

ACL RECONSTRUCTION

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	Arthroscopic ACL reconstruction through several small incisions. Meniscus repair or LET added if needed
HOW LONG	About 1 hour . Up to 2 hours if a meniscus repair or LET is added
ANESTHESIA	Spinal or general anesthesia, with a nerve block for pain after surgery
WHERE	Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), both in Renton. We will tell you which. You go home the same day
AFTER SURGERY	Hinged knee brace and crutches. PA visit at 2 weeks . Clinic visit with X-rays around 6 weeks
PHYSICAL THERAPY	Starts 5 to 7 days after surgery, 2 times a week . Schedule it before surgery

Do these now, before surgery

- **Schedule physical therapy** for 5 to 7 days after surgery. You will get the referral at your pre-op visit.
- **Arrange a driver** and someone to stay with you for the first 24 hours.
- **Get your handicap placard** at a DMV office, using the application from your clinic visit, so you do not have to deal with it while recovering.
- **Get fitted for an ice machine** and stock up on bags of ice.

About Your Injury

The anterior cruciate ligament (ACL) is one of the main stabilizing ligaments in your knee. It connects your thigh bone (femur) to your shin bone (tibia) and crosses through the center of the knee. The ACL keeps your knee from shifting and rotating during pivoting activity.

The ACL is most commonly injured during sports. The typical situation is a non-contact, twisting injury, such as changing direction in soccer or football, or landing awkwardly after a jump in basketball or volleyball. Skiing, wrestling, and martial arts can also cause ACL tears. Most people feel a pop in the knee followed by rapid swelling and stiffness. Females are significantly more likely to tear their ACL in athletics than males.

A tear of the **meniscus** often happens at the same time. The meniscus is a piece of cartilage that cushions the knee and helps with stability. Whether or not the meniscus is also torn will influence your surgery and your recovery.

Why surgery: in athletic patients, reconstruction restores stability so you can return to cutting and pivoting sports. Without it, the knee remains unstable and the risk of further damage to the meniscus and cartilage increases significantly.

About Your Surgery

ACL reconstruction is done arthroscopically through several small incisions. The torn ACL is removed and replaced with a **graft**, a piece of tissue that grows into the bone around your knee and becomes your new ACL. Over time the graft develops blood vessels and nerve fibers and works like your original ligament.

There are different graft options, and we will discuss them at your clinic visit. In most cases we use tissue from another part of your own body (an **autograft**) because it heals faster and has a lower re-tear rate. We will choose the graft based on your injury, anatomy, activity level, and goals.

If a meniscus tear is found, we will repair it at the same time with stitches. This may need a few more small incisions. In some high-risk patients, an extra stabilizing procedure called a **lateral extra-articular tenodesis (LET)** may be added to further lower the risk of re-tear.

Risks of surgery

Stiffness, infection, blood clots, numbness around the incisions, continued pain and swelling, and re-injury to the graft. If a meniscus repair is done, there is a risk the meniscus does not fully heal. We will work together to lower these risks and make your recovery as smooth as possible.

Learn more and watch the videos

My website covers ACL injuries, graft choices, and recovery in more detail, with a short video series that walks through the injury, the surgery, and rehabilitation.
merrittsurgery.com/surgeries/acl-injury-and-reconstruction



Scan to learn more
and watch videos

The Day of Surgery

What to expect, step by step.

1 A couple of days before

The nursing staff will call to confirm your check-in time and when to stop eating and drinking.

2 Check in

Check in at the front desk at your assigned time. In the pre-op area, with your family, our nurses will help you change, start an IV, and review your health history.

3 Meet the team

I will meet with you to review the plan, and the anesthesia team will explain their approach.

4 Surgery

When the operating room is ready, you will walk back with a nurse. After anesthesia is given, you will not remember anything until the recovery room. While you are in surgery, your family can pick up your post-operative medicines at the pharmacy (next to the surgery center at PSCV, or near the operating rooms at VMC).

5 Recovery room and going home

You will be monitored until you are awake, have some crackers and juice, and are comfortable. Then you will change into your clothes and be wheeled to your car. **You need someone to drive you home and stay with you for the first 24 hours.**

After Surgery: What to Expect

Pain, swelling, limited motion, and clicking or popping in the knee are normal after surgery and improve over time. You will be in a hinged knee brace and may need crutches. The brace often comes off around **3 to 4 weeks**, once you are off crutches with good quad control (longer if a meniscus repair is added).

