



Midlands
Orthopaedic Centre

Trauma & Orthopaedics

Arthroscopic ACL reconstruction

Patient Information Leaflet



The Dudley Group
NHS Foundation Trust

Introduction

Anterior cruciate ligament (ACL) Is one of the main four main ligaments that stabilise your knee. This ligament can rupture as a result of sporting injury. The common causes are football and skiing injuries. Your knee will feel painful and swollen followed by a feeling of 'giving way' later.

What is an Arthroscopic ACL Reconstruction?

An arthroscopic ACL Reconstruction is a keyhole procedure to reconstruct the damaged ligament. A camera will be inserted to the affected knee to visualise the damaged area, which is then cleared. Hamstring muscle tendons (the graft) are retrieved from where they are inserted just below the knee. These are then re-routed into the knee to replace the damaged ligament are fixed with special screws or anchors into the bone.

The aim of the surgery is to replace the damaged ligament and to restore the function of the knee. You will need physiotherapy and a prolonged rehabilitation before returning to normal activities like before injury.

Alternatives to Arthroscopic ACL Reconstruction

If you only experience mild symptoms, you may not need surgery and may be referred for physiotherapy and rehabilitation.

Risks of the procedure

Although uncommon, Complications do occur occasionally during or following an arthroscopy. These may include but are not restricted to:

- Infection of the wound sites may occur
- Pain at the surgical site is common. It is usually settled overtime
- Excessive swelling or bleeding may occur around the knee. It is important to note that some swelling is common and is to be expected
- Anaesthetic: Your Anaesthetist will be able to discuss about the relevant complications with you
- Deep vein thrombosis (1 in 350) – a clot in the deep vein in the leg which can rarely travel elsewhere in the body. Steps to prevent these include stockings and / or injections, in addition to early mobilisation
- Damage to the nerves may mean numbness or increased pain in the area of the scars

These are the most common complications, but occur in less than 1% of arthroscopic procedures.

Some rare complications include:

- Complex Regional Pain Syndrome (CRPS): This is where you experienced pain , stiffness , and loss of function of the knee . It takes months to improve.
- Haemarthrosis (a collection of blood in the joint)
- Your leg and foot will be monitored for colour, warmth and sensation
- You will be asked if you have any pain – pain relief will be given orally or by injection
- Your wound dressing will be checked for oozing.
- Once you have had something to eat and drink you will be allowed to get up. You may need a CPM machine to mobilise your knee overnight.

Before the surgery

Pre – Op Health assessment. You will be assessed following your consultation in the outpatients department before you leave. If for some reason it isn't done (e.g, your medical history) a decision is made for you to be an inpatient you will be sent an appointment for the pre assessment nearer the date of your operation. In either case you may require the following test(s):

1. Blood Test : necessary if you are diabetic , or take certain medications .
2. E.C.G: or heart trace test . This is nothing to be alarmed about, just a routine test, necessary if you have blood pressure or are a smoker, and so on.
3. Your blood pressure , pulse and weight will also be required
4. X-ray, if required .

You will also have nose and groin swabs taken for MRSA this is done on all patients who are to be admitted.

Also it is also important to declare any medication you are taking especially blood thinning medication such as Warfarin , Rivaroxaban or Clopidogrel. You will be given advice on any changes you will need to make prior to the procedure.

How can you help to make the operation a success?

- **Smoking:** Nicotine is known to prevent wounds from healing properly following back surgery. It is strongly advised that you stop smoking several weeks or more before the operation to reduce your risk of developing complications from the surgery.
- **Weight:** It is important that you maintain a healthy weight as being overweight puts unnecessary strain on your knee and delays healing /rehab.
- **Exercise:** Exercise helps to prepare you for the operation and helps quicker recovery and rehab after surgery.

What do I do if I become ill prior to admission?

It is important that you inform your consultant's secretary if you are not well enough to attend for the procedure. For example any type of infection such as cough or cold, or chest

infection. Any skin problems such as rashes, abrasions cuts or infection especially to the area that is to be operated on, or diarrhoea or vomiting 48hrs prior to the procedure.

The day of the procedure

What to bring into the hospital: Please bring a dressing gown, Slippers and any medication you are currently taking. If you require an overnight stay, Please bring nightwear and an overnight bag toiletries etc.

What you will not need: Do not wear any makeup or nail varnish to fingers or toes. We advise you leave all valuables including large sums or money, jewellery at home. Wedding rings can be worn. The surgery usually takes an hour and half to two hours but with the anaesthetic and recovery time it can be considerably longer.

For Fasting advice please refer to your admission letter for surgery.

You will be admitted on the morning of surgery. A member of staff will prepare you for you procedure by completing your theatre checklist and any relevant documentation. These questions ensure that you understand and are prepared for your planned procedure. Please ask for a sick note if required at this stage. In addition some or all of the following staff may see you:

- The consultant or a doctor from the team who will ask you to sign a consent form if you have not already done so and mark the side.
- The Anaesthetic, to talk to you about your anaesthetic during your surgery.

Recovery

You will be monitored frequently, a nurse will:

- Check your blood pressure, pulse and temperature.

Mobilising

After surgery you will be given advice by the physiotherapy team or nursing staff, this is vital both to achieve a good recovery and also to reduce the risks of complications post-surgery. You may need to use a walking aid initially i.e. walking stick or crutches. You will be assessed going up and down the stairs to ensure that you are safe to do so when you return home. The nurse or physiotherapist will guide you through your recovery it is expected that you will play an active role in your rehabilitation, both on the ward and at home.

At Home

Remove your bandage between 48-72 hours, leaving the small adhesive dressings on your knee in place. Arrangements will be made for you to have your wound inspected usually 10-14 days. (This will be done at your G.P practice or with us).

- The nurse discharging you will provide you with a discharge summary for your reference, a sick note (should you require one) and any medication required.

- Your follow up appointment will be made
- You must ensure that your wound dressing stays clean and dry. Please contact the day case unit /ward if you have any problems with your wound dressing. The inner most dressing must be left undisturbed
- After your operation it is normal for you to experience some discomfort in your knee , you must however , continue to exercise and take the pain killers you have been prescribed
- Prolonged walking or standing should be avoided for the first few days, as this may cause your knee to ache or become swollen
- When resting, keep your leg elevated to prevent swelling, avoid placing a pillow under your knee as this may cause your knee to stiffen in a bent position
- If your surgeon has referred you to outpatient physiotherapy, your nearest physiotherapy department will contact you to offer you an appointment
- You may be required to wear anti embolism stockings. Please refer to leaflet preventing blood clots in hospital.

Please **DO NOT DRIVE** until you are confident about controlling your vehicle. **DO NOT RETURN** to stressful activity or sport unless told by the surgeon, physiotherapist or your GP.

Keep your wound dry for four to five days, and use a waterproof dressing when you have a bath or shower. Your knee will be swollen the first few days but it usually improves over time. You will need to start intensive physiotherapy treatment which may continue for as long as 6 months

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<http://dudleygroup.nhs.uk/patients-and-visitors/patient-information-leaflets/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net