

ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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KNEE · PREPARING FOR SURGERY

Preparing for Your ACL Reconstruction

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Knee surgery	Typically outpatient — most patients go home the same day	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

ACL reconstruction — the torn ligament is replaced with a graft, fixed in bone tunnels to restore knee stability.

01 A MESSAGE FROM DR. PETTIT

Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. ACL Reconstruction is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

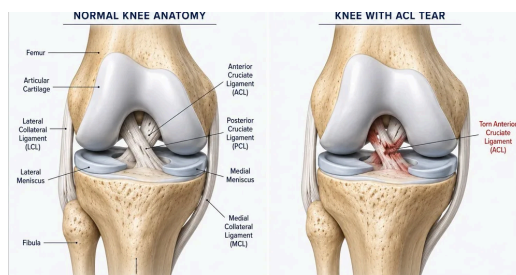
This guide is a resource to help you and your loved ones understand your acl reconstruction, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,

Robert J. Pettit, MD

02 ABOUT YOUR ACL RECONSTRUCTION

PROCEDURE ILLUSTRATION



Knee anatomy · for education; your anatomy may differ

The anterior cruciate ligament (ACL) is one of the main stabilizing ligaments of the knee. Once torn it does not heal on its own, so reconstruction replaces it with a new graft — a piece of tendon that is passed through bone tunnels and fixed in place to restore stability. Choosing the graft is an important decision. Autograft (your own tissue — patellar tendon, quadriceps tendon, or hamstring) has a lower re-tear rate in young, active patients and no risk of disease transmission. Allograft (donor tissue) means less early pain and no harvest site, but a higher re-tear rate in young athletes. Dr. Pettit generally prefers autograft in active patients and will help you choose the best graft for your lifestyle and goals.

ACL reconstruction is an outpatient, arthroscopic (minimally invasive) procedure that rebuilds a torn ACL using a tendon graft. Dr. Pettit uses small incisions and a camera-guided technique to place the new graft in the same position as the native ligament, securing it with modern fixation devices. Graft options include quadriceps tendon autograft, bone–patellar tendon–bone (BTB) autograft, or allograft (donor tissue), chosen based on your age, activity level, and goals.

Want to see how the procedure is done? Watch an animation and read more at [Orthopedia patient education](#).

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Why it may be recommended

- Complete ACL tear with knee instability, especially in patients who play cutting, pivoting, or jumping sports
- Combined ligament or meniscus injury requiring stabilization
- Recurrent giving-way episodes that limit daily activity despite therapy

What it is intended to achieve

- Restores rotational and front-to-back stability of the knee
- Allows return to pivoting sports and high-demand activity
- Protects the meniscus and cartilage from further injury caused by chronic instability
- Well-established procedure with high patient satisfaction and predictable recovery milestones

04 RISKS TO UNDERSTAND

As with any surgery, risks include infection, blood clot, stiffness, graft failure or re-tear, persistent instability, numbness near the incision, and the small possibility of needing additional surgery. Dr. Pettit will review your individual risk factors in detail before surgery.

05 IN THE WEEKS BEFORE SURGERY

- Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required
- Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery
- but never stop a prescribed medication without instruction from the prescribing doctor
- Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery
- this is especially important for tendon, ligament, cartilage, and bone healing
- Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night
- Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time
- Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.
- Stop NSAIDs and blood thinners as directed by our office
- Arrange a ride home and help at home for the first few days
- Begin "prehab" exercises if prescribed, to optimize strength and motion before surgery
- Follow fasting instructions given by anesthesia the night before surgery

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

- You will go home the same day, usually in a brace and on crutches. Weight-bearing and brace settings depend on whether a meniscus repair was also performed
- Physical therapy begins within the first week to restore motion, regain quadriceps control, and reduce swelling
- Return to running is typically around 3–4 months, with return to cutting and pivoting sports usually 9–12 months, guided by strength and functional testing
- Use crutches and your brace exactly as directed
- Elevate the leg and use ice or cryotherapy to control swelling
- Keep the incision clean and dry until your follow-up visit

- Take pain medication as prescribed and begin weaning off narcotics early
- Attend your first post-op visit and begin formal physical therapy per your protocol

Recovery timeline

- Weeks 0–2: swelling control, gentle motion, quad activation
- Weeks 2–6: progressive range of motion, weight-bearing, and brace weaning
- Months 2–4: strengthening and balance training
- Months 4–8: sport-specific and agility training
- Months 8–12: return-to-sport testing and clearance based on strength and functional benchmarks

Your detailed, week-by-week recovery instructions come in your **post-op protocol**, which Dr. Pettit and our team will review with you and provide in print and online at robertpettitmd.com/protocols/acl-btb.pdf

08 POST-OP QUICK REFERENCE

Keep this section for after your surgery. These highlights are drawn from Dr. Pettit's ACL Reconstruction with Bone-Patellar Tendon-Bone post-operative protocol — your procedure may use a different variant, so always follow the copy you receive at surgery.

