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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PATIENTS AUSTRALIA

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What is the anterior cruciate ligament?

The anterior cruciate ligament (ACL) is one of the important ligaments in 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 an injury to your knee. The common causes are twisting or landing badly during sports activities. 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?

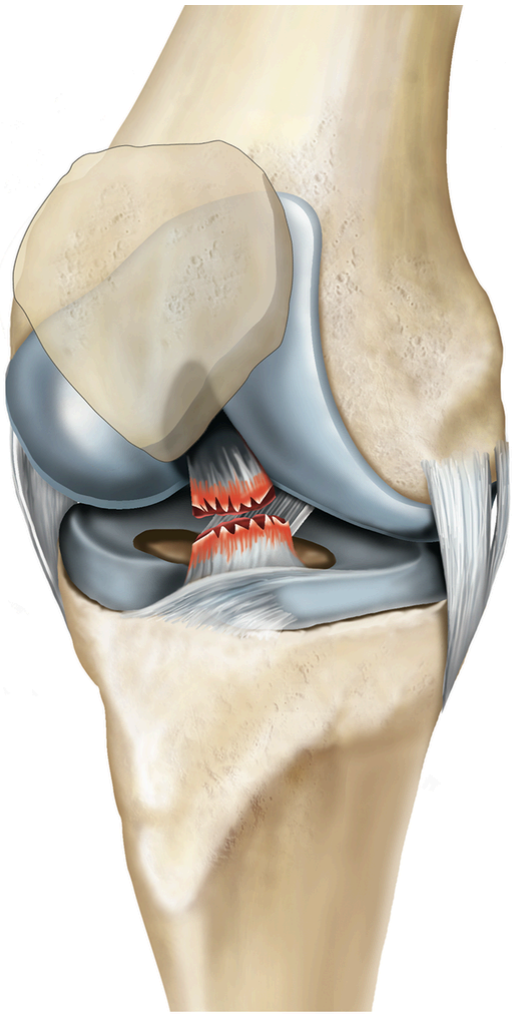
Your knee should not give way any more. This will allow you to be more active and you may be able to return to some of or all your sporting activities.

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



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What will happen if I decide not to have the operation or the operation is delayed?

Unless you are a high-level athlete, there is a 4 out of 5 chance that your knee will recover to near normal without surgery. High-level athletes do not usually do well without surgery.

If your knee continues to give way, you can get a torn cartilage. This increases the risk of you having problems with your knee in the future. You will usually need another operation to remove or repair the torn piece of cartilage.

If you have increased pain or swelling in your knee, contact your healthcare team.

What does the operation involve?

Various anaesthetic techniques are possible.

The operation usually takes an hour to 90 minutes.

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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.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and may even cause death.

General complications of any operation

- Bleeding during or after the operation. If you get a lot of blood in your knee (a haemarthrosis), it will be swollen and painful.
- Infection of the surgical site (wound).
- Allergic reaction to the equipment, materials or medication.
- Blood clot in your leg (deep-vein thrombosis – DVT).
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs.
- Difficulty passing urine.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Break of your kneecap during or after the operation.
- Damage to nerves around your knee, leading to weakness, numbness or pain in your leg or foot.
- Infection in your knee. Infection can cause permanent damage.
- Discomfort in the front of your knee.
- Loss of knee movement, preventing full bending or straightening.
- Your knee keeps giving way, if the ligament graft fails caused by it gradually stretching or a further sports injury.
- Severe pain, stiffness and loss of use of your knee. Your knee can take months or years to improve. Sometimes there is permanent pain and stiffness.
- Difficulty passing urine.

Consequences of this procedure

- Pain.
- Unsightly scarring of your skin.

How soon will I recover?

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

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You will need to use walking aids until you can walk well without them. 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 physiotherapy exercises.

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, and they may be able to tell you about any other suitable treatment options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

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