

Anterior Cruciate Ligament (ACL) Reconstruction Pre-Operative Information Packet

What is the ACL?

- The anterior cruciate ligament (ACL) is a strong ligament, that along with other ligaments, provides stability within the knee. The ACL is commonly injured with sporting activities and in traumatic accidents.
- When torn, the ACL cannot be effectively repaired and instead we construct a new ligament for each patient which replaces the old ACL.

Why have surgery to reconstruct the ACL?

- For most active patients the ACL is needed to provide a stable knee to return to jumping and pivoting during sports and activities. Some patients feel that their knee will give-way and feel unstable even with regular daily activities.
- A stable knee is important to prevent further damage to structures within the knee like the cartilage and the meniscus. Instability and damage to these structures can occasionally lead to premature arthritis and degeneration of a joint.

What is recovery like after ACL reconstruction?

- This is an outpatient procedure for almost all patients meaning you will go home the day of the surgery. If there are specific reasons you will need to stay in the hospital overnight we will discuss these before surgery.
- You will go home in a brace and will need bracing of some kind for a number of weeks after surgery. Unless otherwise specified, all patients with an ACL reconstruction are allowed to fully put their weight through their operative leg immediately after surgery but you may want crutches for comfort in the days after surgery.
- Most people return to sedentary work or school between 4-7 days after surgery. Some patients may feel well enough to return even sooner. People whose jobs require manual labor may have longer periods out of work.
- Until you are cleared by a doctor, you should not participate in any sports, run, jump, pivot after surgery. Any return to these activities prior to medical release risks reinjuring your knee and potentially re-tearing your ACL.
- Though you will return to some normal daily activities much earlier, a full recovery and medical release to return to sports typically does not occur until 8-12 months postoperatively.

Type of ACL grafts

- The choice of ACL graft depends on specific characteristics of each patient and is customized to each individual rather than automatically selected. The grafts are either made using your own tissue or using a graft from a donor (cadaver).
- The 3 choices typically for grafts are patellar tendon, quadriceps tendon or hamstring tendon. There are benefits to each and these will be discussed with you prior to surgery.

Post Surgery

- Your first post-operative appointment will be with my PA Caroline McBane and your second will likely be with me. Further visits will alternate typically based on availability.

- Your post-operative appointment will be scheduled 7-10 days post surgery to check on your progress and obtain x-rays. If you do not have this appointment made at the time of your surgery please call the office and ask for an appointment at 336-375-2300.

Physical Therapy

- Physical Therapy (PT) is integral to a successful ACL reconstruction. Without a commitment to PT you may very well be worse after surgery due to stiffness or weakness. PT usually lasts the first 16 weeks and then again in small bursts throughout your recovery. **If you are unwilling to participate fully in PT, this surgery may not be appropriate for you.**
- Physical therapy will typically start about 1 week after surgery. You will be provided a physical therapy prescriptions at the time of your first visit after surgery.

Anesthesia

- You will be fully asleep for the entire procedure.
- For the vast majority of patients, anesthesia is very safe. There are specific risks with any anesthetic procedure and the anesthesiologist and nurse anesthetist will discuss these with you at the time of surgery.
- Regional anesthesia in the form of a nerve block may be considered in the setting of some ACL reconstructions but it also has risks and benefits.
- Your anesthesiologist will speak to you prior to the procedure to go over the pros and cons of your anesthesia options. **Ultimately, the decisions about your anesthesia options are made by you.**

Pain control

- Pain after surgery is normal and is an expected part of recovery.
- We use a comprehensive and diverse approach is used to manage pain after surgery. This approach minimizes the the use of narcotics which can have harmful side effects and are addictive.
- Most patients go home with scheduled Acetaminophen (Tylenol), an anti-inflammatory (meloxicam, celebrex or ibuprofen) and a narcotic (oxycodone). It is EXTREMELY rare to need a refill on narcotics after this surgery and most patients discontinue narcotic use completely by 3-4 days after surgery.

Risks of surgery

- ACL reconstruction, like all surgeries has potential risks. That said, the vast majority of patients have a good outcome.
- Some risks include infection, blood clots, stiffness and graft related risks (patella fracture, tendon rupture) and are rare.
- There is also a risk of tearing you new ACL graft.

For more information visit the patient information section at drdaxvarkey.com or scan below

