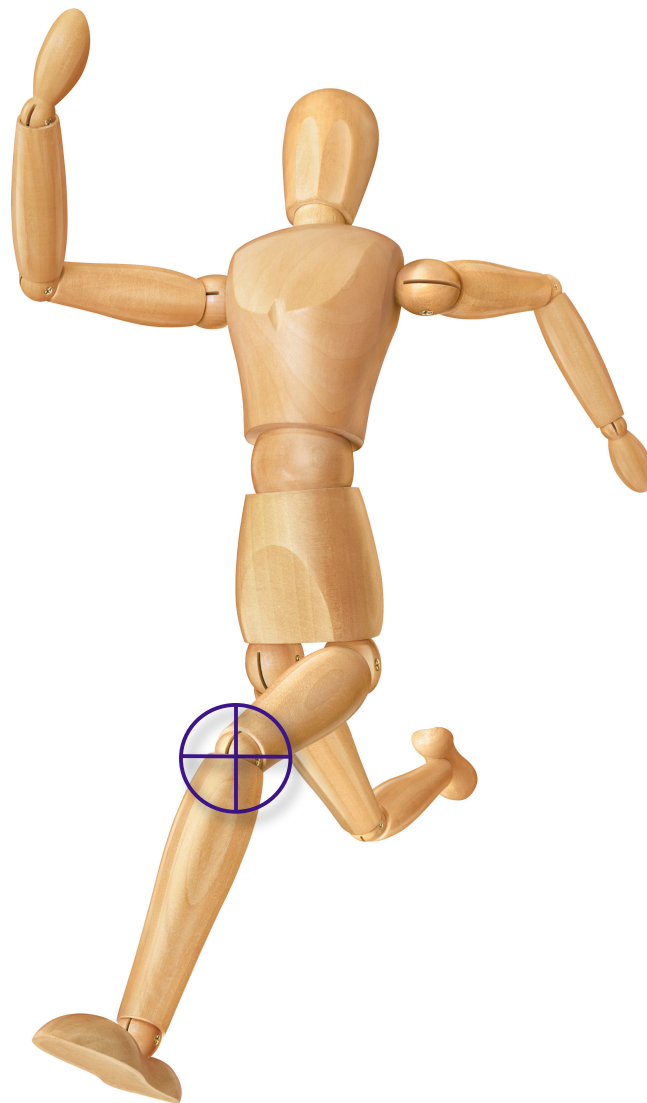


PATIENT SURGERY HANDBOOK

ACL Reconstruction: Bone-Tendon-Bone

A patient guide about what to expect and how to get the most from your surgical experience



Center for Musculoskeletal Care

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Your Scheduled Surgery

Date of Surgery:

Surgeon:

Date of First Follow-up Appointment:



Introduction and Note from our Director

If you are considering or planning to undergo surgery, chances are you have many questions.

Inside this guide you will find information on how to prepare for **ACL reconstruction** with the **bone-patellar tendon-bone** technique here at the **Center for Musculoskeletal Care** of the **NYU Langone Medical Center**. It provides a description what you can expect before, during, and after surgery, and what you can do to make the process run smoothly. For additional resources feel free to access our website at:

<http://cmc.med.nyu.edu/>

This information is not a substitute for a conversation with your doctor. Instead it was designed to answer some of your questions and provide a valuable resource throughout your experience. We encourage you to approach your physician with any lingering questions or concerns. Please bring this workbook with you to your appointments and to the hospital on the day of your surgery to use as a reference tool and to make additional notes.

The following guide was created and reviewed by doctors here at the Center for Musculoskeletal Care and illustrates what most patients will encounter. Please bear in mind that every patient's experience will be slightly different. We strive to tailor your experience to your needs and ensure that all of these needs are met. We are proud to report that our patients consistently testify that their experience here at CMC exceeds their expectations.

Thank you for choosing the Center for Musculoskeletal Care for your surgery and best wishes for a safe and expedient recovery.



SPORTS MEDICINE TEAM

DEPARTMENT OF ORTHOPAEDICS
CENTER FOR MUSCULOSKELETAL CARE
HOSPITAL FOR JOINT DISEASES
NYU LANGONE MEDICAL CENTER

IMPORTANT CONTACT INFORMATION

Reporting Emergencies

The following numbers are available in the event of an emergency.

