Introduction Anterior Cruciate Ligament (ALC) tears It is the most common knee ligament tear.This will decrease circulation and the healing process, overall leading to a suboptimal outcome.Routine postoperative care applies, which includes monitoring vital signs, assessment of the level of consciousness, surgical site dressing, and distal extremity appearance and circulation, pain, nausea, and PO tolerance.Opioid Medications – Opioids (e.g., Oxycodone, Percocet, Tramadol) are being prescribed with increasingly strict parameters.Non–opioid Medications––Non–steroidal anti–inflammatory medications (NSAIDS) are appropriate for mild to moderate pain (approximately 2–6/10 of a numeric pain scale).Generally speaking, the patient should be encouraged to encourage light circulation in the extremities by wiggling toes and doing ankle circles.Dressing and Wound Care––Surgeons have varying preferences about when it is okay to remove the bandage and resume showering.Activities and Movement––Again, depending on the type of repair made and the surgeon's preference, there will be limitations on when the patient can resume different activities.Lifting weights should be avoided; even simple activities such as squatting or bending down to pick something up may need to be cautioned against.If the patient has not been fitted for crutches before surgery, the nurse will need to adjust them to an appropriate height and educate the patient on how to ambulate with them.Patients requiring pain relief for severe pain (> or = 7/10) should be evaluated by the provider for a prescription renewal.Conclusion The silver lining of widespread knee pain is that the medical community has gained extensive practice in diagnosing and treating it. Nurses are important in treating these patients, especially in the perioperative setting.Anxiety and the effects of anesthesia can significantly impact the patient's ability to recall instructions, so repetition is essential.This can decrease healing and increase the risk of deep vein thrombosis (DVT formation).They should also wean off opioid medications as soon as it is tolerable and take NSAIDs until they are no longer needed.There is a 50% likelihood that an ACL tear occurs with a knee meniscus tear.Post–Operative Care Post–operative care for an ACL surgery patient is usually straightforward and routine, especially when receiving an effective nerve block.It should start with physician consultation appointments and continue on the day of surgery, pre– and post–operatively.General Recovery – Review the expected side effects of anesthesia, which include tiredness and limited mental abilities.This will help reduce swelling in the knee and an overall decrease in pain.If propping up the leg on pillows, they should be placed behind the calf or ankle.Putting a pillow directly behind the knee can impede the circulation of the popliteal vessels.There are three central analgesic interventions: Non–pharmacologic – The most common is applying ice to the affected knee.They want to remove the ice regularly so that blood can recirculate to the area, promoting tissue healing.Elevation is also significant in decreasing swelling.Swelling increases pressure in the area, adding to the pain sensation.Surgeons should prescribe only a few medications, initially just enough to get the patient through the first three days.Nurses should highlight safety concerns about not driving while on opioids and not mixing with alcohol or cannabinoids.Knee pain affects millions of people every year, necessitating medical care to provide relief and restore function.Surgical treatment is often required to return individuals to their original capacity.Most patients are discharged directly home, usually within an hour or two of leaving the OR. The PACU nurse needs to review education again, preferably with the support person who will be taking the patient home.The patient may also receive a specialized brace to

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keep the knee stabilized.Post-Operative Education Post-operative education should be reviewed at many different points throughout the patient care experience.All recommend waiting for incisions to heal for a few weeks before the patient is able to submerge the area in water through swimming or bathing.Rehabilitation time for a meniscus repair is about 3 to 6 months.A meniscectomy requires less time for healing -- approximately 3 to 6 weeks.This helps reduce swelling and, thereby, pain.They should also be informed about common side effects of nausea and constipation and how to reduce these.For example, if a patient is difficult to arouse or has difficulty breathing.Signs and symptoms of infection or complications, such as bleeding, should also be reviewed.Repositioning and small movements can also help.

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