Medication management

You have been given a regional anesthetic block prior to your operation; this will wear off in the evening following your surgery. We recommend taking pain medication once you feel the block wearing off. You may find it beneficial to sleep in a recliner or propped up with pillows in the days following surgery.

- 1 Pain Medication:** Tylenol 1000mg every 8 hours and, unless discussed otherwise, you have been prescribed a narcotic pain medication (Oxycodone 5mg) to take every 4-6 hours as needed.
 - DO NOT drive/use any heavy machinery, drink alcohol, make any life-changing or legal decisions (i.e. sign a will), or participate in activities that require a lot of physical skill, as narcotics may change your mental acuity. On rare occasions they may cause confusion or disorientation, we advise you to discontinue this medication should that occur.
 - Narcotics can be addictive. Dispose of any excess medication at a police/fire station.
 - Take a stool softener (e.g. Colace) while taking narcotic medication, as narcotics may cause constipation. If this does not help alleviate your constipation, you can try adding miralax or milk of magnesia. Please call our office if this regimen does not alleviate your constipation.
 - If you have any questions or concerns about narcotic strength medications, please contact us.
- 2 Anti-nausea:** Zofran (Ondansetron): Take as prescribed if needed for nausea
- 3 Anti-Inflammatory:** Unless contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Ibuprofen 800mg) for use postoperatively. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed: Ibuprofen every 8 hours with food to help reduce swelling and pain. **Do not take other NSAIDs (Celebrex, Advil, Aleve, etc) with Ibuprofen.**
- 4 Muscle relaxer:** Flexeril (Cyclobenzaprine) for muscle spasms. Take this as needed, it will make you drowsy.
- 5 Antibiotic:** You will be given a prescription antibiotic, IF you do not stay overnight in the hospital, as a precaution for 7 days. Take twice a day with food.

Tylenol and Celebrex/Ibuprofen are the foundation for your pain control regimen. Example dosing: 1000mg Tylenol then 4 hours later 800mg Ibuprofen then 4 hours later repeat — every 4 hours alternate between Tylenol and Ibuprofen. Oxycodone as needed for breakthrough pain. *You should not exceed 3,000mg of Tylenol or 3,200mg of Ibuprofen in 24 hours.

Crutches & Weight Bearing Status

- Following an Anterior Cruciate Ligament Reconstruction with a Bone-Patellar Tendon Autograft (use of your own tendon), you will be weight bearing as tolerated in your brace with crutches for the first 4 weeks
- After 4 weeks you will progress to full weight-bearing and walking normally without crutches. You will still need to wear your brace until 6 weeks post-op

Home exercise program

Home Exercise Program — Start Immediately

Begin these as soon as you get home unless told otherwise. They protect the knee, restore the quadriceps, and reduce the risk of blood clots.



Quad Set

2 sets × 10, rest 60 sec between sets

Tighten the muscles on top of the thigh as hard as possible and hold. Pull your toes back, push the back of your knee down toward the floor, and push out and up through the heel. Hold 10 seconds, tightening further each second, then relax 5 seconds.



Straight Leg Raise

2 sets × 10, rest 1 min between sets

Tighten the thigh muscles as hard as possible and hold. Raise the whole leg keeping the knee locked straight. Hold 5 seconds, lower, and rest 2 seconds.

Calf Pumps

5–10 each foot, several times daily

Keeping your foot in line with the ankle, knee and hip: point the foot away from you, then flex it back so the heel pushes away and the toes come toward you. Move slowly through both directions.



Heel Slides

5–10 repetitions

Lie on your back with both legs out straight. Keeping your heel on the floor, slide your foot toward your backside as far as is comfortable, then slowly slide it back out until the leg is straight.

Signs & Symptoms to Immediately Report

Call **911** and go to the nearest hospital if you are having chest pain or trouble breathing.

Call the office at **513-354-3700** to report any of the following:

- Persistent fever (101 or greater)
- Sudden increase in pain and swelling
- Wound redness or drainage (besides blood)
- Increased skin temperature around incision
- Deep calf pain and swelling
- Severe abdominal pain

Your home exercise program. Dr. Pettit will guide you through a staged exercise programme after surgery. The full **Knee Home Exercise Program**, with photographs and dosages for every exercise, is available at robertpettitmd.com/exercise-programs/knee.pdf — follow the specific instructions you are given at your visits.

09 COMMON QUESTIONS

How long will I be on crutches?

Typically 2–4 weeks, depending on your graft type (about 4 weeks with a patellar-tendon graft, about 2 weeks with a quadriceps-tendon or donor graft) and any associated procedures.

When can I drive?

Usually once you are off narcotic pain medication and have adequate control of the operative leg — often around 2–4 weeks with a quadriceps-tendon or donor graft, and 6–8 weeks with a patellar-tendon (BTB) graft on the right knee.

Will I need physical therapy?

Yes. Structured physical therapy is essential to a successful outcome and will follow Dr. Pettit's specific post-operative protocol.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700



SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/acl-reconstruction.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.