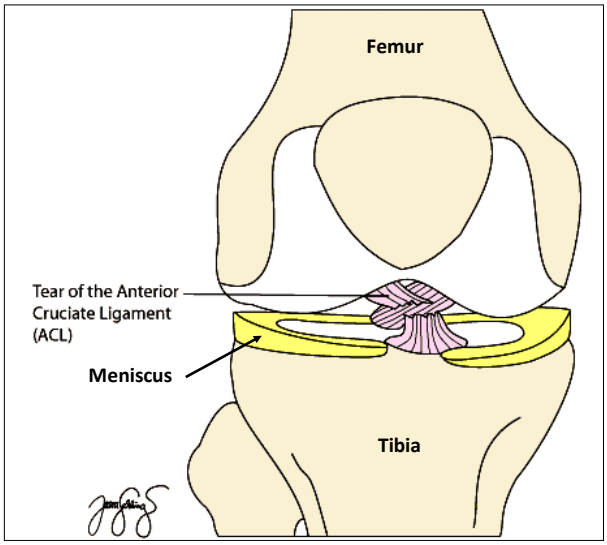
Anterior Cruciate Ligament Reconstruction (ACL)

The Operation

The knee joint is a hinge joint made from your femur at the top and the tibia at the bottom. The hinge is composed of several ligaments which act together to keep it functioning properly. The anterior cruciate ligament is found in the middle of your knee and is important to keep your knee stable, particularly with exercise and changing directions.



An anterior cruciate ligament tear can make your knee feel loose or unstable. Your knee may feel like it may give way.

To surgically repair your ligament, the hamstrings or patella tendon as required, are used to replace it. ACL reconstruction is performed using arthroscopic techniques. Via small incisions instruments and a small camera (arthroscope) can be inserted into your knee. This allows Mr Fary to see the inside of your knee joint and repair your ACL.

To protect the articular cartilage lining the femur and tibia in between the two are the menisci. These act as shock absorbers and as a result may be traumatically torn.

If the meniscal tear is not repairable, as little as possible is removed and the remainder smoothed off. Debris or foreign bodies from the trauma may be present and needs to be removed.

At the end of the procedure, local anaesthetic is injected into the knee to help with pain and the small holes are closed with Steri-Strips or sutures.

The site where the tendon graft is taken from is closed with absorbable sutures.

Anaesthetic

Arthroscopic ACL reconstruction is performed under general anaesthetic (you are asleep for the surgery).

Length of Stay in Hospital

Overnight stay and home in the morning.

After the procedure

It is normal to feel discomfort and perhaps some swelling in the knee, thigh and calf. You may require crutches for a few days and possibly longer.

Appointment after surgery

You will be seen by Mr Fary approximately 7-10 days following surgery. All the details of your surgery will be discussed. Your physiotherapy will be organised.

Potential risks and complications of knee arthroscopy

All surgery has potential risks and complications. It is important that you understand the risks, complications and alternative treatments before having any type of surgical procedure.

Problems following knee arthroscopy are rare

The potential risks include:

- Standard risks of undergoing General Anaesthesia.
- *Excessive bleeding* inside the joint which can cause pain and swelling.
- **Infection**. This is very rare and usually treated with antibiotics and repeat arthroscopy.
- **Rupture of the reconstructed graft**. The risk increases with time but is greatest in the first 12 months and timing of return to sport. As a general rule the trauma/force that initially tore your ACL will rupture you reconstruction if it occurs again.
- **Complex regional pain syndrome**. Rare abnormal pain response to surgery which may be prolonged and require physiotherapy and pain clinic appointment.
- **Deep Venous Thrombosis or Pulmonary Embolism**. Clot in the calf or lungs. Very rare following arthroscopy.

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Post-operative Care Information

Immediately after the Surgery:

- **Walking.** You will be walking on the day after surgery– possibly with the assistance of crutches. Try to walk slowly and evenly on each leg. It is important your walking pattern is as close to normal as possible (ie. You must avoid limping).

- **Crutches.** The physiotherapist (in hospital) will show you how to use them properly. You can wean off the crutches provided you are not limping – often after a few days.

- **Pain.** You might experience some pain or tightness around the site of the incision. Most patients find that the pain of the surgery was less than anticipated. Simple pain relief such as Rest, Ice packs, Compression with Panadol and Mobic helps.

- **Signs of Infection.** Observe the wound for any signs of infection (increasing pain, redness or swelling). If you are concerned, please contact us.

Rehabilitation and Physiotherapy

ACL reconstruction rehabilitation is best broken down into 5 phases. For each phase there is a list of goals and outcome measures that need to be achieved before moving onto the next one. This will be under the guidance of your Physiotherapist.

Phase 1: Recovery from surgery
Phase 2: Strength & neuromuscular control
Phase 3: Running, agility and landings
Phase 4: Return to sport
Phase 5: Prevention of re-injury

Important things to focus on during rehab;

1. Get the knee straight first (within the first 2-3 weeks), and maintain. Then work on Flexion.

2. Use your body as a guide. If knee pain or swelling is increasing then the knee is not tolerating what you are doing to it so go back a step and discuss with your physiotherapist.

3. Technique is everything. Exercises done incorrectly can damage your reconstruction. Return to high impact forces slowly following each phase.

4. **FINISH** your ACL rehabilitation.

A painless stable knee often starts from **Phase 2** but your rehabilitation is barely a third the way. Your reconstructed ACL has no nerves to tell you when you are putting it at risk of re-rupture.

- **Work:** Return to work will depend on your pain and required activity.

- **Office Duties**: 1 - 2 weeks

- **Manual Work**: 2 - 4 weeks

Activities to avoid / take care with – up to 6 weeks following surgery

- **Squatting / crouching**.

- **Prolonged standing** - especially on hard surfaces.

- **Prolonged walking**. ie. around shopping centres.

- **Heavy lifting**.

- **Driving.** Clutch use in manual cars (for left knee) may flare up symptoms in the first couple of weeks and is best avoided. Swap cars if possible.

If you have any concerns whatsoever about your knee, do not hesitate to contact your surgeon.

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