
DISCHARGE INSTRUCTIONS – ANTERIOR CRUCIATE LIGAMENT (ACL)

The term knee reconstruction is commonly used to refer to reconstruction of the anterior cruciate ligament. This ligament is in the centre of the knee and is essential for its stability with twisting and turning. Rupture (tearing) of the anterior cruciate ligament can therefore lead to instability. This is felt as giving way with certain activities, usually those that involve a sudden change in direction.

Getting the knee ready for surgery is important in order to speed up the recovery following surgery and to reduce the potential for complications. This means getting swelling reduced to a minimum with regular icing, getting back as much movement as possible – especially extension (straightening), and restoring the function of the quadriceps muscle at the front of the thigh.

SURGERY - The technique for reconstruction involves taking a piece of tendon (usually from the same knee, but sometimes from the other knee) and using this to replace the torn ligament. The tendon can either be taken from the patellar tendon at the front of the knee or from the hamstrings on the inside of the thigh.

Surgery is usually performed under a general anaesthetic. Sometimes an epidural block or a femoral nerve block is also used. If this is the case, you will notice numbness and tingling in your legs when you wake up. This numbness gradually wears off.

The knee joint and cuts are usually injected with local anaesthetic during the operation to help with pain control after surgery. You will be awake within 20 minutes of the operation and should be able to eat and drink after approximately 2 to 3 hours.

You will have adequate pain-relieving medication prescribed and any pain that you may have is usually under control within an hour of surgery.

An anti-inflammatory tablet may also be prescribed before the operation and for the first two days after the operation regardless of whether pain is present or not. It is important that you tell your anaesthetist if you have ever had a history of stomach ulcers or bleeding, as this medication may not be appropriate in that situation.

A physiotherapist will teach you exercises to get the knee out straight (extension) and regain function in the quadriceps muscle at the front of the thigh as well as make sure that you are confident walking with the aid of crutches. A brace or splint is not usually required. You will usually be able to go home on the morning after surgery. Rehabilitation can be undertaken under the supervision of a physiotherapist. It is very important to rest during the first week after surgery. This means spending most of the time on a bed or couch with the leg elevated and regular icing of the knee.

The time off work that is required will vary according to your job. If it is mainly desk work, then patients may be able to work within 2 weeks. If heavy manual work is involved, it may be 2 to 3 months before one can consider return to work. In general, crutches are required for 1 to 2 weeks.

COMPLICATIONS - While most patients are happy with the outcome of their surgery, there are none the less some risks which need to be borne in mind.

INFECTION: Antibiotics are given at the time of surgery to reduce the risk of infection. Despite this, infection of the wound can occur. This is usually easily treated with antibiotics. However, sometimes the infection gets into the joint which is a serious complication and requires additional surgery.

THROMBOSIS: This is a blood clot that may form in the veins in the legs. This can cause persistent swelling of the foot and ankle and can also be dislodged and be carried to the lungs, resulting in chest pain and breathing difficulties.

DONOR SITE: If you have a hamstring graft it is very common to experience the sensation of tearing something at the back of the knee around 3 weeks after surgery. This is just stretching of the scar tissue being laid down in the tendon harvest site. Although it may be associated with some pain and bruising, these usually settle over a few days and do not affect the long-term outcome. If you have a patellar tendon graft, there can be pain at the lower end of the patella. This can occur as late as 9 to 10 months after surgery but usually settles with time.

HARDWARE: Occasionally one of the devices used to hold the graft in place while it heals to bone may become prominent some months after surgery. If problematic, the hardware can be removed without risk to the graft.

OTHER: Persisting problems can occur because of poor compliance with rehabilitation, failure of the graft, or significant additional damage to the knee from the original injury such as torn ligaments or cartilage or arthritis.

RUNNING LOW ON MEDICATION: Reminder that our practice closes at 3pm on Fridays. To ensure you receive your script in time, please contact our rooms prior to 12pm to request further medication.