

# General Information Following PCL Reconstruction

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- Following surgery patients will be in the Recovery Room for approximately 1 hour. The family will be contacted by nursing personnel when the patient has been transported to the holding area. Usually one family member at a time is allowed to see the patient.
- Dr. Bach prefers to personally see his patients prior to discharge. Please understand that he may be in the operating room with another patient. Please be patient.
- Following discharge you will be transported by wheelchair to outpatient physical therapy to review crutch-walking, motion exercises, and prone heel hangs.
- Pain medication is injected into the wound and knee joint. This will wear off within 8 to 12 hours.
- It is normal for the patient to have more discomfort and knee stiffness the day following surgery.
- It is safe and, in fact, preferable to move your knee within the limitations that Dr. Bach recommends.
- A brace or immobilizer should be worn **at night** to encourage early complete knee extension recovery.
- It is normal for the knee to bleed and swell following surgery. This may require aspiration (removal) in the early postoperative period. If blood soaks onto the ACE bandage do **not** become alarmed. Reinforce this with additional dressings or a towel. You do **not** need to go to an emergency room. You do **not** need to call our office if you note bleeding on to your dressings.
- The patient will be seen the **day after surgery** for a dressing change. If surgery has been performed on a Friday, the Chief Resident or Sports Medicine Fellow on the sports service will perform the dressing change for Dr. Bach in Suite 1063 at the Professional Office Building on Saturday morning. This doctor will make a decision whether the knee requires aspiration dependent upon swelling, discomfort and range of motion. Dr. Bach is called after this visit by the doctor. If surgery is performed on Tuesday the patient will have a dressing change at our River City office on Wednesday. The dressing will be blood saturated. New dressings will be applied including steristrips. The amount of swelling will be checked to determine whether

the knee requires aspiration. The knee motion will be checked. Surgical findings will be reviewed.

- At this visit you will be given a prescription for formal physical therapy. If you have an HMO your primary care physician will direct you to a specific rehabilitation (physical therapy) facility. Formal P.T. starts by 3 weeks postoperatively, although you will be given specific exercises the day of surgery to perform within the first week.
- Following the initial dressing change the brace or immobilizer may be removed to facilitate bending (flexion). When reapplied the brace must be carefully applied to match the angle of the knee.
- Generally, patients are on **crutches** 2-4 WEEKS days following a PCL reconstruction.
- Most patients will require some **narcotic pain medications** following surgery for five to seven days. Some patients take only a few tablets; others use the entire prescription. This prescription is **not** refilled. The pain medication can be taken every 4 to 6 hours using one or two tablets.
- The most **common side effects** of the narcotic pain medications are 1) nausea, 2) drowsiness, and 3) constipation. If you take the medication with some food in your stomach you will be less likely to have postoperative nausea. If you are having problems with nausea and vomiting we will probably switch you to a different pain medication. If you are prone to constipation buy an over the counter stool softener. Do **not** drive a car or operate machinery while taking the narcotic medication.
- You can use **Advil** (Ibuprofen/Advil [200mg]) in between taking the narcotic pain medication. For example, two hours after taking your pain medication take some Advil. This will help smooth out the postoperative pain “peaks and valleys”, will reduce overall the amount of pain medication required, and will increase the time intervals between the narcotic pain medications.
- You may shower placing a large garbage bag over your immobilizer starting the day after surgery. Commercially available “shower bags” can be purchased through orthopaedic supply stores. You should **not** bathe, swim or use a hot tub until the sutures or removed and you are three weeks postoperatively.
- You should do your **exercises** at least four times daily during the first 10 days postoperatively. Your motion goals are to have complete extension (straightening) and 40 degrees of flexion (bending) by 10 days postoperatively. The critical motion goal is obtaining your extension.

- You should do “ankle pumps” to reduce the possibility of a blood clot in your calf (extremely uncommon). If you can take aspirin, please take two **aspirin** daily for the first week postoperatively to also reduce the likelihood of calf blood clot.
- PCL surgery is a complex operative procedure. The tibial tunnel created for the PCL graft is in close proximity to the major nerves and vessels in the back of the knee. Excessive bloody oozing after surgery could put pressure on these structures. If you are having excessive pain that is getting worse, if your foot is “falling asleep”, or the foot is “cold” please call our office urgently.
- You should call our office (**312-432-2353**) to schedule your appointment for suture removal between 8 and 10 days postoperatively. Tuesday PCL patients will be seen on the following Wednesday. Thursday or Friday PCL patients will be seen on the following Monday (10 or 11 days postoperatively). At that time your sutures will be removed by our cast technician, your motion will be assessed, new steri-strips and dressings will be applied, and x-rays will be taken of primary care physician. If you have achieved your motion goals you will next be seen in the office at six weeks postoperatively. If Dr. Bach is not satisfied with your motion recovery you may be seen on a weekly basis until appropriate motion is achieved.
- If you have questions John Bojchuk, ATC is an excellent resource. John is an athletic trainer who has worked with Dr. Bach in one capacity or another since 1987. He can be reached through our main number 312-243-4244 or through his voicemail (**312-432-2359**). He also carries a pager (312-417-3499).
- If you have a problem that necessitates a phone call after the office is closed or on weekends you should call our office **312-243-4244**. You will be given instructions for contacting our page service. The paging service will contact Dr. Bach’s associate who carries his beeper. Do **not** call the hospital or the Surgicenter.

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