- *During normal business hours:* please contact the office at **(646) 501-7223**.
- *After normal business hours or on the weekend:* please contact the Sports Medicine office at **(646) 501-7223**.

Contact the office if you notice or experience any of the following:

- Uncontrollable nausea or vomiting
- Adverse or abnormal reaction to medication such as severe itching, redness or spotting of the skin
- Inability to urinate
- Fever greater than 101.5 (A low grade fever 1-2 days after surgery is normal)
- Cough or cold symptoms after surgery
- Severe or uncontrollable pain not relieved by pain medication
- Redness or continued drainage around incisions (a small amount is normal). This drainage should not be yellow or green in color
- Calf pain when you bring your foot up towards your knee
- Severe swelling

If you experience any **chest pain** or **difficulty breathing**, call **9-1-1** or proceed to the closest emergency room, then contact your doctor's office.

Other Important Contacts

Scheduling Phone Number: (646) 501-7223 (RACE)

Fax Number: (646) 501-7234

Physician Telephone Numbers:

Joseph Bosco, M.D.	(646) 501-7042
Dennis A Cardone, D.O.	(646) 501-7223
Ramesh H Gidumal, M.D.	(646) 501-7049
Laith M Jazrawi, M.D.	(646) 501-7047
Young W Kwon, M.D., Ph.D.	(646) 501-7170
Robert J Meislin, M.D.	(646) 501-7045
Andrew S Rokito, M.D.	(646) 501-7046
Mehul R Shah, M.D.	(516) 357-8777
Eric Strauss, M.D.	(646) 501-7208
Warren K. Young, M.D.	(646) 501-7223

Physician Assistants:

Please contact the PA's with questions concerning your recovery, rehabilitation and/or work status following your upcoming surgery. We prefer if you would try e-mail first, especially for non-urgent information.

Amy Sheldon, PA-C	Amy.Sheldon@nyumc.org
David Phillips, PA-C	David.Phillips@nyumc.org
Sidnie Limson, PA-C	Sidnie.Limson@nyumc.org

Other Important Numbers:

Main CMC	(646) 501-7123
Physiatry	(646) 501-7277
Pain Management	(646) 501-7246
Rheumatology	(646) 501-7400
Infusion	(646) 501-7177
Main Gym Number	(646) 501-7325
Performance Center	(646) 501-7233
PT/OT	(646) 501-7077

Radiology	(646) 501-7440
Pharmacy	(646) 501-7444
CMC Billing	(646) 501-7243
Hospital for Joint Diseases	(212) 598-6000

BEFORE YOUR SURGERY

Planning for Surgery

The Preoperative Appointment

The decision to undergo **ACL Reconstruction** with the **Bone-Tendon-Bone** technique is the culmination of a discussion between you and your orthopaedic surgeon.

During your preoperative appointment with your orthopaedic surgeon, he or she will talk to you about:

- Your injury and why you are undergoing surgery
- How your surgery is expected to help you
- The risks of surgery
- Where and when your surgery will be
- What other healthcare professionals will be involved in your surgery
- Rehabilitation after surgery



What to bring to this appointment:

- Any relevant imaging studies (x-rays, MRI, ultrasound, etc.) and reports
- List of current medications and dosages
- Medical equipment (crutches, wheelchair, etc.) you currently use
- Insurance card or information
- Name and contact information for primary care physician
- Emergency contact information

Questions to ask your orthopaedic surgeon:

- What can I expect before and after surgery?
- How much will I be able to do after surgery?
- When will I feel back to normal?
- Will I be in pain during my recovery?
- Will I need to take medications after surgery?
- How long will I need physical therapy?
- How soon after surgery will I be able to return to work?
- When will I be able to drive after surgery?

Pre-Admission Testing

Pre-admission testing consists of a physical examination and a series of tests performed in advance of your surgery. During pre-admission testing you will also meet with an anesthesiology staff member to discuss the type of anesthesia you will undergo.

On the day of your pre-admission testing please report to:

Hospital for Joint Diseases
301 East 17th St, Room **#208B** (Room **#104** on weekends)

You should expect the entire process to take approximately 2 hours. You do not need to fast unless you are diabetic. Your pre-admission testing may include:

Lab Tests

A lab technician may take a blood sample and/or urine sample to make sure you don't have medical issues that could increase your risk of complications during surgery.

