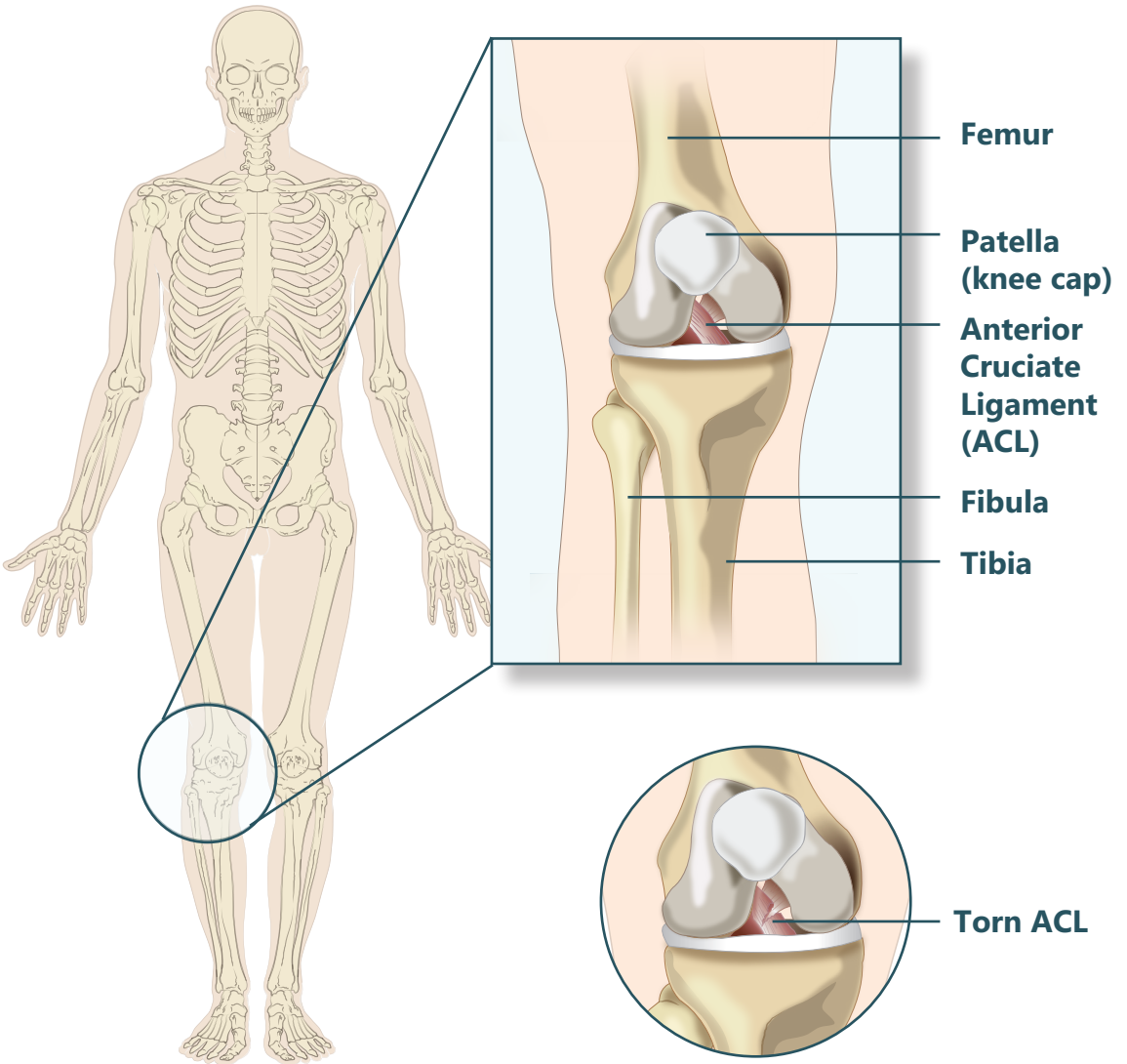


Your MUHC surgery team

If you do not understand French or English, bring someone to help you.

WHAT IS THE ACL?

ACL stands for Anterior Cruciate Ligament. The ACL is the major ligament that helps keep the knee stable.

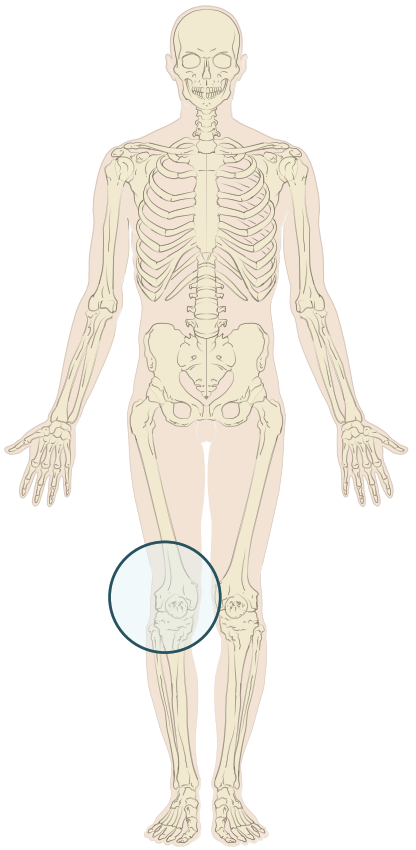


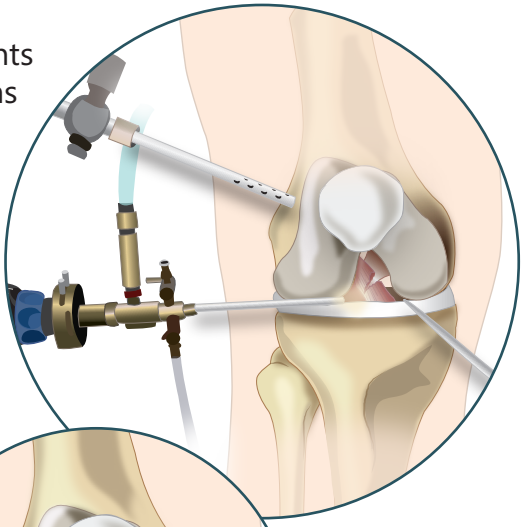
WHAT IS ACL SURGERY?

