

ACL Reconstruction

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is the anterior cruciate ligament?

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

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 (meniscus) or damaging the joint surface.

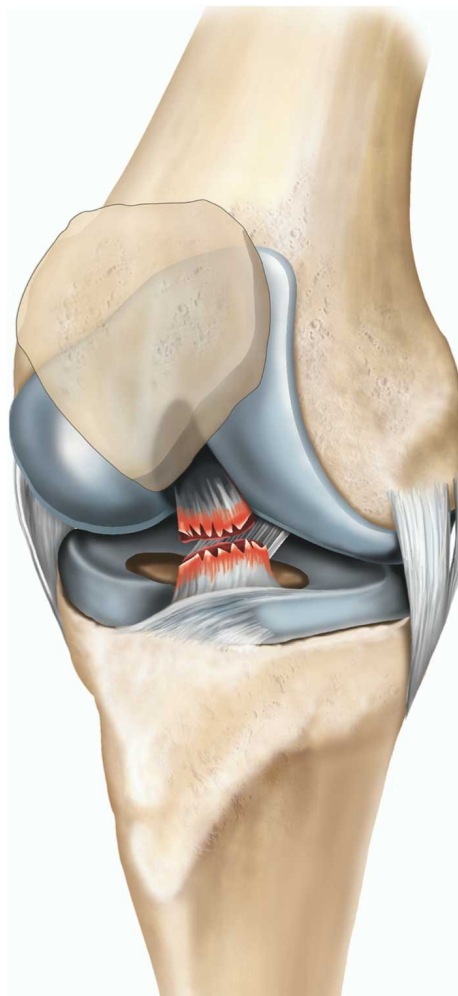
What are the benefits of surgery?

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 quadriceps and hamstring muscles in your thigh.

Wearing a knee brace can sometimes help if your knee only gives way while you are playing sports.



A torn ACL

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 (a graft) from another area of your body.

The top and bottom ends of the replacement ligament are fixed with special screws or anchors into holes drilled in the bone.

What complications can happen?

Some complications can be serious and can even cause death.

General complications of any operation

- Pain
- Bleeding
- Infection of the surgical site (wound)
- Allergic reaction to the equipment, materials or medication
- Unsightly scarring of your skin
- Blood clot in your leg
- Blood clot in your lung
- Difficulty passing urine

Specific complications of this operation

- Break of your kneecap
- Damage to nerves around your knee
- Infection in your knee
- 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

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.

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.

Most people make a good recovery after an ACL reconstruction but this takes hard work.

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.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

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Acknowledgements

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