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Anterior Cruciate Ligament (ACL) Reconstruction

What is the ACL?

The anterior cruciate ligament (ACL) is one of the most injured ligaments in your knee. A normal ACL provides stability to the knee. A torn ACL can cause pain and instability – especially with cutting, pivoting, or twisting activities – and long-term may cause injury to your knee's meniscus or cartilage.

How do you reconstruct the ACL?

The ACL is reconstructed with tendon from your own body (autograft). I prefer to use the middle of your patellar tendon with some bone on either end as the graft to reconstruct your ACL. Depending on the patient's age and activity, an allograft (cadaver) tendon may be used instead of harvesting a graft from your knee. After the graft is harvested through a ~5cm open incision, the remainder of the surgery is performed arthroscopically, with a small camera inside your knee to clean out the torn ACL and attach your new ACL to both the femur and tibia. Occasionally, additional surgeries may be performed during an ACL reconstruction, such as a meniscal repair, meniscal debridement, or adding additional knee stability with a procedure called a lateral extra-articular tenodesis. We will discuss these possibilities in clinic and before 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

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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 may begin to pull full weight on the leg as tolerated (with the brace locked straight). You must always use two crutches when walking until cleared by myself or physical therapy.

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, 6 months, 9 months, or until you return to athletics or normal 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.