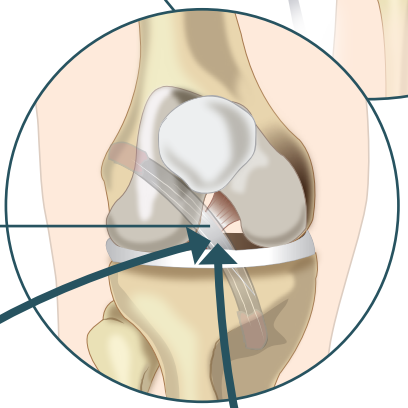
Introduction

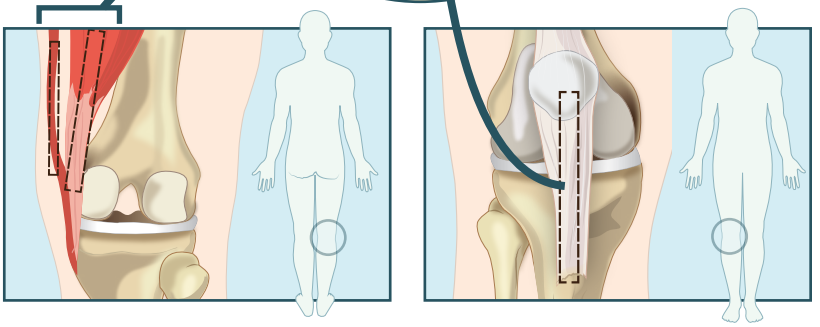
To replace the torn ACL, the surgeon uses ligaments or tendons from another part of the knee. Tendons are tissue bands that attach muscles to bone. The replacement tissue is called a graft.

Grafts are commonly taken from the muscle at the back of the thigh or at the front of the knee. These are called autografts because the tissue comes from you.









Graft from back of thigh

Graft from front of knee

You can also have an allograft, which is donated tendon from a deceased person.

Plan ahead

After your surgery, you may need help with meals, laundry, bathing or cleaning.

Stock your fridge and freezer with food that is easy to reheat. Make plans with your family and friends so you will have the help you need.







Consider arranging your first physiotherapy appointment within the first 3 days after your surgery.

Verify with your doctor.

Arrange transportation

Arrange to have a responsible adult with you to take you home from the hospital and stay with you for the first 24 hours after your surgery.

You will not be allowed to leave the hospital alone. You CANNOT take a taxi home by yourself.



Important

Your surgery will be cancelled if you do not have someone to take you home and stay with you for the first 24 hours.

PREOPERATIVE CLINIC VISIT

During your preoperative visit, you might:

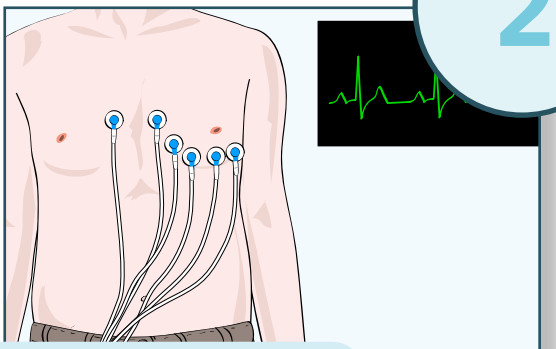
You may need to stop taking some medicines and natural products before surgery. The doctor will explain and order in your file which medicines you should stop and which ones you should keep taking.

1



Have blood tests

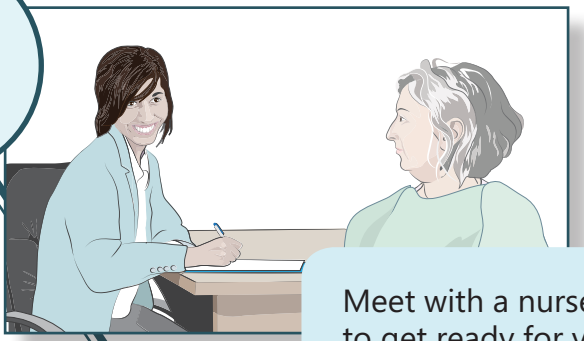
2



Have an ECG (electrocardiogram)

PREOPERATIVE CLINIC VISIT

3



Meet with a nurse who will tell you how to get ready for your surgery and what to expect on the day of your surgery.

4



Meet with a doctor who will ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.

If you have any questions, contact the Preoperative clinic nurses at: **514-934-1934, ext. 43778**, Monday to Friday, 1:00 p.m. - 3:00 p.m

MGH Preoperative Clinic: Located E10.117 (Wing E,10th floor).

PHONE CALL FROM ADMITTING

The day before your surgery, the Admitting Department will phone you to tell you what time to come to the hospital. (If your surgery is scheduled on a Monday, the hospital will phone you the Friday before). They will ask you to arrive 2 hours before your surgery.

Exception: If your surgery is planned for 7:30 a.m., they will ask you to arrive at 6:30 a.m.

The time of surgery is not exact. It may be earlier or later than planned.





Date of surgery: . . . . . .

Time of arrival at the hospital: . . . . . .

Room: Surgical Admission Services D10-124 (Wing D, 10th floor, room 124.)

If you do not receive a call by 2:00 p.m., contact the Admitting Department at 514-934-1934 ext. 42190.

CANCELLING

If you are sick, pregnant, or for any reason you are unable to come to the hospital for your surgery, call as soon as possible both your surgeon's office and the Central Operating Room Booking (CORB) 514-934-4460 (between 9 a.m. – 11 a.m. and 1 p.m. – 3 p.m.).

If you call after 3 p.m., leave a message on the answering machine stating: your full name, date of surgery, telephone number, hospital card number, surgeon's name, reason for cancelling or postponing your surgery, and the timeframe you are not available to have the surgery.

If you need to cancel your surgery the day before after 3 p.m.:
Call the Admitting Department at 514-934-1934 ext 42190.



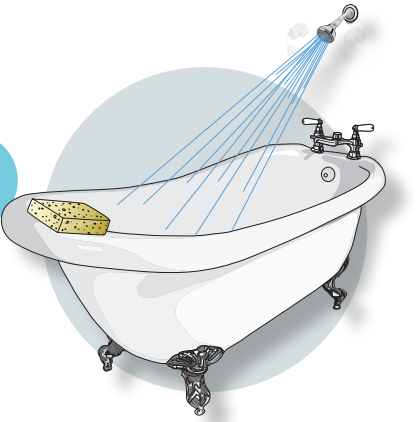
Keep in mind that the Montreal General Hospital is a Trauma Centre. This means that your surgery may need to be delayed or cancelled because of an emergency. Your surgeon will reschedule you as soon as possible.