The blood tests you have will depend on your age and any pre-existing medical conditions. Your doctor may request:

- **Complete Blood Count (CBC)**
This test measures the number of red blood cells, white blood cells, and platelets in your body. It's important that all three are at a healthy level before surgery.
- **Basic Metabolic Panel (BMP)**
This test makes sure that electrolytes, including sodium and potassium, are balanced in your body. Electrolytes are important for your heart and other organs to function normally, and it's essential that they are within acceptable levels before surgery.

- **PT/PTT/INR**

This test measures the ability of your blood to clot.

- **Renal (Kidney) Function**

Some medications, including anesthesia medications, are processed by your kidneys. This test makes sure your kidneys are working properly.

- **Blood Glucose**

This test makes sure that your blood sugar levels are within an acceptable range. It's an important test for patients with diabetes.

Imaging Studies

If you haven't already had imaging studies, you may need to have an x-ray, MRI, or ultrasound of your knee. If you're older than 50, have a history of lung disease, or are a smoker, you may also need to have a chest x-ray to check for lung infections or abnormalities, which can increase the chance of complications with anesthesia.

Electrocardiogram (EKG or ECG)

An EKG helps your doctor see your normal heart rhythm and check for heart disease. Your surgeon will decide whether you need this test.

Medical Clearance for Surgery

In addition to pre-admission testing, your surgeon will need to review your medical record or **clearance** from your primary care physician prior to surgery. Clearance is a shortened version of your medical record that includes only specific details of your health history that may impact your surgery.

Ask your primary care physician to forward a copy of your clearance to your surgeon's office. Your doctor may request an appointment prior to issuing your medical clearance.

If you do not have a physician, we can arrange for you to be examined by one of our doctors to satisfy your medical clearance.

Paying for Surgery

Our billing policy and forms are available on our website at:

<http://cmc.med.nyu.edu/patients/new-patient-forms>

We know medical care can become expensive. If you have concerns about your ability to pay, you can contact us for help in managing your account. If you have questions about these policies, feel free to ask any of our staff for more details or call our billing office at **(877) 648-2964**.

Informed Consent

Before your surgery, your surgeon will discuss informed consent. **Informed consent** is a process to ensure that you fully understand the details of your surgical procedure.

An informed consent discussion includes:

- The reasons for your procedure and the expected benefits
- Alternative treatment options
- Possible complications of the surgery
- What will happen if there is a complication, or something unexpected is found
- The medical professionals who will be present during the procedure.

If there is something you don't understand, be sure to ask questions. A detailed discussion of the consent form helps make sure that you have realistic expectations for the procedure, recovery, and results. It also helps prevent misunderstandings after a procedure.

After the discussion, you and the doctor will sign an informed consent form. This is a legal document that nearly all hospitals require patients to sign before having surgery. A nurse or other medical professional will review the document with you, witness your signature, and provide an opportunity for you to ask questions and voice concerns.

Signed documentation is important for your protection and to confirm that you and your doctor discussed the risks and expected benefits of your procedure.

Getting Ready for Surgery

Preparing for ACL reconstruction surgery starts several weeks before your scheduled surgery date.

Steps to Improve Your Health: *Some tips to follow to get in shape for your upcoming surgery*

- ❑ **Stop smoking** – This is a good idea at any time, but particularly before major surgery in order to help reduce the risk of postoperative lung problems and improve healing
- ❑ **Reduce or stop drinking alcohol** - Similarly to smoking, excessive alcohol intake has been shown to increase the risks of surgery
- ❑ **Get plenty of rest** – Sleep promotes recovery from your surgery and boosts your immune system
- ❑ **Exercise** – Exercise increases strength and range of motion in the knee and prepares the joint for rehabilitation after surgery.
- ❑ **Eat healthy** – Stick to a diet rich in fruits, vegetables, lean meats, and whole grains
- ❑ **Lose weight** – Weight loss helps reduce stress on the joints after surgery. This is especially important for people who are obese, because they have a higher risk of infection after joint surgery and an increased risk of blood loss.
- ❑ **Physical Therapy** – Consider meeting with your physical therapist prior to your surgery to begin building a relationship. Keep in mind that physical therapy before your procedure may not be covered by your insurance plan

IMPORTANT NOTE: If you happen to become ill within the weeks or days leading up to your surgery, even with a common cold, please let us know as we may need to reschedule your surgery until you are healthy again.

