

Patient Information

Anterior Cruciate Reconstruction (+/- Meniscus Repair)

What is an Anterior Cruciate Ligament tear?

The Anterior Cruciate Ligament (ACL) controls rotational stability within your knee joint. If you have torn this ligament, your knee can become unstable and 'give way' when making twisting or turning movements or decelerating.

What causes an Anterior Cruciate Ligament tear?

An ACL tear usually happens as a result of a twisting injury to your knee, commonly caused from football or rugby injuries. You can injure other parts of your knee at the same time, such as tearing the cartilage (meniscus) or damaging the joint surface.

How are they diagnosed?

An ACL tear is diagnosed by taking a detailed history of the mechanism of injury and your symptoms. A clinical examination will be performed to assess any ligament laxity. Most patients will require a scan to assess any damage to other structures within the knee.

What are the treatment options?

Giving way can cause damage to the joint surface or the meniscus cartilages. Continued damage over a period of time can result in wear and tear of the knee joint called Arthritis. Some patients with an ACL tear can get back to normal function following a period of physiotherapy; however should you continue to have feelings of giving way the choice is to either alter lifestyle activities to avoid those stresses on the knee or to undergo ACL reconstructive surgery.

What happens before I come into hospital?

This information will help you prepare for admission to hospital. Treatment is always planned on an individual basis so your experience may differ slightly from the information given.

Dr Ratahi will perform your operation at Kensington Hospital.

All our staff are friendly and available to help answer any questions that you may have at any stage of your treatment.

Pre-assessment

If there are concerns around your fitness for an anaesthetic you may be asked to attend a pre-assessment. This is a medical examination made by the anaesthetist who works with Dr Ratahi to make sure you are well enough for surgery.

Transport

Patients are responsible for their own transport to and from the hospital. You will be informed of your admission and discharge date in advance so that you can arrange for a relative, friend or taxi to transport you.

What happens on the day of surgery?

On the morning of your surgery you will be greeted by the staff at the hospital reception on your arrival. Before being taken to the theatre suite you will be greeted by the nursing staff who will be looking after you and ask you to change into a hospital gown to get you prepared for theatre. You will be assessed by Dr Ratahi and the anaesthetist to perform a final check that you are fit for surgery and answer any questions you may have. You will be asked to sign a form giving your consent to the operation. You will then go to theatre, accompanied by a nurse where your personal details and the operation will be confirmed.

What does the surgery involve?

The surgery is aimed at replacing the torn ACL with a ligament graft.

The graft can be taken from either the Hamstring tendons or from the tendon just below the kneecap. In some cases your surgeon may have to use a donor graft. The graft is placed in the knee joint and passed through tunnels made into the bones and held in position with fixation devices such as screws. The procedure is mostly done through keyhole surgery (arthroscopy), though an additional small cut is made to take the graft. Occasionally there may be associated damage to your knee meniscus, which is a shock absorbing cartilage in the knee. Your surgeon may need to either repair your meniscus or debride a torn fragment at the same time.

What are the risks of surgery?

A risk of complications is present with any surgery. Some of the possible complications are listed below:

- **Infection** – Infection can occur with any operation. Special precautions are taken to reduce this risk. The infection risk is low less than 1 in 100 (1%), and can usually be treated with antibiotics. In some cases it may be necessary to perform further surgery.
- **Blood Clots** – Blood clots are rare particularly if you mobilise early as instructed by the physiotherapists. A blood clot if left untreated can become serious.
- **Stiffness** – Post operative stiffness of the knee joint is rare. Some patients may struggle to regain the ability to fully straighten the knee. Usually physiotherapy reduces the risk.
- **Failure** – Failure of the graft can occur if excessive force occurs to the knee around 1 in 20 (5%). This can cause you to have recurrence of your symptoms. There is a small risk of gradual stretching of the graft which can cause you to have recurrence of your instability symptoms. Physiotherapy exercises are designed to help reduce this risk.
- **Graft Site Complications** – If the new ligament is taken from the hamstrings, some discomfort or temporary increased risk of a hamstring pull is possible.
- **Pain** – Pain can happen with any operation. A local anaesthetic is given during surgery to help control your post-operative pain and you will have pain relief to go home with. Should there be Arthritis found within your knee you may continue to get pain.
- **Nerve damage** – Nerve damage is rare but you may feel a loss of sensation to touch surrounding your scars.

- **Bleeding** – Bleeding is rare, if you get a lot of blood in your knee following surgery it can be painful and swollen and may need an operation to wash it out.
- **Complications of Anaesthesia** – The surgery is often completed with a general anaesthetic. The risks are rare and can be dependent upon your health levels. Your anaesthetist will discuss with you the possible complications.

How long will I need to stay in Hospital?

Although ACL surgery can be undertaken as a day case, you may need to stay overnight.

What happens after the operation?

You will have a bandage on that can be removed the next day, it is important to keep the wound dry to reduce the risk of infection. Before you go home the nurse on the ward will make sure you are able to mobilise safely with crutches. If you have only had an ACL reconstruction, you will only need crutches for support for up to two weeks. If you have also undergone repair of a meniscus tear you will need to use crutches for at least four weeks with minimal weight placed on the operated knee. Surgery is followed by a prolonged course of physiotherapy rehabilitation; which will include exercise to regain the motion in your knee, strengthen your muscles and improve balance. You will be supervised by a Physiotherapist and the programme tailored to your goals and capabilities and only progressed when appropriate. This requires commitment by you to undertake the rehabilitation in order to give you the best chance of achieving your goal and the best possible result from surgery.

Returning to work

When you can return to work depends on your job. In the early post-operative stages, you will be prevented from deep squatting, lifting and twisting on your knee. If you have a desk based job you can return to work when your pain allows and you can travel back and forth to work safely this can take between three to six weeks. If you have a manual job you are likely to need a longer recovery period may be up to 3 months.

Driving

You may return to driving when you have safe control of your car, this can take up to 3 weeks.

Sport

When you return to sporting activity will depend on how well you progress. As a guideline most people can expect to return to jogging at 12 weeks, sport specific training between 6-9 months, progressing to competitive sport can take up to 12 months or longer.

Important Information and Disclaimer – Outcome of Surgery

The goals of surgery are discussed with you prior to the procedure; however, it is important to understand that these goals cannot be guaranteed in every case. In particular, improvement in pain levels may not be achieved, and in some cases symptoms may persist or change despite surgery.

Surgical outcomes may vary depending on individual factors, the nature of the condition, and findings at the time of surgery.

While imaging studies (such as MRI or CT scans) are an important part of preoperative assessment, they do not always fully reflect the condition of the tissues. Findings at surgery may differ from those reported on imaging, and intraoperative findings will guide final decision-making and treatment.