WASHING

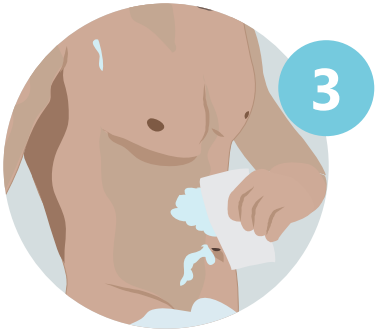
Night before surgery



1. Use regular soap for your face and shampoo for your hair



2. Take a shower by using the bacterial sponges you were given



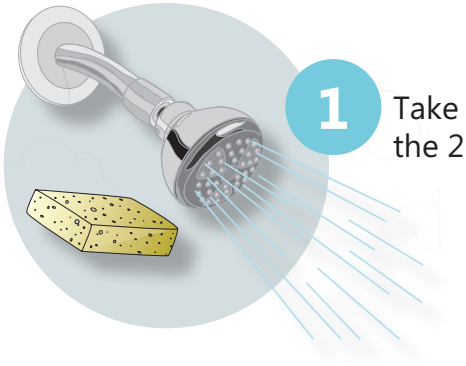
3. Wash yourself from the neck down, including your belly button



4. Wear clean clothes to bed

WASHING

Morning of surgery

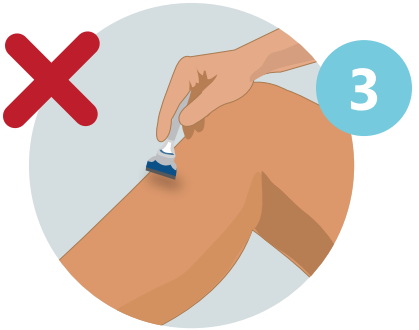


1 Take a shower by using the 2nd sponge

2

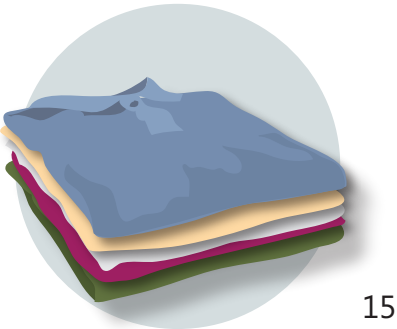


Do not wear lotion, perfume, makeup, nail polish, jewelry or piercings



3 Do not shave the area where the operation will be done

4



Put on clean clothes

DIET

The nurse in the Pre-op Clinic will explain what to eat and drink before your surgery.

The day before your surgery:

AFTER 12:00 midnight



- Eat and drink normally until midnight
- Drink a carbohydrate drink (clear juice) during the evening (see list on page 17)

After midnight, do not have any food, dairy products, or juice with pulp.

DIET

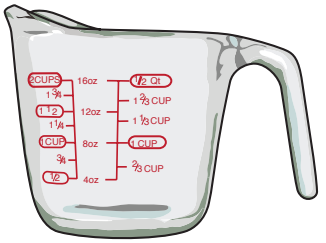
The morning of your surgery:

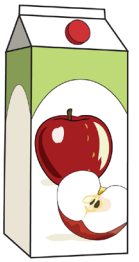
- Do not eat any food
- Drink a carbohydrate drink (clear juice) 2 hours before surgery (see list on next page)
- Do not have any dairy products or juice with pulp
- Stop drinking 2 hours before your surgery. This is usually the same time as you are asked to arrive to the hospital.



Exception: If you are asked to arrive at 6:30 a.m., stop drinking at 5:30 a.m.

Carbohydrate drinks: Choose only 1





Apple juice ✓ ☐

Evening before: 850ml
Morning of: 425ml

OR



Orange juice (no pulp) ☐

Evening before: 1000ml
Morning of: 500ml

OR



Commercial iced tea ☐

Evening before: 1100ml
Morning of: 550ml

OR



Cranberry cocktail ☐

Evening before: 650ml
Morning of: 325ml

OR

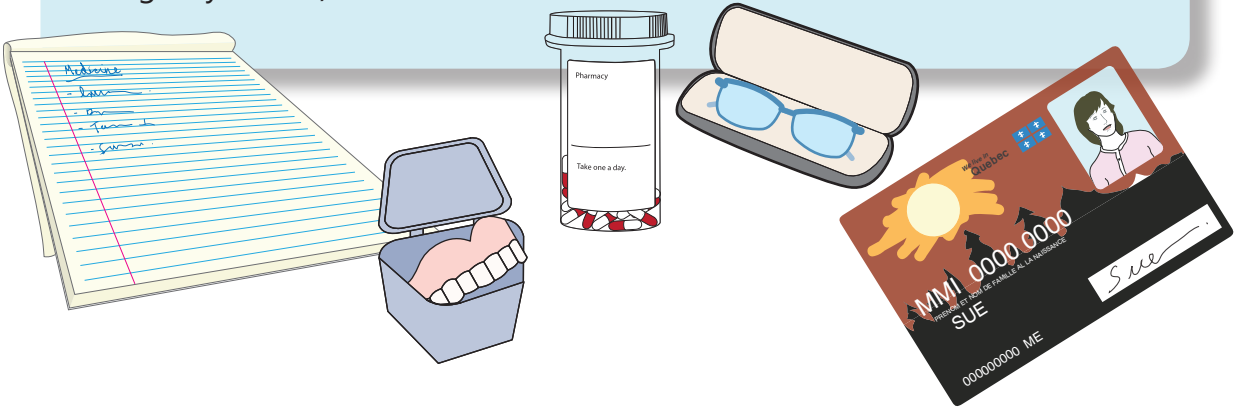


Lemonade ☐

Evening before: 1000ml
Morning of: 500ml

THINGS TO BRING TO THE HOSPITAL

- ☐ This booklet.
- ☐ Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name.
- ☐ List of medications that you take at home (ask your pharmacist to give you one)
- ☐ Medicare card and hospital cards.
- ☐ Cane, crutches or walker, labeled with your name.
- ☐ You will have a large full leg splint called a zimmer splint. Bring a pair of loose pants, shorts or skirt to fit over the splint.

