

ACL RECONSTRUCTION WITH MENISCUS ROOT REPAIR (NON-WEIGHT BEARING)

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	Arthroscopic ACL reconstruction with a graft, plus a meniscus root or radial repair with stitches
HOW LONG	About 1–2 hours , depending on the root repair 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. No weight on the leg for 6 weeks . 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 clinic visit. This is especially important with 6 weeks of crutches ahead.
- **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. It acts as a shock absorber and spreads weight evenly across the joint. Your meniscus has a **root**, an anchor point where it attaches to the bone. The meniscus can no longer absorb and spread load when the root tears, or when a tear runs across the body of the meniscus (a **radial tear**). If not repaired, this type of tear has the same long-term effect as losing the meniscus entirely. It leads to a much higher risk of arthritis.

Why the stricter rules: the root attachment is so important that this repair needs more protection than other meniscus repairs. The extra restrictions are worth it. A successful root repair keeps your meniscus working and protects your knee for the long term.

About Your Surgery

This surgery combines an ACL reconstruction with a meniscus root or radial repair. A **graft**, a piece of tissue that grows into the bone, replaces the torn ligament and becomes your new ACL. **Stitches** reattach the meniscus to its anchor point on the bone, so it can work as a shock absorber again.

Risks of surgery

Stiffness, infection, blood clots, numbness around the incisions, continued pain and swelling, re-injury to the graft, and failure of the meniscus root repair to heal. 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

A root repair is more delicate than a standard meniscus repair and needs extra time and protection, so the rules are stricter. **Following them closely is the most important thing you can do.** Because of the no-weight rule, early recovery takes longer than after an ACL reconstruction alone.

Key meniscus root repair rules

- **No weight on the leg for 6 weeks.** Crutches for all walking. This is strict: even if the knee feels good, the repair needs this time.
- **Brace:** hinged, for at least **6 weeks** including sleep, then weaned as you walk, usually by **8–10 weeks**. Walking: unlocked **0–90°**, so the knee cannot bend past 90°. Sleep: **locked straight**. It can come off in a protected, comfortable setting, to shower, and for PT.
- **No deep bending under load for 5 months:** no squats, lunges, or any weight-bearing activity that bends your knee past 90°.

When	What to expect
Weeks 1–2	PA visit at 2 weeks. No weight, with crutches. Brace on whenever you are up. PT starts 5–7 days after surgery, 2× a week. Focus on a straight knee and waking up the quad.
Weeks 2–6	Still no weight on the leg. The brace limits bending to 90°. Desk work or school at 10–14 days . Visit with X-rays around 6 weeks.
Weeks 6–10	Start partial weight at week 6, increasing slowly. Two crutches to one. The 90° limit lifts. Stationary bike begins. Brace weaned as you walk, usually by 8–10 weeks.
10 weeks – 3 months	Off crutches by weeks 10–12 . No deep squats or lunges past 90° under load. Keep strengthening with PT.
Months 3–5	The 90° rule under load stays through Month 5. Running around Month 5 , after the limits lift. Laborers may return to physical work around 4 months.
Months 5–9	All meniscus limits lift at Month 5. Full squats and sport training begin. Controlled jumping and cutting with PT.
Months 9–12	Return to sports after a formal return-to-sport test with PT confirms you are ready, at least 9 months after surgery.

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 8–12 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. PT before surgery decreases swelling, activates the quadriceps, restores motion, and lets you practice walking without pain. It takes about **4–8 weeks** after injury and leads to a faster, better recovery. **Strong quads going into surgery are especially important** when you will have no weight on the leg for 6 weeks.

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

- You will be on crutches for at least 6 weeks. Put everything you need within easy reach.
- Remove throw rugs or obstacles that might catch a crutch and cause a fall.
- 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