Medications: *Which medications should I stop, and which should I continue to take?*

Your primary care doctor will review your current medication list and advise you which medications to stop prior to your surgery. Be certain to tell your physician *all* the medications that you are taking, including over-the-counter medications.

Medication Instructions Prior to Your Surgery:

☐ **14 days** before surgery, **STOP...**

- Narcotic Painkillers Examples: Vicodin, Norco, Darvocet, Percocet or Oxycontin
- NSAIDs Examples: Ibuprofen, Aleve, Motrin

☐ **7 days** before surgery, **STOP...**

- Blood Thinners* Examples: Plavix, Coumadin (Warfarin), Aspirin

☐ **You may continue to take:**

- Tylenol
- Celebrex
- Glucosamine Chondroitin Sulfate
- Daily Vitamins

***Consult your internist for any medications not listed**

☐ **The morning of surgery...**

- If you use an inhaler, bring it with you
- Take certain heart medications*
- Take certain diabetic medications*

1-2 Weeks Before Surgery: *A checklist to help you prepare for your surgery*

Logistical Planning

- ☐ Arrange for a family member or friend to accompany you to the hospital the day of your surgery
- ☐ Plan ahead for transportation home or to your hotel on the day of your planned surgery
- ☐ Adjust your work/social schedule accordingly during your anticipated recovery time
- ☐ You may need to arrange for transportation to your initial follow-up visit. While taking narcotic pain medication, you will not be permitted to drive

Readying Your Home

- ☐ Arrange to have someone help you around the house when you return home
- ☐ Organize your household – place frequently-used items in easy-to-reach places
- ☐ Buy or make individual meals that can be frozen and reheated with ease
- ☐ Clear clutter from the floors of your home and remove small area rugs to reduce tripping hazards

- ❑ Consider making arrangements with friends or a kennel to care for your pets for the first few weeks after you return home. You may have limited ability to care for your pets and they may cause you to trip and fall.
- ❑ Set up a “recovery center” in your home where you will spend most of your recovery time – make sure it has essentials such as telephone, laptop computer, television, wastebasket, books, and medications within reach.
- ❑ Prepare your shower – equip with non-slip shower mat and place shower items in an easy-to-reach location

Set up your physical therapy

- ❑ Determine where you will do your physical therapy (at home or at a physical therapy center) after your surgery. If you will be going to a physical therapy center, arrange for transportation. You won’t be able to drive for at least two weeks after the procedure.
- ❑ Call the therapist recommended by your surgeon to schedule your first appointment after surgery, and make sure that the therapist knows how to contact your surgeon for instructions about your care.
- ❑ You may want to visit a physical therapist to practice using crutches or learn the exercises you can do before and after surgery. Remember, preoperative physical therapy sessions may not be covered by your insurance.

Call your insurance company and the hospital or outpatient surgical facility

- ❑ Contact your insurance company to make sure that your surgery is covered, and to ask whether you need authorization for the procedure. Find out if you’ll be responsible for a deductible, coinsurance, or co-pay. Keep in mind that you will be billed separately by the healthcare facility, your surgeon, and your anesthesiologist and that different insurance plans have different formulas for determining payments for these services.

Gather your medical information.

- ❑ Create a list of all the medications and supplements you’re taking.
- ❑ List all the allergies you have to medications, foods, and materials (such as latex or the dye used for some x-ray procedures).
- ❑ Talk with family members to find out if there is a history of reactions to anesthesia or a tendency to clot or bleed excessively after operations.
- ❑ If you don’t have an advance directive or living will, consider creating one. It may also be helpful to choose a healthcare proxy.
- ❑ Give the surgeon your medication list, allergy list, and advance directive during your preoperative appointment and be sure to bring a copy with you the day of surgery. If you or family members

have a history of excessive bleeding, blood clots, or reactions to anesthesia, tell your anesthesiologist and your surgeon.

Stop taking certain medications, if directed by your doctor.