Your recovery may be faster or slower depending on your overall fitness and any additional injuries. The key message: **we need to protect the reconstruction**, even though you will be very active and working hard in every phase of recovery.

When	What to expect
Weeks 1–2	PA visit at 2 weeks to check incisions and early recovery. Pain, swelling, and limited motion are normal. Most people return to a desk job or school about 10–14 days after surgery. Crutches and brace in use. PT starts 5–7 days after surgery, 2× a week.
Weeks 2–6	Wean off crutches as strength returns. Second clinic visit around 6 weeks with X-rays. Most people can return to work unless it requires heavy physical activity. The brace often comes off around 3–4 weeks, once you are off crutches with good quad control.
6 weeks – 3 months	Pain and swelling decrease a lot. Increase activity and gym work. Protecting the graft is still the priority.
Months 3–6	Running around 4–5 months (month 5 or later with a meniscus repair). Build strength but avoid twisting and pivoting. Laborers may return to physical work around 3 months.
Months 6–9	Controlled jumping and side-to-side work with PT guidance. No full cutting or pivoting sports until after 9 months.
Months 9–12	Return to sports as you regain confidence with full-speed cutting and pivoting. A formal return-to-sport evaluation with PT is often done to confirm you are ready.

Driving

- **Right leg:** you must be off crutches, have the brace unlocked or off, be off narcotic pain medicine, and be able to brake hard. Usually about 4–6 weeks.
- **Left leg:** typically 2–4 weeks, once you are off narcotic pain medicine.

Preparing for Surgery

Medicines and supplements before surgery

- The pre-op nurse will tell you when to stop eating and drinking.
- **Stop fish oil, vitamin E, and herbal supplements 5 days before surgery.**
- **Tell us** if you take a blood thinner (such as Eliquis, Xarelto, warfarin, or Plavix) or a weekly diabetes or weight-loss injection (such as Ozempic, Wegovy, or Mounjaro). These may need to be stopped earlier.

Physical therapy before surgery (prehab)

Surgery is recommended only after your knee has recovered from the first swelling and stiffness. In most cases we recommend physical therapy before surgery to decrease swelling, activate the quadriceps muscle, restore range of motion, and practice walking without pain. This usually takes **4–8 weeks** after your injury. Working on these things before surgery leads to a faster and better recovery.

Nutrition

What you eat has a direct effect on how well you heal. Start good nutrition before surgery and continue through your recovery. Our nutrition guide explains what to take and how much: merrittsurgery.com/surgeries/nutritional-optimization



Scan for the nutrition guide

Ice machine: my #1 recovery recommendation

An ice machine is the single best investment you can make for your recovery. It makes icing **20 minutes on, 20 minutes off** easy, without the risk of frostbite, and is far easier than ice bags or gel pads. Our clinic staff can fit you for one before surgery and show you how to get the most out of it. Stock up on bags of ice: the machine can use a bag a day. **Scan the code to learn more or buy one.**



Scan for recovery tools

Get your home ready

- Remove throw rugs or obstacles that might catch a crutch and cause a fall.
- Have clean sheets and comfortable clothes ready.
- Stock the refrigerator with healthy food, and buy bags of ice for the ice machine.

Day-of-Surgery Checklist

- ☐ Verify your check-in time and follow the instructions on when to stop eating and drinking
- ☐ Physical therapy scheduled for 5–7 days after surgery
- ☐ Bring your brace (you will be fitted at your pre-operative visit)
- ☐ Wear comfortable clothes that fit over a brace (sweatpants work well)
- ☐ No perfume or lotion on your skin
- ☐ Remove jewelry or leave it at home
- ☐ Ice machine and bags of ice ready at home for when you return
- ☐ A driver, and someone to stay with you for the first 24 hours
- ☐ If you are under 18: one family member must stay at the surgery center or hospital during the entire surgery

Contact Information

Questions about your surgery	(425) 656-5060
PSCV Surgery Center	(425) 226-2041
Surgery scheduling	(425) 528-7155
Pre-op nurse	(425) 291-1465
Billing	(425) 291-1414
PSCV address	4009 Talbot Rd S, Ste 200, Renton, WA 98055
VMC address	400 S. 43rd Street, Renton, WA 98055