

LCL RECONSTRUCTION

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	LCL reconstruction with a graft, through an incision on the outer side of the knee, sometimes with arthroscopic assistance
HOW LONG	About 1–2 hours . Longer if posterolateral corner or other ligament work is needed
ANESTHESIA	General anesthesia. No nerve block , so we can check your foot and ankle nerve right 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 (0–90°) worn day and night, and crutches, toe-touch only for 6 weeks . PA visit at 2 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.
- **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 lateral collateral ligament (LCL) is on the outer side of your knee. It connects your thigh bone (femur) to the smaller bone in your lower leg (fibula). The LCL keeps the knee from bowing outward. It works closely with other structures on the outer back side of the knee, called the **posterolateral corner (PLC)**.

LCL injuries are usually caused by a direct blow to the inside of the knee that forces it outward (a **varus force**), by hyperextension, or by twisting. Contact sports, car accidents, and falls are common causes. LCL injuries are less common than MCL injuries on the inner side, but they are often more complex because they frequently involve the posterolateral corner as well. When the posterolateral corner is injured along with the LCL, the knee becomes much less stable.

LCL reconstruction rebuilds the damaged ligament with a graft to restore stability to the outer side of the knee.

Why surgery: Grade III LCL tears rarely heal without surgery. I have recommended reconstruction because of the severity of your tear, combined injuries, or instability that limits your activities.

About Your Surgery

LCL reconstruction is done through an incision on the outer side of the knee, sometimes with arthroscopic assistance to see and treat any damage inside the joint. A **graft** replaces the torn ligament and is secured with hardware into tunnels drilled in the bone. Over time, the graft heals into the bone and develops its own blood supply.

Risks of surgery

Stiffness, infection, blood clots, numbness around the incisions, continued pain and swelling, and re-injury or graft failure. The peroneal nerve runs near the surgical area and needs careful protection. We will work together to lower these risks and make your recovery as smooth as possible.

Learn more on my website

My website covers LCL and posterolateral corner injuries, surgery, and recovery in more detail. merrittsurgery.com/surgeries/lcl-injuries



Scan to learn more

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, and limited motion are normal after surgery and improve over time. You will wear a hinged knee brace **24 hours a day** and use crutches with **toe-touch weight bearing** (about 10 to 15 pounds, for

balance) for the first **6 weeks**. Gentle bending from 0° to 90° starts on day 1, and **bending is limited to 90° until 6 weeks**. Early motion helps healing and prevents stiffness. Your physical therapist will guide you through it safely.

Avoid varus stress: no side-to-side force on the outer side of your knee for the first **12 weeks**. This protects the healing graft. Your brace helps, but also be careful with your position during sleep and daily activities.

Your recovery may be faster or slower depending on your overall fitness and any additional injuries.

When	What to expect
Weeks 1–6	Toe-touch (about 10 to 15 pounds, for balance) with crutches. Brace worn 24 hours a day, set at 0–90°. Gentle bending 0–90° from day 1; 90° is the limit until 6 weeks . Stationary bike: rocking only within 90°, no full pedal turns. Quad sets, kneecap mobilization, and gentle strengthening. PT 2× a week. Avoid varus stress.
Weeks 6–12	Hinges opened past 90° at 6 weeks. Brace worn for walking and weaned by weeks 10–12. Add weight gradually over 4–6 weeks (2 crutches, then 1, then none). Off crutches by weeks 10–12 . Bending toward about 120° by 8–10 weeks. Full pedal turns on the bike and closed-chain strengthening begin. Varus stress avoidance continues.
Months 3–6	Progressive strengthening such as leg press, squats, and step-ups. Running can begin around month 4–5 when strength criteria are met.
Months 6–9	Sport-specific conditioning and agility training. Strength and functional testing to confirm readiness. Return to cutting, pivoting, and contact sports with surgeon clearance.
Months 9–12	Full return to all activities. Formal return-to-sport evaluation with PT if you are returning to competitive athletics. Continued maintenance strengthening is recommended.

Driving

- **Right leg:** not until you are off crutches, out of the brace, off narcotic pain medicine, and able to brake hard. Usually **10 weeks or later**.
- **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)

If time allows, physical therapy before surgery will help you be in the best condition for surgery. Prehab reduces swelling, activates the quadriceps muscle, restores range of motion, and helps you recover faster afterward. This usually takes **4–8 weeks** after your injury.

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