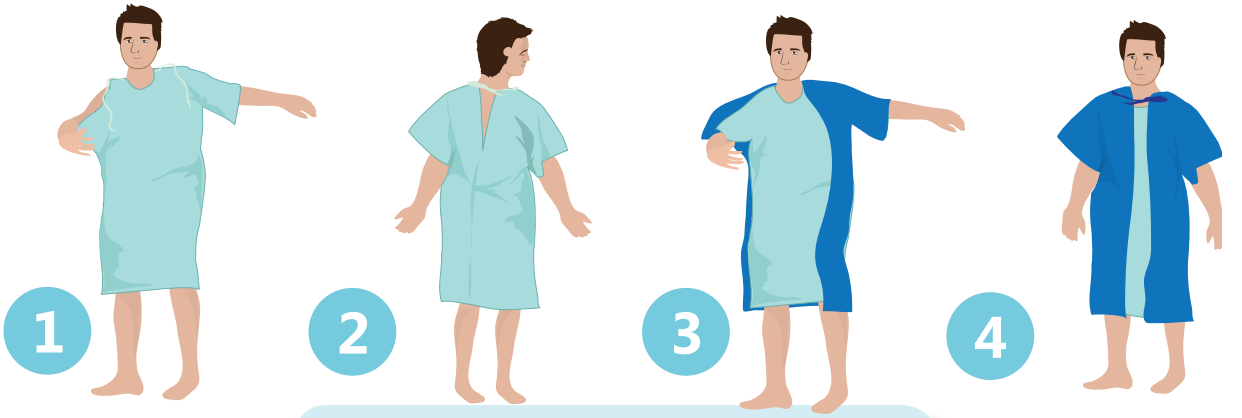


Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

Admitting area

Report directly to the Surgical Admission Services **D10-124 (wing D, 10th floor, room 124)** at the time given.

In the Preoperative admitting area, your nurse will:



Ask you to change into a hospital gown



Make sure your personal belongings are in a safe place



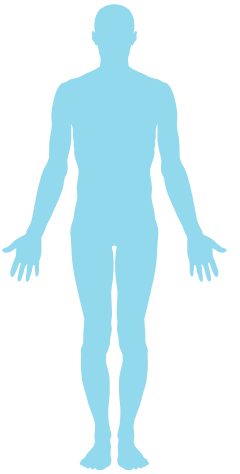
Complete a Preoperative checklist

In the operating room

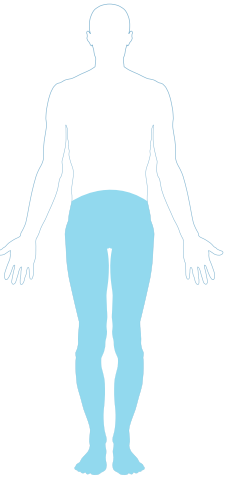
A patient attendant (orderly) will bring you to the operating room.

There you will meet the anesthetist and the other members of the surgical team. The anesthetist will discuss with you if you will go to sleep with general anesthesia or freeze the lower part of your body, with spinal anesthesia, for your surgery.





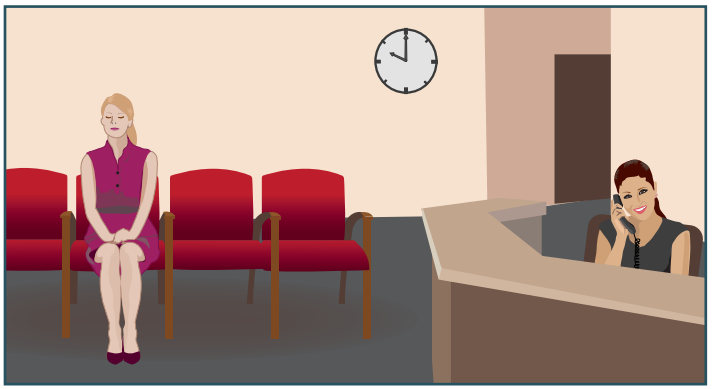
A general anesthetic will relax your muscles and put you in a deep sleep.



A spinal anesthetic will keep you more awake but you will be unable to feel from the waist down. Either way you will be pain free during your surgery.

Waiting room

There are no visitors allowed in the PACU. Family and friends may wait for you in the **waiting room** located in **D10-117** (wing D, 10th floor, room 117). The space is small so we ask that you limit the number of people coming with you.



When you arrive in the Post-Anesthesia Care Unit (PACU) a nurse will call your friend, on their cell phone or in the waiting room,to let them know how you are.

A second phone call will be made by the PACU nurse when you are ready to go home. The nurse will tell your family or friend where to come to see you and bring you home.

Internet access

Network: CUSM-MUHC-PUBLIC
Username: public
Password: wifi

Other resources

Coffee shops: 1st floor Pine Ave. entrance and the 6th floor near the main entrance

Cafeteria: D4, wing D, 4th floor

Restaurant: D.6.125, wing D, 6th floor, room 125

Bank machines: 1st floor Pine Ave. entrance and 6th floor near the main entrance on Cedar Ave.

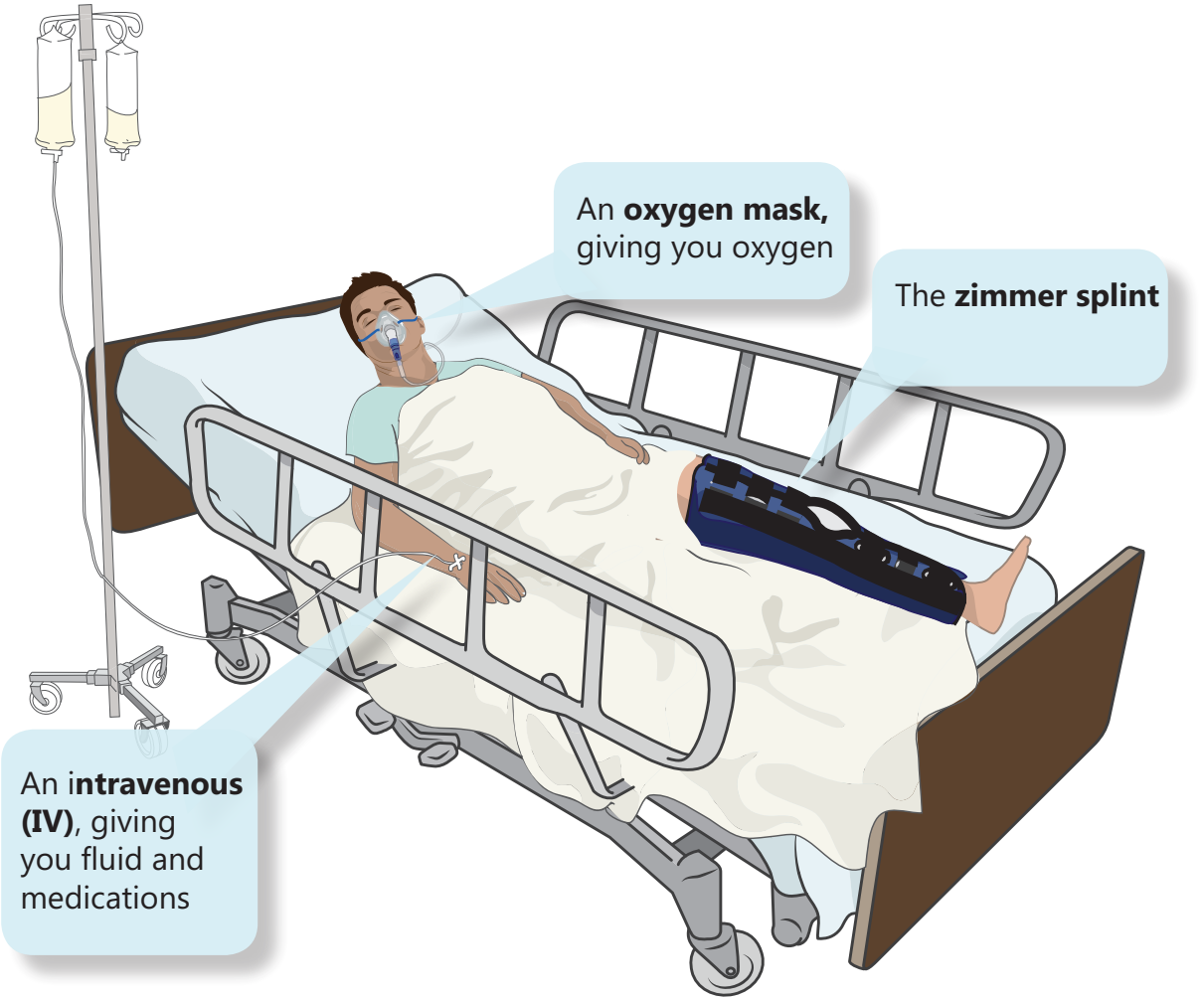
Gift shop: D.6.145, wing D, 6th floor, room 145, near the main entrance