- As mentioned previously, your physician may instruct you to stop taking a medication, change the dose, or switch temporarily to a different medication. Consult the aforementioned list and discuss your medications with your primary care doctor to determine which medications are safe to be continued.

1-2 Days Before Surgery: *A checklist to help you prepare for your surgery*

- **Confirm your surgery.** The OR scheduling department will call you the evening before your surgery (or Friday if your operation is on Monday) and leave you a message if you are not home. You will be notified:
 - When to stop having anything to eat or drink (usually midnight)
 - Which medications to take the morning of your surgery
 - What time you should plan to report to the hospital

If you have not heard from us by **6 PM** the night before your surgery, you can call the surgery information line:

Center for Musculoskeletal Care: **(212) 263-1515**
Hospital for Joint Diseases: **(212) 598-6577**

- You may eat normally on the day before your surgery, but do not drink alcohol. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT**, unless specifically told otherwise. This is important so that it will not interfere with your anesthesia. The only exception is if your doctor specifically instructs you to take medication with a sip of water.
- Shower and shampoo either the night before or the morning of your surgery.
- Review directions to our facility (see location information below) and confirm transportation.
- Pack a bag containing essential items (see “what to bring” below).

Morning of Surgery

- You may brush your teeth and rinse out your mouth – try not to swallow any water.
- Wear comfortable loose-fitting clothing that will fit over knee brace.
- Wear flat, non-slip, walking or athletic shoes.
- Remove all jewelry, nail polish, and body piercings.
- Leave valuable possessions at home or give them to a family member for safekeeping.

What to bring on the day of your surgery:

1. Photo ID
2. Insurance card
3. List of medications and allergies
4. Telephone contact numbers
5. Friend or family member
6. Eyeglasses – NOT contact lenses
7. Dental devices (retainers, dentures, etc.) – we can provide a storage container if you require one
8. This guide

What NOT to bring:

1. Jewelry, money, and valuables*
2. Medications – unless specifically instructed otherwise

**All hospital staff respect your property rights but we cannot guarantee security for your personal property.*

WHAT TO EXPECT THE DAY OF SURGERY

Getting Here

Travel and Transportation

You should plan to arrive at the Center for Musculoskeletal Care (CMC) Outpatient Surgery Center (OSC), located at 333 East 38th Street at the corner of 1st Avenue, **1 hour** before your scheduled surgery time. Directions and location details are provided in the “Locations, Directions, and Parking” section.

For your safety, please arrange for a responsible adult to:

- Accompany you on the day of your surgery
- Remain on-site at the CMC OSC throughout your stay
- Provide transportation home after your surgery
- Remain with you for at least 24 hours after your surgery

We will not be able to proceed with your surgery until these arrangements are made.



Once You Arrive

Registration

Upon arrival, you will be greeted by our friendly registration staff that will help you fill out missing paperwork.

You will be issued a wrist band to wear for the duration of your stay. Wrist bands usually show your name, date of birth, medical record number, and allergies. Check to make sure that all information on your wristband is correct and inform the staff of any errors.

After you've registered, you'll be asked to sit in a waiting room.

Preoperative Holding Area



A pre-operative nurse or assistant will take you from the waiting room to the pre-op area where you will be asked to sit in a chair or lie on a stretcher. The pre-op nurse will repeat several basic questions about your health history and the procedure you are undergoing. This is routine and required by law.

After you have finished answering questions, you will be asked to remove:

- All jewelry except for your wedding band, which can be taped to your finger
- Dentures, retainers, and partial plates
- Eyeglasses and contact lenses
- Cosmetics and nail polish (best to remove the night before)

You will then be provided with a hospital gown to change into privately. A nurse will take your personal belongings and store them in a secure locker.

TIP: If you are cold, be sure to ask for a robe or blankets.

Meeting Your Medical Team

While in the preoperative holding area, you will meet with the medical team that will accompany you through your surgery.

Anesthesiologist

Your anesthesiologist will explain the type of anesthesia you will have and the possible risks (see inset below). It is important to let the anesthesiologist know if you or family members have ever reacted to anesthesia or if you smoke.

Orthopaedic Surgeon

Your orthopaedic surgeon will want to know how you're feeling and will answer any last-minute questions. He or she will mark the knee undergoing surgery with a purple marker. If hasn't been done so already, your surgeon will review your informed consent with you (see earlier section under "planning for surgery")

Residents

You will be introduced to any resident physicians that may be assisting during your surgery.

