



**MOUNTAIN**  
ORTHOPAEDICS

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**JARED TYSON, M.D.**

**ACL**  
**SURGICAL PACKET**

Appointments: 801-295-7200 Ext 126  
Clinical Questions: 801-295-7200 Ext 124





## ABOUT YOUR SURGERY

- Knee surgery has been chosen as the next reasonable step in your treatment.
- This procedure will replace your torn anterior cruciate ligament. This is not a repair of the torn ligament, but a reconstruction, using a tendon harvested elsewhere around your knee and used to repair or reconstruct your torn ACL.
- Your surgery should be well defined and described to your satisfaction prior to proceeding. If you have questions, please ask.

## TIMELINE

### Surgery Scheduled with Your Surgeon

- Read this entire packet of information.
- Make a list of all current medications including dosages and time taken. This must be brought to your preoperative appointment. Please access the Athena Portal, which is your electronic medical record at our office. A link will be sent to you, so that you can update your office chart with current medications, surgeries, etc.
- Receive clearance from primary care physician for surgery, if instructed by your surgeon's office. This clearance may also include clearance from your cardiologist if instructed by your surgeon.
- Schedule Prehab with a Physical Therapist if instructed. This should be completed before the preoperative appointment.
- ACL Reconstruction is typically done on an outpatient basis.
- Typically, you will be contacted by the facility staff with instructions on what time to arrive for your procedure.

### 1 Week Prior to Surgery

- Stop all anti-inflammatory medications (Aspirin, Diclofenac, Naproxen, Ibuprofen, etc.) within 1 week. If you are on a blood thinner, contact Dr. Tyson's office or be sure to discuss this at your preoperative appointment to determine when it needs to be stopped.
- Make sure to attend your preoperative appointment with any questions you may have. Write these questions down before-hand as you think of them, and bring them with you to the appointment.
- Notify our office if you or any family member has a history of previous DVT/blood clot.
- An ice machine may be purchased through our office. If you are interested in this, please discuss it with our staff.





### Day Before Surgery

- Hospital or surgical center will call you with instructions of arrival time, etc.
- Bring your own loose-fitting clothing.
- Nothing to eat or drink after midnight.
- Bring a list of medications including dosages and instructions to the hospital or surgical center.
- Bring this Mountain Orthopaedic packet with you to the hospital or surgical center.
- Scrub the knee thoroughly.
  - This is to be done the night before and morning of surgery.

### Day of Surgery

- Upon arrival, you will have an IV placed.
- IV antibiotics will be given within 30 minutes prior to surgery to decrease risk of infection.
- You will be given spinal anesthesia (we work to perfect the optimal anesthesia and pain control as well as decrease nausea).
- You will receive a nerve block prior to surgery, which significantly decreases pain after surgery.
- Surgery time will be 60-90 minutes.
- You will be in the recovery room for approximately 45 minutes
- You will have a knee immobilizer on when you wake up from surgery, this should be used for the first 24 hours after surgery. After the brace is removed you are free to bend your knee as tolerated. The brace is to protect your knee in the event you fall while the nerve block is working.
- After surgery, you will be allowed to weight bear as tolerated. Crutches may be used for balance for the first few days.

### First Day after Surgery

- You will receive aspirin or another form of blood thinner to decrease the risk of blood clots. You will need to take this as directed.
- If you have an allergy or a bleeding disorder, please notify us.
- Your surgical wound should be dry, without any significant drainage or openings. If this is not the case, please contact us immediately, any time day or night.
- You may remove the ace wrap and bulky gauze 3 days after your surgery. During this time, you may shower if you wrap saran wrap over the top of the bandage several times and tightly about your thigh above the wound.
- Avoid soaking the wound in a hot tub or pool for at least 2 weeks after surgery.
- You will go home with pain medication. We will work to get off pain pills as soon as possible.
- Please use the narcotics sparingly or not at all, if you are able to.





### Physical Therapy

- Leg lifts are permitted and encouraged as soon after surgery as you can. Keep your knee straight, lift you heel off the bed 6", count slowly to ten, and then return to the bed, relaxing your thigh completely.
- Please arrange an appointment with your chosen physical therapist for approximately 3 to 5 days after you leave the hospital.
- Use crutches for 1 to 5 days after surgery. After this you may discontinue those when you feel you have control of your leg and can tolerate your knee pain without them.
- You may put as much weight on your operated leg as you are comfortable, unless otherwise instructed by Dr. Tyson.
- Four times daily at home for the first four weeks, you should prop your heel up on a table, chair, or pillow and let the knee stretch **PASSIVELY** (no muscle pull from your thigh) into a full extension within a week to 10 days of surgery.
- Compliance with and participation in your specified therapy program will give you the greatest chance of having a strong, stable knee and allowing sports participation at any level.