IN THE PACU- Recovery Room

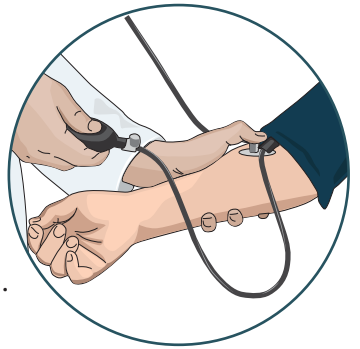
After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU).

You will have:



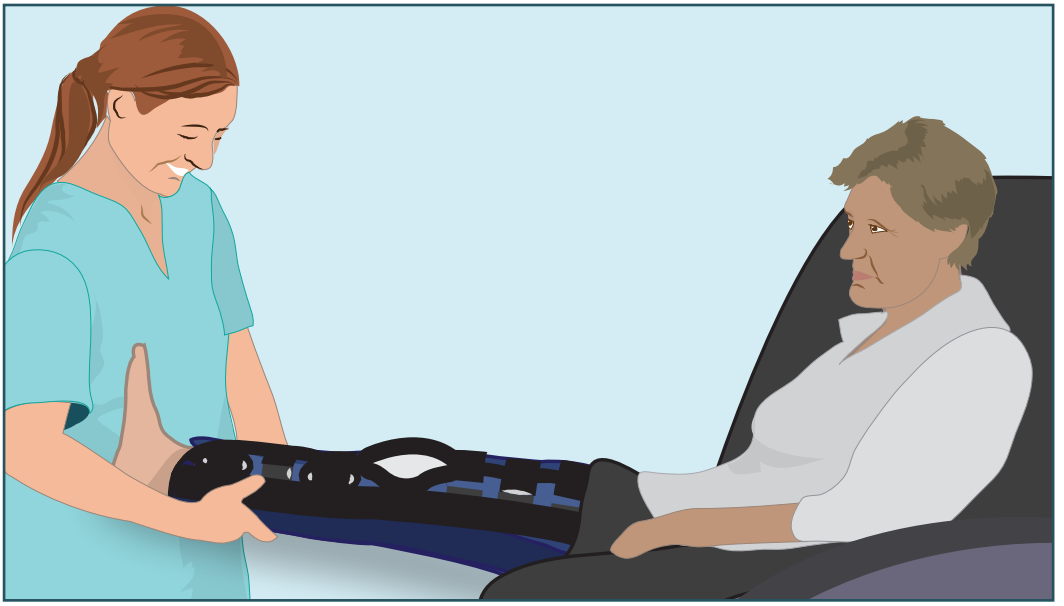
IN THE PACU- Recovery Room

Your nurse:



- Will check your pulse and blood pressure often
- Will check your bandage(s)
- Will make sure you are comfortable

You will stay in the PACU until you go home (about 2 hours). This period of time varies with each patient.

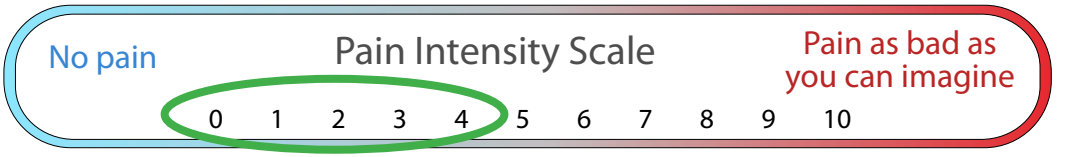


Remember you must have someone to take you home and to stay with you for the first 24 hours after your surgery.

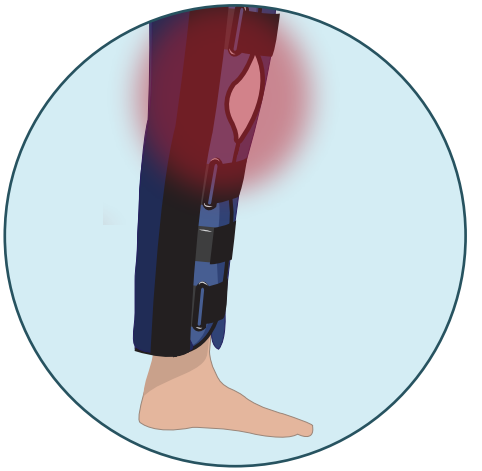
PAIN CONTROL

Pain relief is important because it helps you:

- Breathe more easily
- Move more easily
- Sleep better
- Recover faster
- Eat better



Your nurse will ask you to rate your pain on a scale from 0-10. Please tell us if you have pain. If so, your nurse will give you medicine. We want to keep your pain below 4.

