

ACL RECONSTRUCTION WITH MENISCUS REPAIR (WEIGHT BEARING)

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	Arthroscopic ACL reconstruction with a graft, plus a meniscus repair with stitches
HOW LONG	About 1–2 hours , depending on the meniscus tear and any additional work
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. Weight on the leg from Day 1 . PA visit at 2 weeks . Clinic visit with X-rays around 6 weeks
PHYSICAL THERAPY	Starts 5–7 days after surgery, 2 times a week . Schedule it before surgery

Do these now, before surgery

- **Schedule physical therapy** for 5–7 days after surgery. You will get the referral at your pre-op visit. There is sometimes a delay to get an appointment.
- **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 pre-op 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). It keeps your knee from shifting and rotating during pivoting activity. The ACL is most commonly injured during sports. The typical injury is a non-contact twist, such as changing direction in soccer or landing awkwardly from a jump.

The **meniscus** is a C-shaped piece of cartilage that sits between the bones of your knee. You have two, one on the inside (medial) and one on the outside (lateral). The meniscus acts as a shock absorber and helps spread weight across the knee. Meniscus tears are one of the most common injuries that happen at the same time as an ACL tear.

Why repair the meniscus: when both are torn, we fix both in the same surgery. We always repair the meniscus when the tissue is suitable. It keeps the cushion in your knee and protects the cartilage from wearing down. Without it, the risk of arthritis increases. The meniscus also helps the ACL keep the knee stable, so we try our hardest to save as much of it as possible.

About Your Surgery

This surgery combines an ACL reconstruction with a meniscus repair. The ACL reconstruction replaces the torn ligament with a **graft**, a piece of tissue that grows into the bone and becomes your new ACL. The meniscus repair uses **stitches** to reconnect the torn part of the meniscus so it can heal.

Risks of surgery

Stiffness, infection, blood clots, numbness around the incisions, continued pain and swelling, re-injury to the graft, and incomplete healing of the meniscus repair. We will work together to make your recovery as smooth as possible and lower these risks.

Learn more and watch the videos

My website covers ACL injuries, graft choices, and recovery in more detail.
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

This is a big surgery, and recovery needs attention to detail. **The meniscus repair is the priority.** Following these rules is essential for it to succeed. Some milestones take longer than after an ACL reconstruction alone.

Key meniscus repair rules

- **Brace:** a hinged knee brace, worn during sleep too. For walking, it is locked straight until your quad is strong, then unlocked to **0–90°**. At night it is worn at 0–90°. It keeps your knee from bending past **90° for 6 weeks** to protect the repair. You can take it off in a protected, comfortable setting, to shower, and for physical therapy.
- **Weight bearing:** you can put weight on your leg from **Day 1**, with crutches and the brace. Most people are off crutches by **4–6 weeks**.
- **No deep bending under load for 5 months:** no squats, lunges, or any weight-bearing activity that bends your knee past 90°. This is the most important rule for a successful repair.

When	What to expect
Weeks 1–2	PA visit at 2 weeks. Pain, swelling, and limited motion are normal. PT starts 5–7 days after surgery, 2× a week. Brace and crutches in use, weight as tolerated.
Weeks 2–6	Off crutches as quad strength returns (usually 4–6 weeks). Bending limited to 90°. Desk work or school at 10–14 days . Visit with X-rays around 6 weeks. The brace is then fully unlocked; stop it once quad control and walking are normal.
6 weeks – 3 months	The 90° limit lifts. Stationary bike with full pedal turns begins. Keep strengthening, but no deep squats or lunges past 90° under load. Swelling and pain decrease a lot.
Months 3–5	Strengthening continues. Running around Month 5, not before. The 90° rule under load stays through Month 5 to protect the meniscus. Laborers may return to limited physical work around 3–4 months.
Months 5–9	All meniscus restrictions lift at Month 5. Full squats and sport-specific training begin. Controlled jumping and cutting with PT. No full 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 test with PT confirms 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. We recommend PT before surgery to decrease swelling, activate the quadriceps, restore motion, and practice walking without pain. This usually takes **4–8 weeks** after your injury and leads to a faster, 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.

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