

# PCL AND POSTEROLATERAL CORNER RECONSTRUCTION

Your Instructions After Surgery



SCAN FOR THE  
ONLINE VERSION



**Stanford**  
MEDICINE



## Medications

| MEDICATION                     | WHAT IT IS FOR                                                                                                               | HOW TO TAKE IT                                                                                                                                                                           |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Acetaminophen (Tylenol)</b> | Baseline pain control                                                                                                        | 1,000 mg <b>every 8 hours</b> , on a schedule. <b>No more than 3,000 mg in 24 hours.</b>                                                                                                 |
| <b>Oxycodone 5 mg</b>          | Breakthrough pain not managed by other medications. Most people need it for the <b>first few days to week after surgery.</b> | 1 to 2 tablets <b>as needed every 4 to 6 hours.</b>                                                                                                                                      |
| <b>Ondansetron (Zofran)</b>    | Nausea                                                                                                                       | As needed, as directed on the label.                                                                                                                                                     |
| <b>Docusate (Colace)</b>       | Stool softener                                                                                                               | Take while you are taking oxycodone, as directed on the label.                                                                                                                           |
| <b>Aspirin</b>                 | Blood clot prevention                                                                                                        | <b>81 mg twice a day for 30 days</b> , starting the <b>morning after surgery</b> . If you have a higher risk of blood clots, Dr. Tummala may prescribe a stronger blood thinner instead. |
| <b>Anti-inflammatory</b>       | Pain and swelling                                                                                                            | May be an option for some patients. Take one only if Dr. Tummala recommends it and you can tolerate it.                                                                                  |

*Your medications may vary slightly from this list based on your current medications and health history. Any changes will be reviewed with you before surgery.*

### Example of a day in the first week

| TIME  | ACETAMINOPHEN | OXYCODONE                                        |
|-------|---------------|--------------------------------------------------|
| 8 am  | 1,000 mg      | Take 1 to 2 tablets as needed every 4 to 6 hours |
| 4 pm  | 1,000 mg      |                                                  |
| 12 am | 1,000 mg      |                                                  |

- **Acetaminophen is the base of your pain control.** Oxycodone is only for pain that breaks through.
- Tell us if you have a history of stomach ulcers, GI bleeding, kidney problems, or an NSAID allergy.
- Do not drive or drink alcohol while taking oxycodone.
- All medications are sent to your pharmacy. Pick them up before your surgery date or after surgery.
- If you had a **nerve block**, your leg will feel heavy and numb for many hours, sometimes more than a day. **Start your pain medication before the numbing wears off**, because it usually goes from numb to painful quickly. If you went home with a **nerve catheter**, the pump keeps the leg numb for about **2 to 3 days**; follow the anesthesia team's instructions for removing it.

**Weight Bearing and Brace**

- Put **no weight** on the leg for the **first 6 weeks**. Use your crutches whenever you walk.
- For the **first week**, wear the brace **locked straight at all times**, including while you sleep. From **1 to 6 weeks**, wear it locked straight whenever you walk.
- From **7 to 10 weeks**, you will gradually return to full weight, with the brace set to **0 to 90 degrees** and then unlocked. The crutches and brace come off at about **11 to 12 weeks**, once your thigh muscle is strong and you walk normally. Your therapist will guide this.

**Dressing and Showering****Your incision care at a glance**

| Days 0 to 3                                                               | Day 3                                                                                                  | Day 5                                                   | 4 to 6 weeks                                                        |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------|
| Keep the dressing <b>on and dry</b> . <b>No showering</b> ; sponge bathe. | Remove the dressing and <b>shower</b> . Put <b>clean, dry gauze</b> back on; change daily or when wet. | Leave the incisions <b>open to air</b> if they are dry. | Once fully healed, you may <b>soak</b> in a bath, pool, or hot tub. |

- Under the dressing you may see some old blood and small white strips (steri-strips) over the incisions. Leave the steri-strips in place.
- When you shower, let soapy water run over the incisions. Do not scrub, and pat them dry afterward.
- Clean around the incisions with a clean washcloth and soap and water only. Do not put alcohol, lotion, ointment, or Neosporin on the incisions.
- The compression wrap helps with swelling. If it feels too tight, you can loosen it.
- Some blood-tinged or clear drainage is normal. If you see thick, yellow, pus-like drainage, send us a photo through the patient portal.