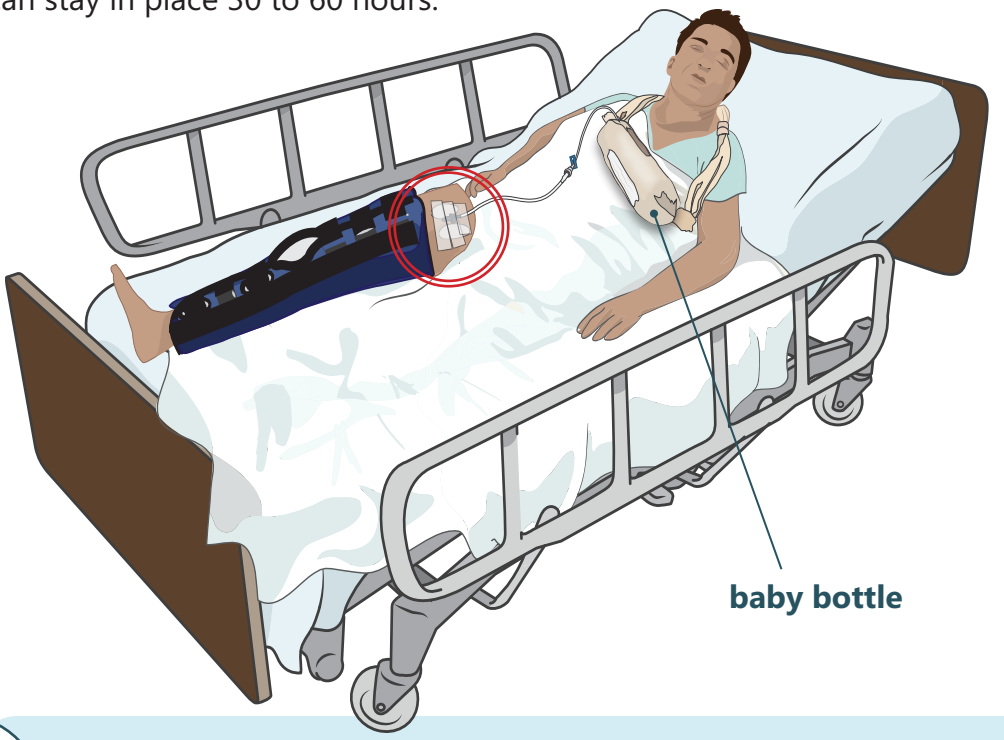


Do not wait until the pain gets too bad before telling us.

The anesthetist will discuss with you methods to decrease the pain after surgery.

Usually the anesthetist injects freezing medication, like at the dentist, under your skin, close to the nerves where you have your surgery. This blocks the pain. You might be given a dose that will last up to 24 hours.

Most often a small plastic tube is placed close to the nerves, and connected to an automatic delivery system of freezing medication, called a baby bottle. This bottle can stay in place 30 to 60 hours.



You cannot put weight on your leg while you are frozen. You must use crutches to avoid falling. More information will be given to you and your family the day of your surgery.

PAIN

You may have some pain during the first few days following surgery.

You will receive a prescription that may include:

- Acetaminophen (Tylenol)
- A medication against pain and swelling (anti-inflammatory)
- A stronger pain medication (narcotic)



Tell your surgeon if you are allergic to any of these medications or if you are already on Aspirin or anti-inflammatory medication.



Take acetaminophen (Tylenol) and the anti-inflammatory first to relieve your pain. Add the narcotic only if your pain is not relieved by acetaminophen (Tylenol) and the anti-inflammatory.



If the anti-inflammatory and pain medicine (narcotic) cause burning or pain in your stomach, stop taking them right away and call your surgeon.

Pain medicine (narcotic) may cause constipation.

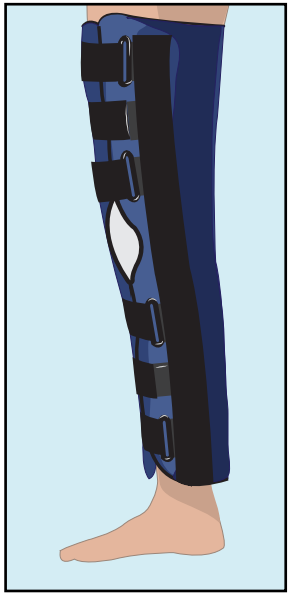
To help your bowels stay regular:

- Drink more
- Eat more whole grains, fruits and vegetables
- Take a mild laxative such as prune juice or take stool softeners as prescribed

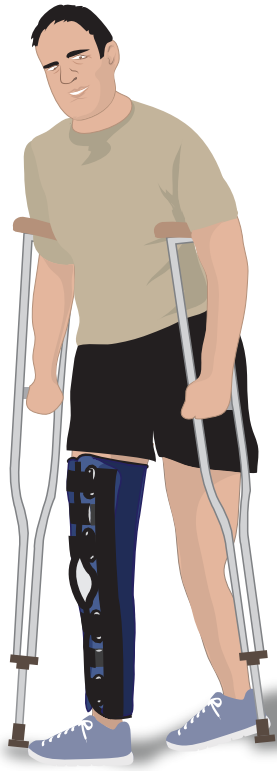




After your surgery you will have to wear a zimmer splint on your leg all the time until your doctor allows you to remove it. Once your block for pain is completed and your leg is not numb, you can put weight on your leg as tolerated with the help of your crutches.



Zimmer splint



DIET

You can eat and drink anything you want.

Do not drink any alcohol for 24 hours after your surgery or while you are taking pain medication.



