

OS04lite ACL Reconstruction

Expires end of December 2019

A more detailed version of this procedure specific information sheet is available. Please ask your health practitioner at Joondalup Health Campus for a copy.

Write questions or notes here:



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This document will give you information about an ACL reconstruction. If you have any questions, you should ask your GP or other relevant health professional.

What is the anterior cruciate ligament?

The anterior cruciate ligament (ACL) is one of the important ligaments that stabilise your knee (see figure 1). If you have torn (ruptured) this ligament, the knee can collapse or 'give way' when making twisting or turning movements.

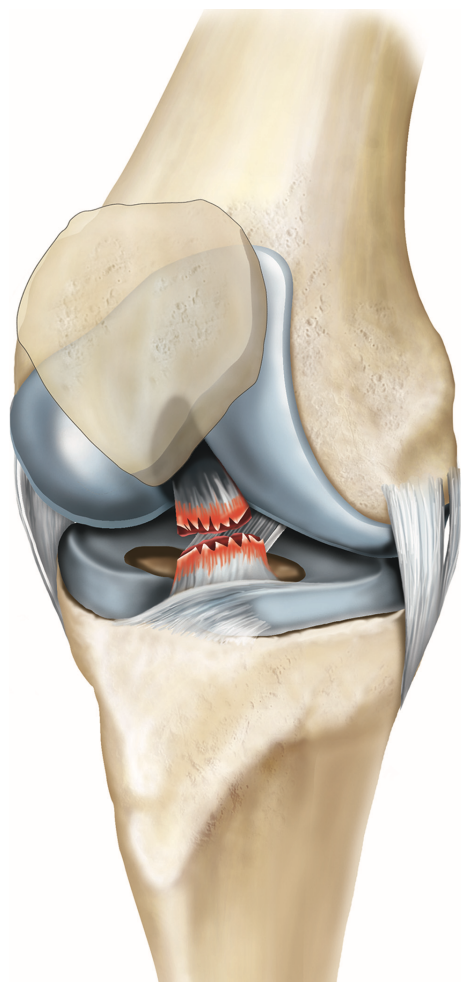


Figure 1
A torn ACL

How does an ACL rupture happen?

An ACL rupture happens as a result of a twisting injury to your knee. The common causes are contact sports and skiing injuries. You can injure other parts of your knee at the same time such as tearing a cartilage or damaging the joint surface.

What are the benefits of surgery?

Your knee should not give way any more. This will allow you to be more active and you may be able to return to some of or all your sporting activities.

Are there any alternatives to surgery?

The physiotherapist can give you exercises to strengthen and improve the co-ordination of the muscles in your thigh. Wearing a knee brace can sometimes help while you are playing sports.

What does the operation involve?

Various anaesthetic techniques are possible. The operation usually takes an hour to 90 minutes.

Your surgeon will make one or more cuts around your knee. Most surgeons perform the operation by an arthroscopy (keyhole surgery), using a camera to see inside your knee.

Your surgeon will replace the ACL with a piece of suitable tissue from another area of your body. The ends of the replacement ligament are fixed with special screws or anchors into holes drilled in the bone.

What complications can happen?

1 General complications

- Pain
- Bleeding
- Infection of the surgical site (wound)
- Unsightly scarring
- Blood clots
- Difficulty passing urine

2 Specific complications

- Break of your kneecap
- Damage to nerves around your knee
- Infection in your knee joint
- Discomfort in the front of your knee
- Loss of knee movement
- Your knee keeps giving way
- Severe pain, stiffness and loss of use of your knee (complex regional pain syndrome)

How soon will I recover?

You should be able to go home the same day or the day after.

Your surgeon may want you to wear a knee brace for a few weeks. Once your knee is settling down you will need to start intensive physiotherapy treatment, which may continue for as long as six months.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

It is unlikely that your knee will ever be as good as it was before the original injury.

Summary

If your knee continually gives way after an ACL rupture, reconstruction offers the chance of improving the stability of your knee in everyday life and in sporting activities. You may be able to return to a level of sport that otherwise would not be possible.

Acknowledgements

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