Operating Room Nurse

The operating room nurse will visit you to check your identification and make sure that you are ready for surgery.

Preparing for the Operating Room

A preoperative nurse will check your vital signs including your temperature, heart rate, respiratory rate, and blood pressure. An intravenous (IV) catheter will be placed in your arm so that at you can receive fluids, anesthesia, and antibiotics throughout the surgery. This will be removed before you leave the hospital.

To preserve the sterile environment of the operating room, each member of your medical team will put on a face mask and cap before leaving the pre-op area or prior to entering the OR. A cap will be placed on your head as well. Once you are ready for surgery, you will be transported on your stretcher to the operating room.

Your Surgery



In the Operating Room (OR)

Once you have arrived in the OR, you will be introduced to the remaining surgical staff. You will be helped onto the operating table and external monitors will be placed to monitor your vital signs. You may also have compression stockings or compression sleeves put on your legs (see inset below).

Compression systems

Squeeze your legs to promote blood flow and circulation in order to prevent blood pooling and clot formation.



Compression Stockings

– specialized elastic garments worn around the leg to compress the limb continuously. These can be worn home after the procedure.



Compression Sleeves

– pneumatic compression devices wrapped around your calves that periodically fill with air to squeeze your legs. These are only used in the hospital.

Once you are on the operating table, your anesthesiologist will begin to administer anesthesia. Anesthesia is the process of inducing a pain-free, tranquil, sleeplike state for your surgery. Your anesthesiologist has several techniques (see inset below) to carry you through surgery comfortably and without pain. Some medical conditions may make one technique preferable. You should discuss this with both your surgeon and your anesthesiologist. Whichever technique is chosen, be assured that your operating room experience will be a painless and tranquil one.

Types of Anesthesia

General anesthesia. First you are given medication to induce a sleeplike state, followed by a gas anesthetic agent administered via a mask into your lungs. Throughout the operation you will be attached to monitors that display information on your heart rhythm and rate, oxygen level in your bloodstream, body temperature, and blood pressure. Your anesthesiologist continually checks these monitors.

Regional Anesthesia. Some patients reject regional anesthesia because they think that they will be awake during the procedure. This is not true. In regional anesthesia, you also receive medications that allow you to sleep peacefully throughout the operation. Unlike general anesthesia, when regional anesthesia is discontinued you will awaken almost immediately and without pain (because the anesthesia is still working). Types of regional anesthesia include spinal anesthesia and peripheral nerve blocks. Most often for knee surgery *spinal anesthesia* along with a *femoral nerve block* is used in combination with light sedation. When this type of anesthesia is used, you are monitored as described above for general anesthesia.

Surgery

AFTER SURGERY: THE ROAD TO RECOVERY

What to Expect after Your Surgery is Over

Waking up

After surgery, you will be taken back to the recovery area. While you are recovering from anesthesia, your surgeon will talk with your family and friends to let them know that the surgery is over and how things went.