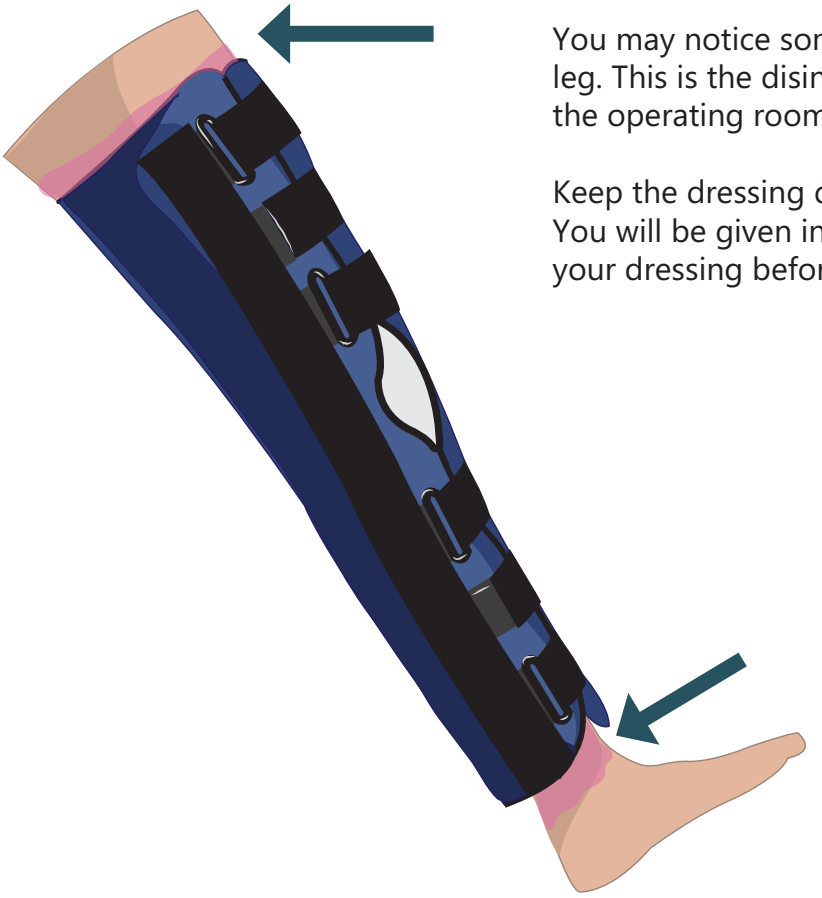
Nausea

Some patients have nausea after their surgery. If you are nauseous, take the medications prescribed for this and slowly start drinking clear fluids.





INCISION



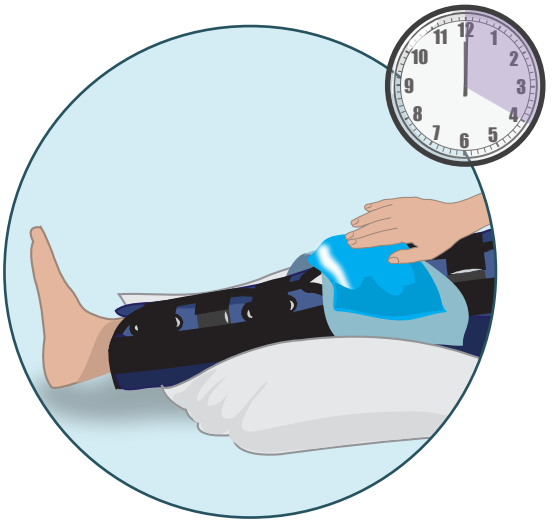
You may notice some pink on your leg. This is the disinfectant used in the operating room. It will wash off.

Keep the dressing dry and intact. You will be given information about your dressing before you go home.



When can I return to my normal activities?

It will take time to fully recover and return to your normal activities. Everyone recovers at a different rate.

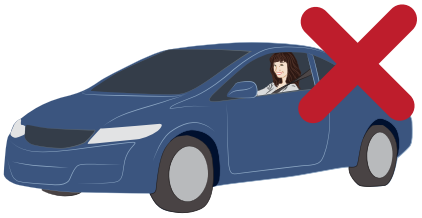


When resting keep your leg and knee up on a pillow and apply ice with a frozen pea bag and keep on for 20 minutes at a time as often as possible.



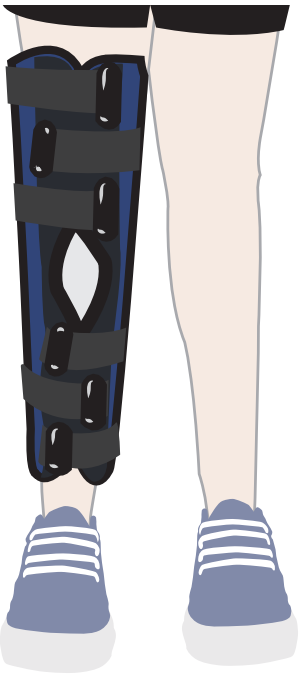
You will need to use crutches to get around at first.

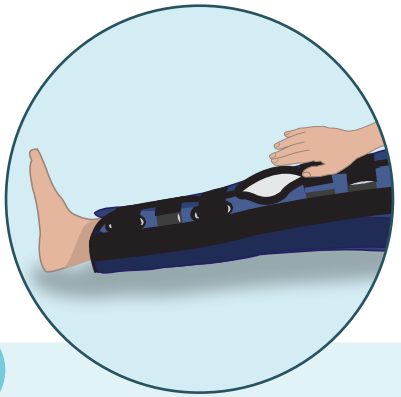
Your surgeon and therapist will watch your progress closely, and gradually allow you to increase your activities when your knee is ready. It can take up to 12 to 18 months or more for your knee to feel the way it did before your injury.



Do not drive until your surgeon gives you the okay to drive.

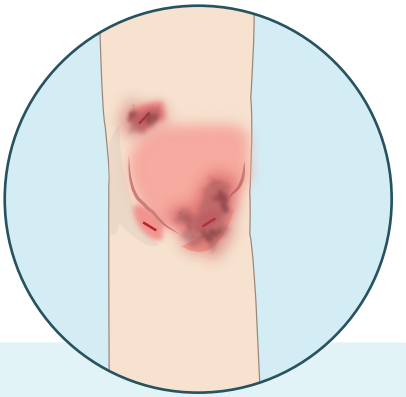
What do I need to watch out for when I get home?





1

Check your foot and leg for warmth, colour, and sensation often while you are awake. Your foot and leg should feel warm to touch and pink. Some numbness is normal with the freezing medication.



2

Some bruising and swelling of your operated knee and leg is normal. This will decrease with time.

CALL YOUR SURGEON IF...

When to call your surgeon:

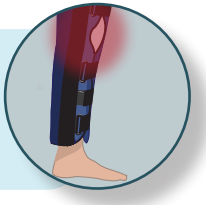


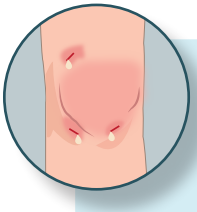
You have a fever higher than 38°C/100.4°F.

You cannot drink or keep liquids down (nausea or vomiting).

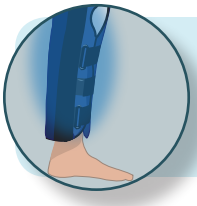


You have more pain and your pain medicine does not help.





You have increased swelling, warmth, redness or pus around your incisions.



Your leg is cool to touch or you have calf pain.



Go to the Emergency Department if you have:

- ☐ Calf pain
- ☐ Shortness of breath
- ☐ Chest pain

These symptoms may represent a blood clot.



FOLLOW UP

You may receive a phone call from the PACU nurse the day after your surgery. The nurse will be phoning to see how you are doing.

About **2 weeks after your surgery**, you will need to see your surgeon.