### Return to Work

You may safely return to work as soon as you feel ready. Usually there is 2 to 7 days for office work and likely longer for heavy labor or prolonged standing.

- If your work involves heavy manual labor, you should plan to attend physical therapy several times before returning to work.

### Return to Sports

- Current research supports a longer return to sport time than we previously had done. There has been a higher rate of re-tear within the 6-9 month period.
- Sports participation is usually allowed beginning 9-12 months after surgery. Participating in sports activities too early could result in graft failure (tearing) or stretching.
- Please consult with Dr. Tyson prior to any sports participation.

### Conclusion

- ACL Reconstruction can be a very successful surgery. However, sustained, involved effort on your part is critical to achieve an excellent result.
- Compliance with the restrictions placed on you by your surgeon and your therapist is necessary to protect your graft while it is healing.
- You should feel comfortable with your understanding of this surgery and therapy program. If you do not, please don't hesitate to ask.





## FREQUENTLY ASKED QUESTIONS

What happens after scheduled surgery?

- Your physician's medical assistant will schedule your surgery with the facility you and the doctor have selected. The M.A. will then authorize this procedure with your health insurance company. Please understand that authorization is not a guarantee of payment and it is always a good idea that you check with your insurance company also regarding deductibles, copays and coinsurance responsibilities. You should have also made a preoperative appointment in our office. This should take place 1-2 weeks prior to your surgery date.

How do I prepare for surgery?

- Do not eat or drink after midnight the night before your surgery. You should also thoroughly wash your surgical site. You do not need to shave over your surgical site: this will be taken care of in the operating room.

What time will my surgery be?

- Your surgery time will be set by the hospital or surgical center. They will contact you on the last working day before the surgery. They usually call after 1pm. Questions or concerns regarding the time of your surgery should be directed to the facility.

Should I stop my medications prior to surgery?

- If you are diabetic DO NOT take your diabetic medications after midnight on the day of surgery. If you are taking Aspirin, Ibuprofen, Naproxen, or any other anti-inflammatories you will need to stop these 7 days prior to the surgery. If you are on Plavix or other blood thinners, please discuss this with your physician to determine when to stop prior to surgery to prevent significant bleeding issues. The hospital or surgery center will instruct you which of your home medications you should take the morning of surgery.

How long will I need to take pain medication after surgery?

- You should anticipate discontinuing your pain medication with 5 weeks after surgery. For pain medication prescriptions, so please allow 3 days for refills.





Will I need Physical therapy after surgery?

- Based on our outcomes, outpatient therapy is preferred for our knee replacement surgeries. This should begin within 3-5 days of surgery.

How much will I follow up with my physician?

- Your first postoperative appointment will be 4-6 weeks after your surgery, then a follow up at 5-9 months after surgery, and again at 1 year after surgery. Then you will need annual appointments each year. (Should you have questions or concerns outside of these time frames, please contact our office and speak with the medical assistant who will coordinate with the physician.)

How long will my FMLA paperwork take to complete?

- You need to allow our office 10 business days from the time of drop-off for completion.

## BILLING INFORMATION

As the patient, it is your responsibility to provide us with your current, accurate insurance information. Your surgeon's medical assistant will obtain a prior Authorization, if one is required. It is important to note that a prior authorization is not a guarantee of payment. The billing department will handle the submission of medical claims for our office.

The insurance company will process claims according to your specific plan, and will provide you with a copy of their explanation of benefits. Once insurance determination is received by our office, we will send a letter to you if a patient balance remains, as indicated by the insurance. Patient balances may include co-payments, coinsurance, and deductibles.

It is also important to note the facility, anesthesia, surgeon, physician's assistant, and in some cases, surgical supplies, are billed separately. You should expect to deal with multiple billing departments.





You, as the patient, are responsible for balances not paid for by the insurance. You will also be liable for balances that result from inaccurate insurance information.

For billing assistance with your surgeon's billing office, please contact the billing department at 801-295-7200, ext 114.

## My Surgery Information

Surgery Date: \_\_\_\_\_ Facility: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Preoperative Appt: \_\_\_\_\_ Post-Operative Appt: \_\_\_\_\_

For questions that cannot be answered during an appointment, please call contact:

Direct line for medical questions: 801-295-7200, ext. 124

Direct line for appointments: 801-295-7200, ext. 126

Main office to be directed by an operator: 801-295-7200

For after-hours urgent issues, please call our office at 801-295-7200 and they can reach your physician or the physician on call.

## QUESTIONS

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