Starting to move around

Leaving the recovery room

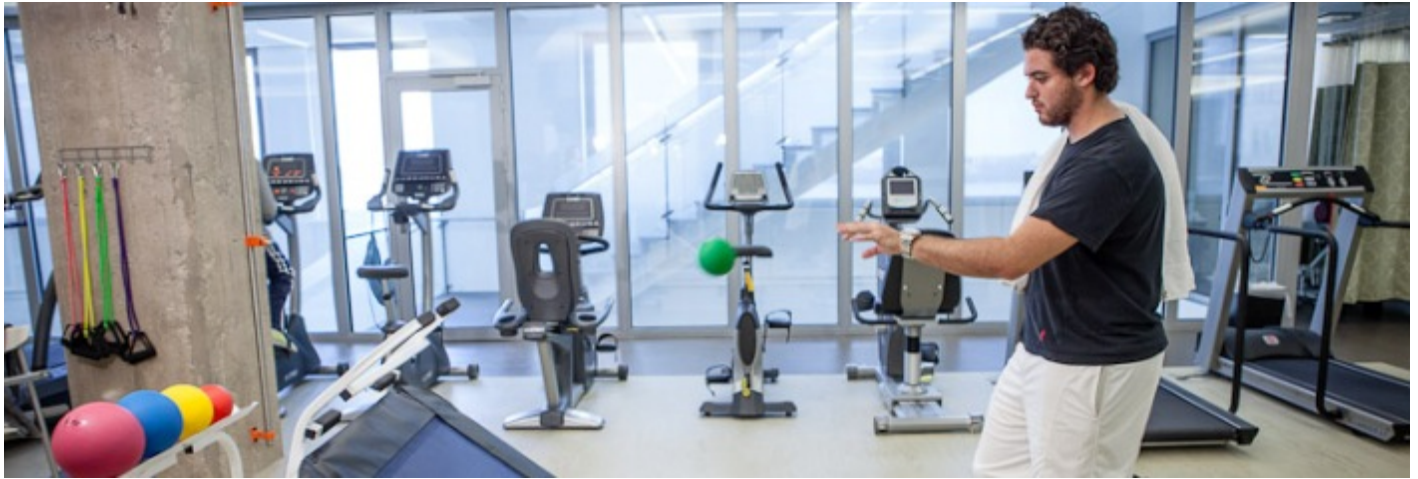
Recovering at Home

Post-operative Instructions

Resuming your Normal Activities

Frequently Asked Questions

Physical Therapy



After your surgery, physical therapy will play an integral role in your recovery. Physical therapy can speed up healing in a safe, protected environment under the supervision of trained physical therapists and rehabilitation staff.

Locating a Physical Therapist

If you do not already have a physical therapist lined up, we can help you locate a physical therapist within the renowned NYULMC rehabilitation network.

To locate a
**NYULMC Musculoskeletal
Rehab Network Provider**
near you*, call toll-free:

1- 877- PTatNYU
(782-8698)

or visit us online at:

www.med.nyu.edu/rehabnet



**Locations in all five boroughs and the surrounding tri-state area.*



Physical Therapy Protocol

Exercise is crucial to your recovery. Our sports medicine physicians and specialists recommend a specific protocol for your physical therapy regimen following ACL reconstruction with bone-patellar tendon-bone allograft. Adherence to the protocol will ensure the safest and most efficient rehabilitation process. You may bring the following rehabilitation protocol with you to your first physical therapy appointment or give it to your therapist in advance of your surgery.

Rehabilitation Protocol: Anterior Cruciate Ligament (ACL) Reconstruction with Bone-Patellar Tendon-Bone Autograft

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

☐

Phase I (Weeks 0-4)

- **Weightbearing:** As tolerated with crutches (may be modified if concomitant meniscal repair/meniscal transplant or articular cartilage procedure is performed)
- **Hinged Knee Brace:**
 - Locked in full extension for ambulation and sleeping (**Weeks 0-1**)
 - Unlocked for ambulation and removed while sleeping (**Weeks 1-4**)
- **Range of Motion** – AAROM → AROM as tolerated
- **Therapeutic Exercises**
 - Quad/Hamstring sets
 - Heel slides
 - Non-weightbearing stretch of the Gastroc/Soleus
 - Straight-Leg Raise with brace in full extension until quad strength prevents extension lag

☐

Phase II (Weeks 4-6)

- **Weightbearing:** As tolerated -- discontinue crutch use
- **Hinged Knee Brace:** Discontinue brace use when patient has achieved full extension with no evidence of extension lag
- **Range of Motion** – Maintain full knee extension – work on progressive knee flexion
- **Therapeutic Exercises**
 - Closed chain extension exercises
 - Hamstring curls
 - Toe raises
 - Balance exercises
 - Progress to weightbearing stretch of the Gastroc/Soleus
 - Begin use of the stationary bicycle

☐

Phase III (Weeks 6-16)

- **Weightbearing:** Full weightbearing
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
 - Advance closed chain strengthening exercises, proprioception activities
 - Begin use of the Stairmaster/Elliptical
 - **Can Start Straight Ahead Running at 12 Weeks**

☐

Phase IV (Months 4-6)

- Gradual return to athletic activity as tolerated
- Maintenance program for strength and endurance

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____

Follow-up

Your Post-Operative Follow-up Appointment

Appendix

Medical Equipment and Suppliers

Locations, Directions, and Parking

Hotel and Dining Options in the Area

Glossary of Terms