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ORTHOPEDIC SURGERY & SPORTS MEDICINE

PCL Post-Op Instructions

If you had ACL, MCL, or LCL reconstruction along with your PCL reconstruction, these instructions are not for you.

Food

Start slowly. It's natural to want to eat a lot after surgery, but start with small amounts of your normal food, and eat more as your nausea improves.

Incision

Keep your incision dry for 48 hours. After that, you may remove the dressing and shower, but leave the Steri-Strips or glue in place. You may let water run over the incision, but do not soak it in a bath, swimming pool, lake, or hot tub for three weeks. Keep a Band-Aid on the incision until it is no longer draining (about 7 days).

Weight Bearing

You may put full weight on the leg right away — as long as your brace is locked straight (in full extension). The locked brace is what protects the graft, so keep it locked whenever you are standing or walking. Use your crutches until you can walk comfortably and safely in the brace, then wean off them as your balance improves. Do not put weight on the leg while your knee is bent.

Activity & Brace

Your brace protects the new PCL graft, and you will wear it for about 4 months. For the first several weeks it stays locked straight for walking and sleeping; after that, Dr. Allred will switch you to a dynamic PCL brace and adjust its settings over time. The most important rule: keep your shinbone from sagging backward. When you bend the knee, support the back of your shin, and do your bending exercises lying on your stomach so gravity doesn't pull the shin back. Do not do hamstring exercises (such as hamstring curls) early on — the hamstrings pull the shinbone backward and stress the graft. Focus instead on your quadriceps (thigh) muscles, which protect the PCL. Stay as active as your brace and pain allow to help prevent blood clots.

Blood Clots

My biggest concern after PCL reconstruction is the formation of blood clots. To prevent them, stay active and take one tablet (81 mg) of aspirin twice daily with food for 2 weeks. If you or your family have a history of blood clots — or any other reason for increased clotting risk — you may need more aggressive treatment; please discuss this with Dr. Allred within 24 hours after surgery. What does a blood clot feel like? Blood clots usually (though not always) appear a few weeks after surgery. They typically cause new calf pain and new ankle swelling, and rarely cause shortness of breath. If you think you may have a blood clot, call the office immediately during office hours, or go to the ER after hours.

Swelling

Ice machines or reusable ice pads (search “knee ice machine” on Amazon) can be great for reducing pain and swelling. I like them, but frozen peas work just as well. Be careful not to freeze your skin: use 20 minutes on and 10 minutes off, unless your machine has temperature settings that prevent freezing.

Physical Therapy

You should have a physical therapy appointment scheduled within a few days after surgery. If you don't, please call the office to arrange one.

Medications

As noted above, I recommend aspirin for two weeks. For pain, alternate over-the-counter ibuprofen and Tylenol — for example, take regular Tylenol, then ibuprofen 2 hours later. Do not take more than the daily dose shown on the label for either one. While taking ibuprofen, I also recommend over-the-counter Pepcid or another antacid to help prevent a stomach ulcer. For prescription pain medicine (narcotics), see below. If you are also taking daily aspirin to prevent blood clots, take your ibuprofen at least 30 minutes after the aspirin — or at least 8 hours before it.

Narcotics

You may need narcotics for a few days, but the sooner you stop using them, the better you will feel. Refills are rarely needed. We do not refill these medications after hours or on weekends, and a refill takes about 72 hours, so please plan ahead. If you take narcotic medications regularly, you will need to make arrangements with your regular prescribing provider.

Post Operative Visits

Call to schedule an appointment 2 weeks after surgery.

Precautionary Measures

- To prevent infection, you were given IV antibiotics before your surgery.
- To prevent blood clots, stay active. Walk around your living room once every hour while you are awake, and take aspirin 81 mg twice daily for 2 weeks.
- If you are taking narcotic pain medication (such as Percocet or Vicodin), you may need a laxative to prevent constipation. We recommend an over-the-counter stimulant laxative such as Senna. Narcotics slow the bowel down, and Senna works by stimulating it. Fiber-only products (like Metamucil) usually aren't enough on their own, since they add bulk but don't stimulate the bowel.

When to Call / Emergencies

Call the office or go to the ER if you experience any of the following:

- Incision opens
- Fever > 101.5°F or shaking chills
- Increased redness at incision site
- Difficulty breathing or chest pain
- Pain uncontrolled by pain medicine
- New calf pain or ankle swelling
- Uncontrollable bleeding
- Painful swelling

If this is a life-threatening emergency, call 911.