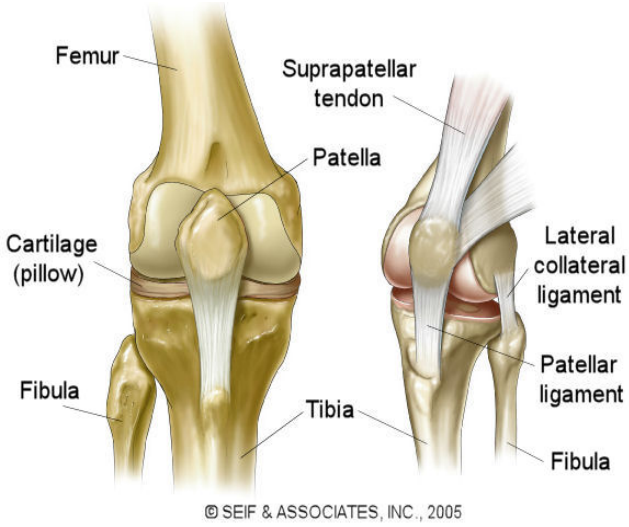
Medial Collateral Ligament Injury
Requiring Surgery

You have been diagnosed as having a medial collateral ligament injury. This happens when a force pushes on the outside of your knee forcing it towards the midline. The injury you have is a complete tear. This is an injury which requires surgery to repair the ligament. This is necessary for you to have a knee which will be stable and work normally again.



DIAGNOSIS
The diagnosis of this is often made on a clinical basis. This means your caregiver is able to tell what is wrong by an exam. Specialized x-rays are also done to determine the extent of the damage.

PROCEDURE
In this procedure the damaged ligament is sewn back together. The knee must be immobilized with a cast or splint until your caregiver decides it is safe for you to begin range of motion and exercises to regain strength and mobility.

RISKS & COMPLICATIONS: All surgery is associated with risks. Some of these risks are:
- Excessive bleeding
- Infection
- Failure to heal properly resulting in an unstable knee
- Stiffness of knee following repair

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:
- Allergies
- Medications taken including herbs, eye drops, over the counter medications, and creams
- Use of steroids (by mouth or creams)
- History of bleeding or blood problems
- Previous problems with anesthetics or novocaine
- Possibility of pregnancy, if this applies
- History of blood clots (*thrombophlebitis*)
- Previous surgery
- Other health problems

BEFORE AND AFTER YOUR SURGERY
Prior to surgery an *IV* (intravenous line connected to your vein for giving fluids) may be started and you will be given an *anesthetic* (medications and gas to make you sleep). After surgery, you will be taken to the recovery area where a nurse will monitor your progress. You may have a *catheter* (a long, narrow, hollow tube) in your bladder following surgery that helps you pass your water. When you are awake, are stable, taking fluids well and without complications, you will be returned to your room. You will receive physical therapy and other care until you are doing well and your caregiver feels it is safe for you to be transferred either to home or to an extended care facility.

HOME CARE INSTRUCTIONS FOLLOWING SURGERY
- You may resume normal diet and activities as directed or allowed.
- Keep ice packs (a bag of ice wrapped in a towel) on the surgical area for twenty minutes, four times per day, for the first two days following surgery.
- Change dressings if necessary or as directed.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Use crutches as directed and do not exercise leg unless instructed.
- Keep appointments as directed.

SEEK IMMEDIATE MEDICAL ATTENTION IF:

- Redness, swelling, or increasing pain in the wound.
- Pus coming from wound.
- An unexplained oral temperature above 102º F (38.9º C).
- A foul (bad) smell coming from the wound or dressing.
- A breaking open of the wound (edges not staying together) after sutures or staples have been removed.

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