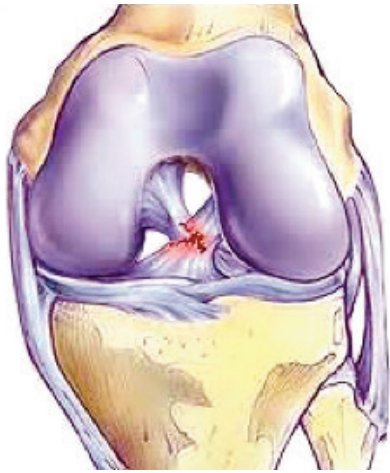
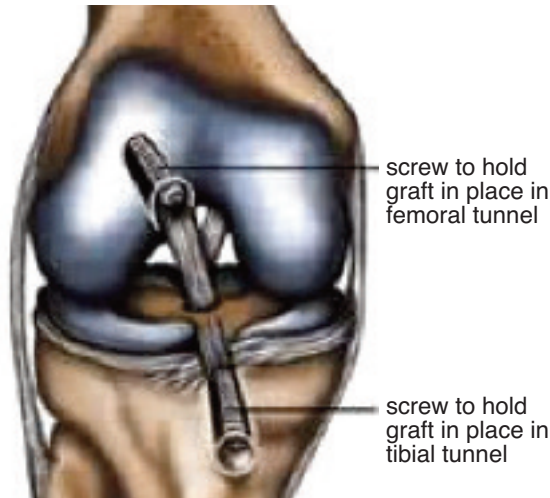


Knee ACL Reconstruction Surgery

Torn Anterior Cruciate Ligament
(anterior view of left knee joint)



ACL Reconstruction



When is it Time to Think About Surgery?

You may need ACL reconstruction surgery if you are experiencing knee pain, instability, or have the inability to perform sport activities. These symptoms may be caused by your anterior cruciate ligament (ACL) being damaged or torn. This ligament keeps your shin bone (tibia) from sliding forward when stopping quickly or changing your direction. The purpose of reconstructing the ligament is to restore the strength and function of your knee as well as stabilizing the knee joint.

About the Surgery

ACL reconstruction surgery involves the doctor making a few small incisions around the knee as well as a 2-4 inch incision for the ligament graft placement. This is an outpatient procedure done under a general anesthesia and possibly a nerve block and takes approximately 1 ½ hours for the doctor to perform. An arthroscope camera is used to visualize the damaged ligament and surrounding cartilage which will be removed. Small tunnels

are then drilled into the femur (thigh) and tibia (shin) bones and the ligament is reconstructed by taking a piece of tendon from a different part of your body (autograft) or from a cadaver donor (allograft). This graft is brought through the bone tunnels made by the doctor and secured with bioabsorbable staples or screws. Your incisions will be closed with sutures and a bulky dressing is applied.

You will awake in the recovery room with an IV and a hinged knee brace in place. Once you are awake and taking fluids the IV will be removed and you will be discharged home.

Preparing for Surgery

Pre-admission testing (lab work) will be scheduled prior to your surgery. You are encouraged to stop smoking before surgery to prevent lung complications or delayed healing. Medications such as anti-inflammatory medications, aspirin, and blood thinning medications should be stopped one week before surgery unless otherwise specified by your family doctor.

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What to Expect After Surgery

You may be up walking with your hinged knee brace on and using crutches putting partial weight on the knee or as instructed by your doctor. Applying ice and elevating your knee is important for controlling pain and swelling. Begin doing your knee exercises the day following surgery. Physical therapy will be ordered during your first postop visit 7-10 days after surgery.

Complications and Risks of Surgery

Blood clots: Symptoms of a blood clot include pain, swelling, or redness of your calf or thigh. Call the office immediately if you develop any of these symptoms or go to the emergency room. If you develop sudden shortness of breath go to the emergency room or call 911.

Infection: Infection is rare but can occur following surgery. You are at a higher risk for infection if you have diabetes, rheumatoid arthritis, chronic liver disease or are taking steroids. Symptoms include: fever or chills, drainage, redness, foul smell or increased pain of incision sites. Call the office immediately if any of these symptoms occur.

Anesthesia complications: Respiratory failure, shock, cardiac arrest and death are always possible during surgery. Patients with long-term kidney, liver, lung or heart disease are at higher risk. Nausea and vomiting from anesthesia can be common. Coughing, deep breathing and drinking fluids will help flush out the anesthesia gases.

Nerve damage: Damage to your surrounding knee nerves is rare but can occur. Notify your doctor if numbness or tingling around the knee joint is prolonged or worsening following surgery.

Bleeding within joint: Trauma to arteries or veins surrounding the knee is rare but may occur. It is common for some bruising and discoloration around knee following surgery. Bright red blood drainage from the scope sites is not common and the doctor should be notified if this occurs.

Recovery Period

The average recovery period for ACL reconstruction surgery is 4-6 mos. You can return to work or school when you are comfortable and you can be sedentary.

Home Instructions

1. Elevate your knee above your heart and apply ice for the first 48 hours to decrease swelling and pain.
2. Pump the ankle of the affected leg at least 3-4 times every hour to improve circulation and prevent blood clots. Get up and walk every hour during the day.
3. Do the exercises provided until you are seen by your doctor.
4. You may remove the dressing and shower 36-48 hours after surgery. Do not take a bath or go in a pool/hot tub. Do not apply lotion or Neosporin to your incision. Your sutures will be removed at your post-op visit after surgery.
5. Please call the office the day after surgery to schedule your post-op appointment if not already made.

Post-op Exercises (with hinged knee brace on)

1. Quadriceps sets: Lie down on your back and tighten your thigh muscle by pressing your knee toward the floor. Hold for 5-10 seconds. Relax and repeat 10 times. Do 6 sets each day.
2. Straight-leg raises: Lie down on your back and lift your leg 8-12 inches. Hold for 4-6 seconds and slowly lower your leg. Relax and repeat 10 times. Do 6 sets each day.
3. Ankle range of Motion: Slowly rotate your foot 360 degrees making each circle as large as you can. Repeat 3-4 times. Do 6 sets each day.