**Icing and Elevation**

- Ice at least **4 times a day for 20 minutes at a time**, especially for the **first 3 days**. Many patients continue beyond that if they find it helpful.
- Always keep a towel or cloth between the ice and your skin.
- Cold therapy unit: use as directed. If yours has compression, you may start the compression setting the day after surgery as pain allows.
- For the **first 2 days**, keep the knee raised above the level of your heart whenever you are sitting or lying down.
- **Keep the leg straight when you raise it, and support the top of your shin.** Put the pillow under your calf and just below the knee, not only under your heel, so the shin bone does not sag backward. Never put a pillow under a bent knee.

**Physical Therapy**

- Formal therapy begins **within the first few days after surgery**. Do your home exercises until then. After therapy starts, you can always continue your home program under your therapist's supervision.
- You may go to any therapy clinic that is convenient for you. Book prior to surgery or as early as possible, and call to confirm your appointment.
- Bring the therapy protocol for your therapist.



## Home Exercises

- Start the **day after surgery**. Do these **3 to 4 times a day, for 5 to 10 minutes** each session. After therapy starts, you can keep doing this home program under your therapist's supervision, along with the exercises your therapist adds.
- Pump your ankles up and down **often throughout the day**. This helps circulation and lowers the risk of a blood clot.

## EXERCISE

## PICTURE

## HOW TO DO IT

## Elevate



Raise the leg whenever you are sitting or lying down. Keep the leg completely straight, with a cushion lengthwise under the calf and the top of the shin so the shin does not sag backward. Do not rest the leg on the heel alone, and do not put cushions under a bent knee.

## Ankle pumps



Lie or sit with the legs straight and the calf supported. Bring the toes up toward you, then point them away, alternating.

## Calf stretch



Sit with the operated leg straight and the other leg bent. Loop a strap around the ball of the foot, hold the ends, and pull back until you feel a stretch in the back of the leg. Hold, then repeat on the other side.

## Quad sets



Sit with the knee resting on a rolled towel. Tighten the thigh muscle to press the knee down into the towel without lifting the foot. Relax and repeat.

- Straight leg raises and hip exercises are done in the brace, as your therapist teaches you.
- **Do not bend the knee on your own for the first 6 weeks.** Your therapist will bend it for you while supporting the shin, starting from **0 to 60 degrees** and reaching **90 degrees at 5 to 6 weeks**.
- Avoid any motion that causes a significant increase in pain.



## Motions to Avoid

- No weight on the leg for the **first 6 weeks**.
- Do not bend the knee on your own for the **first 6 weeks**; your therapist will do this for you.
- Never let the shin sag backward. When the brace is off and you are resting, keep a pillow behind the top of your shin.
- Avoid twisting the knee, letting it bend backward, or letting it bow outward for the **first 6 weeks**.
- No kneeling until **12 weeks**.
- No hamstring curls or other resisted hamstring exercises through at least **10 weeks**.
- No jogging until after **6 months**, and then only as a slow progression.
- Return to full sport is around **9 months**, once you meet strength and hop testing goals and Dr. Tummala clears you.

**Activity**

- Alternate sitting, reclining, and lying down as you can tolerate. Get up and move around regularly during the day.
- A stationary bike, with the seat set higher than normal, may be added at about **11 weeks**, as your therapist directs.

**Driving**

- Not until you are out of the brace and off crutches, off narcotic pain medication, and able to control the car comfortably, including an emergency stop.
- If you are at all unsure whether you are safe to drive, do not for your safety.

**Work**

- Desk work is often possible once you are comfortable on crutches.
- Physical or manual work often takes **6 months or more**, depending on the labor involved, and is cleared by Dr. Tummala.

**Follow-Up**

- Your first visit is **7 to 14 days after surgery** and should be scheduled before surgery. Stitches are removed at this visit.
- Further visits are typically at about **6 weeks, 3 months, 4½ months, 6 months, and 9 months**.

**When to Call**

- Clinic: **510-974-2800** (Stanford Orthopaedics and Sports Medicine, Emeryville).
- Fever above **101.5°F**, chills, or sweats. A low-grade temperature in the first 48 hours is common.
- Bleeding that has saturated the dressing twice.
- Excessive redness, a foul odor, or yellow or green drainage. Call the clinic if you are concerned.
- Pain that is severe and not controlled by your medication.
- A change in color of the foot or toes.
- Constant cramping, tightness, or pain in either calf.
- Unable to eat, or unable to urinate for more than **1 to 2 days**.
- **Call 911** for chest pain, shortness of breath, or coughing up blood.

*This handout is for education only and does not replace medical advice. Always follow the instructions Dr. Tummala and the care team give you for your specific situation.*

**NOTES AND QUESTIONS**

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