If you have any questions, phone us:

Dr. Burman:	514-934-1934 ext. _____	Room B5 – 159.1
Dr. Marien:	514-934-1934 ext. _____	Room B5 – 158.6
Dr. Martineau:	514-934-1934 ext. _____	Room A5 - 175
Dr. Lenczner:	514-934-1934 ext. _____	Room B5 – 158.5

Other surgeon: _____



Day Surgery Unit
514-934-8064
(7 a.m. to 3 p.m.)

Preoperative Clinic
514-934-1934 ext. 43778
(1 p.m. to 3 p.m.)

Admitting Office
514-934-1934 ext. 42190

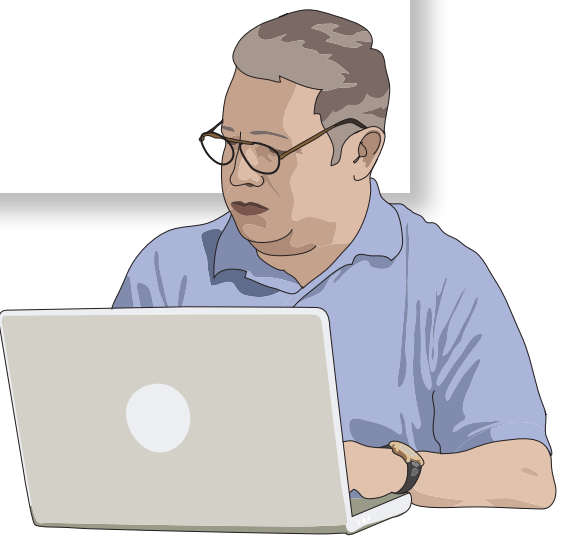
Montreal General Orthopedic Clinic
514-934-8041 B5 - 111

IMPORTANT RESOURCES

Websites of interest:

For ACL surgery:
http://www.hamiltonhealthsciences.ca

For more about anesthesia:
http://www.cas.ca/english/patient-information



SUGGESTIONS TO HELP YOU STOP SMOKING

There are four phases of quitting:

1. Preparing to quit
2. Choosing a quit date
3. Coping with withdrawal
4. Fighting relapses

Strategies to help you quit:

- Stop smoking now and you will already be on your way to quitting.
- Take it one day at a time. Think of yourself as a non-smoker. Be proud of what you have already done.
- Ask your family and friends not to smoke around you.
- Get a family member or a friend to stop smoking at the same time.
- Join a stop-smoking group and kick the habit with other people.
- Speak with your doctor about aids to help you quit, such as the nicotine patch.



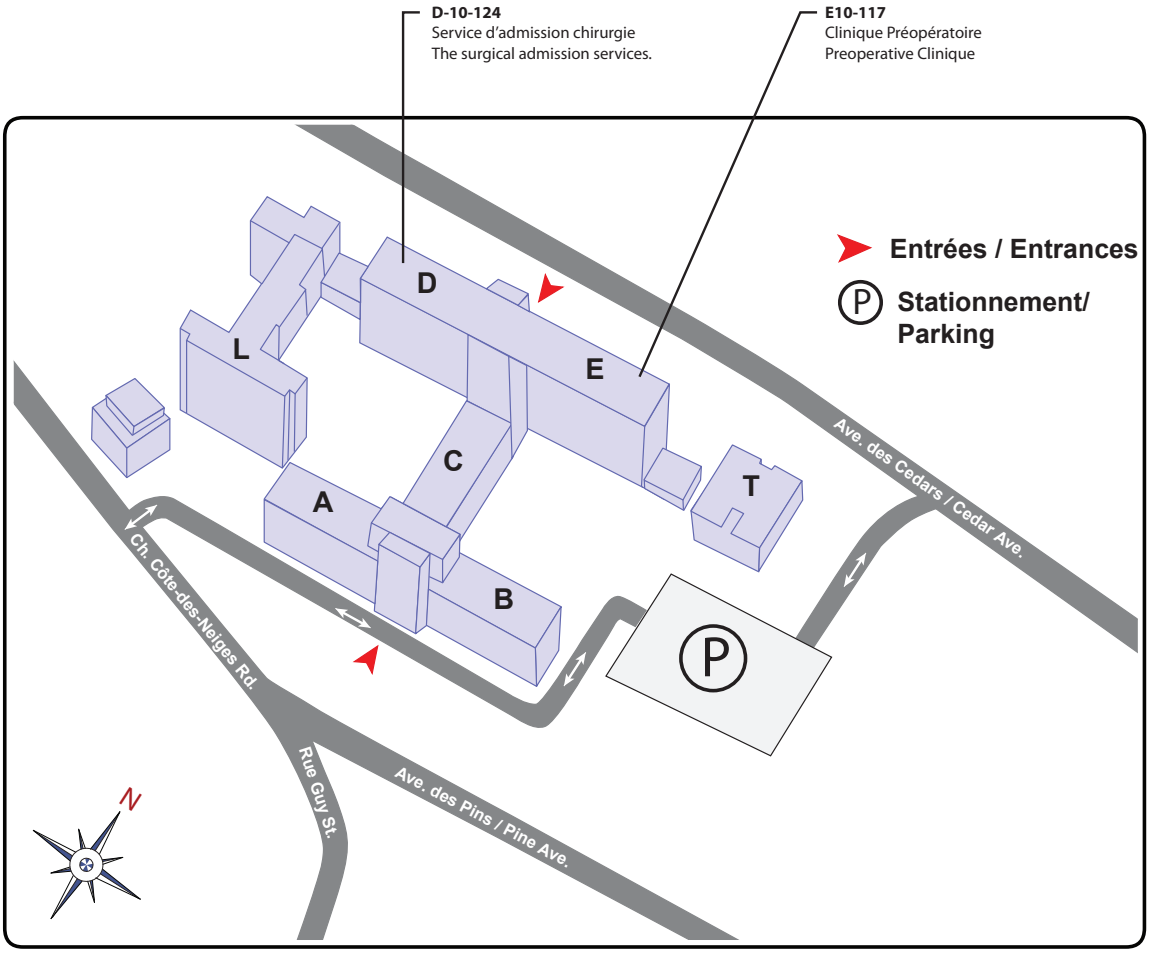
Get more information from:

Montreal Chest Hospital
(514) 934-1934 extension 32503
www.muhc.ca

Quebec Lung Association
(514) 287-7400 or 1-800-295-8111
www.pq.lung.ca

NOTES

MAP



Hôpital Montreal General Hospital
1650 Ave. des Cedars / Cedar Ave. Montreal, H3G 1A4.