ACL Reconstruction Surgery

Patient Information Sheet

Dr Ross Radic MBBS, FRACS (Orthopaedics) FA Orth A
Sports, Knee, Hip and Shoulder Surgery

Surgery Overview

I perform ACL reconstruction as an arthroscopic procedure; this is minimally invasive surgery, allowing for smaller incisions to be used which means less scarring, less post-operative pain, and faster rehabilitation. It involves making tunnels in the femur and tibia to allow passage of the graft material in order to reconstruct the torn ACL. The graft is then fixed to both the femur and tibia with a range of screws or buttons. Numerous graft options exist. Each case is unique, and I will discuss the preferred graft choice with you prior to surgery. **Day of Surgery:** You will be admitted on the day of surgery. My assistant will provide you with the admission time and fasting details.

Post Operative Care

Inpatient Stay: Most patients are discharged from hospital after an overnight stay. During your inpatient stay, the focus will be on keeping you comfortable, and commencing the first phases of rehabilitation. You will be seen post-operatively by myself, the physiotherapists and nursing staff who all have a role in your care.

Days Following: The priorities after ACL reconstruction are:

- Swelling reduction and management
- Regaining range of motion
- Safe mobilisation (crutches)
- Ice, compression and elevation
- Muscle activity and strengthening

First 2 Weeks

Crutches: usually 5-14 days. Once comfortable, you can progressively increase the amount of weight you put through your operated leg.

Swelling: ice your knee as much as possible, for 20 minutes every hour or two with your leg elevated above your body.

Range of motion and full extension: regaining full extension is something you need to work on postoperatively. Aim to get your knee nearly flat on the table or bed, but do not push it in to hyperextension as this will stretch your graft. Do not sleep or rest with a rolled up towel or pillow under the knee as this will exacerbate the difficulty. Flexion will return more naturally, but the knee can feel stiff due to swelling and pain. Aim to have at least 60 degrees of flexion by the two week mark and at least 90 degrees by six weeks.

Bracing: you may or may not have a brace after surgery. It is primarily for pain relief and to aid when mobilising. You can come out of the brace whenever necessary, for periods of icing, showering and for the post-operative exercises.

Follow Up

Generally I will review you in the rooms approximately 2 weeks after surgery. If you are unsure of your follow-up appointment, please call my assistant.

2-6 Weeks: Essentially you will continue with the same exercises as the first two weeks. Continue to ice the knee regularly and elevate to help with residual swelling. Aim to re-establish a normal walking cycle. It is important to allow this time for the graft to heal, as being too aggressive with your rehab in the early stages can lead to graft stretching.

6-12 Weeks: I recommend you see a physiotherapist who has experience in rehabilitating ACL reconstructions. If all is going well, physiotherapy commences at approximately a month or six weeks after surgery. Some people may wish to visit their physiotherapist earlier to revisit their exercises, although it is important not to jump further ahead in the rehab program until the graft has healed well. After six weeks, exercise bike and some light swimming can begin.

3 Months Plus: Riding and exercises will start to get harder at this time. Generally I would aim for straight line running/jogging at the four month mark, which will then progress to learning to corner and run in 'S' or '8' shapes until progressing to tighter turning. During this time you will begin to recover more strength in your leg.

Wound Care

If the dressings remain dry there is no need to replace them, and at the two week post-operative check I will remove them and check your wounds. However, if a dressing does become wet or need replacing, simply remove it and replace with a new one.

Pain Relief

In general, regular paracetamol and an anti-inflammatory (if tolerated) are the mainstays of pain relief. You will be given some stronger medications which can be helpful in the early post-operative period, but these can be phased out as your comfort level increases.

Driving

You can return to driving when you're walking comfortably, unaided and have regained good control of your knee. In general for a right leg (and an automatic car), this is between 3-4 weeks. If you've had a left knee reconstruction, this might be earlier.

Return to work

No matter what you do for work I would advise taking at least the first two weeks after surgery off so you can rest, elevate your leg and get comfortable. It is feasible to return to lighter duties after the two week post-op check, although it is important to remember that with more mobilisation and less elevation you will get more swelling and then more discomfort. For those doing heavy work, return to work can be between 6 and 12 weeks depending on the intensity.

Return to play: Each sport is specific, and we will discuss your expected return to play prior to surgery. In general, return to pivoting type sports is anticipated between 9-12 months post-operatively.

Problems

Donor site pain: Depending on whether you have had a hamstring or patella tendon graft you may experience some donor site pain. This is common, and will generally settle in the first 2-4 weeks.

Infection: Superficial infection is not very common but can happen. It usually presents as redness and increased pain around the wound, and generally resolves with a short course of antibiotics.

Deep infection: Deep knee infection is rare. However, if it does happen you will need admission to hospital, with washing out of the knee and high dose intravenous antibiotics commenced immediately. It usually presents between 5-10 days post-operatively, with increased pain (rather than the general improvement in pain levels), increased swelling and marked decrease in your range of movement.

*If you are concerned about an infection, please contact me as soon as possible. During business hours the best point of contact is via my assistant on **9212 4292.** After hours, please contact the hospital where you had your surgery, and ask them to get in touch with me. Failing this, present to your local emergency department.*

Loss of extension: Regaining extension in the post operative period is a focus. On rare occasions your knee tightens up due to a generalised scarring reaction. This is usually temporary, and your knee will eventually return to normal. All reconstructed knees loosen with time. Although we focus on your range of motion early, it is important not to push it too far. As your knee will stretch out slightly with time, it is sometimes a better scenario to start with a slightly tight knee that returns to normal over time rather than a reconstructed knee that regains all of it's range of motion within the first two weeks.

Numbness: It is not uncommon to get some numbness near incisions. This is usually noticed post operatively, but usually settles and gets smaller.

Foot and ankle swelling: This is normal to an extent, and generally reflects the effects of gravity on the swelling around your knee. If you get excessive foot and ankle swelling, remove your tubi-grip bandage, elevate your leg above your body and ice your knee.

Re-injury: This is unusual in the early post-operative period. However, accidents happen, and if you are concerned your knee should be checked. Please contact the rooms if you have any concerns and we can organise a review.

PERTH ORTHOPAEDIC AND SPORTS MEDICINE CENTRE

Ground Floor, 31 Outram Street West Perth WA 6005
Tel 08 9212 4292 Fax 08 9212 4264 Email: admin@drrossradic.com.au
www.drrossradic.com.au **www.perthortho.com.au**