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Knee Medial Collateral Ligament (MCL) Reconstruction

What is the MCL?

The medial collateral ligament (MCL) of the knee is an important ligament for knee stability and lives on the inside of your knee. This ligament is commonly injured during sports and may be injured along with other ligaments in your knee. Most MCL tears can be treated conservatively without surgery. MCL reconstruction may be beneficial in knees with severe instability or chronic MCL tears that did not heal appropriately.

How do you reconstruct the MCL?

The MCL is reconstructed using either your own tendons as a graft (autograft) or an allograft (cadaver) tendon to re-create the MCL. The new MCL is fixed to both the tibia and femur using sutures and anchors. A knee arthroscopy may also be performed to address any injuries that are also present inside the knee, but we will discuss this more prior to your surgery.

Surgery Information

Length of Stay

This is a same-day procedure – meaning once the surgery is done and you have recovered in our recovery unit (PACU) then you will go home. You will need someone available to stay in the facility during the day of your surgery and drive you home afterwards.

Anesthesia

You will typically receive two types of anesthesia for this surgery.

- General anesthesia: meaning you are asleep during the procedure
- Nerve Block: the anesthesiologist will place medicine around the nerves that go to your leg. This will cause the leg to feel numb and not move. This block is very helpful for pain control after surgery and will last for about 12-24 hours.

Incisions and Dressings

Your leg will have dressings and be in a brace after surgery. You may remove the dressings from your knee 2-3 days after surgery and begin showering over that leg and incision. Please do not soak, scrub, or submerge the incision for at least 4 weeks after surgery. While not necessary, you may replace your dressings with gauze and an ACE wrap if desired. This may be beneficial if there is some drainage from the incisions (which is normal) or if some of the sutures get caught on the brace.

Brace and Weight bearing

Your leg will be in a brace when you wake up from surgery. You may remove this brace for hygiene/showering only. The brace should be locked in extension (0 degrees) when you are weight bearing and sleeping. Otherwise, you may unlock the brace (okay for motion 0-130 degrees) during exercises or when not walking/sleeping. Once your nerve block wears off, you

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may put some weight on your operative leg - <20% called toe-touch or touch-down weight bearing – to assist with walking. With this weight bearing restriction, you must use two crutches.

Pain Control

Please review my "Post-operative medication" information sheet I provided or on my website. I prescribe many different medications after surgery to help control your pain in different ways.

Post-operative Appointment

I will see you at roughly the following intervals after surgery: 2 weeks, 6 weeks, 3 months, and more as needed until you return to activities.

After your surgery, if you do not have a first post-operative visit appointment please call our office so we can schedule to see 10-14 days after surgery.

Blood Clot Prevention (DVT)

You will be prescribed aspirin 81mg to be taken twice daily for 6 weeks after surgery. This is to decrease the risk of developing a blood clot in your leg.

Swelling is normal after surgery for several weeks. Normal swelling generally improves if you elevate your operative extremity above heart level. Swelling that continues to increase despite elevation could indicate a blood clot is present, and you should notify our office or proceed to an urgent care. If you develop shortness of breath, difficulty breathing, or chest pain, please go to an emergency department.

For any concerns, please contact my office

Please call my office if you begin to experience any of the following after surgery:

- Fever above 101.5 F
- Loss of motion or new onset numbness after surgery (your nerve block will be in place for approximately 24 hours after surgery)
- Excessive bleeding that is saturating the bandages
- Increased pain, increased redness around the incision, purulent drainage (thick, white drainage with a foul odor), or persistent drainage > 4 days.

Post-operative Rehab and Restrictions

Physical Therapy or Home Therapy

After surgery, you will be given home exercises to do daily – Knee Phase I home exercise program. Please perform these exercises daily at home.

Prior to surgery, you will see physical therapy so they may begin scheduling therapy sessions to start after surgery before I see back in the office 10-14 days after your surgery.