

Anterior Cruciate Ligament (ACL) Reconstruction

KEY POINTS

- The anterior cruciate ligament (ACL) connects your thighbone to your shinbone. The ACL, along with other ligaments, keeps your knee and leg bones in place when you move. An ACL reconstruction is a surgery to replace your torn ACL with a graft.
 - Rehabilitation from ACL reconstruction takes a long time. Ask your provider how long it will take to recover and how to take care of yourself at home.
 - Make sure you know what symptoms or problems you should watch for and what to do if you have them.
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What is an ACL reconstruction?

Ligaments are strong bands of tissue that connect one bone to another to form the joints. The anterior cruciate ligament (ACL) connects your thighbone to your shinbone. The ACL, along with other ligaments, keeps your knee and leg bones in place when you move.

If your ACL is torn, your knee joint can get very loose and unstable. An unstable knee may lead to further knee injuries. A completely torn ACL will not heal by itself.

An ACL reconstruction is a surgery to replace your torn ACL with a graft. The graft may be:

- Pieces of ligaments or tendons from another part of your body to replace the torn ACL. Tendons are strong bands of tissue that attach muscle to bone.
- Pieces of ligaments or tendons from a human donor (someone who has died)
- Synthetic materials

When is it used?

You may consider having reconstructive ACL surgery if:

- Your knee is unstable and gives out during sports or daily activities.
- You want to prevent further injury to your knee.

If a child tears an ACL, the healthcare provider may recommend that surgery be postponed until the child has stopped growing.

How do I prepare for this procedure?

- Make plans for your care and recovery after you have the procedure. Find someone to give you a ride home after the procedure. Allow for time to rest and try to find other people to help with your day-to-day tasks while you recover.

- You may or may not need to take your regular medicines the day of the procedure. Tell your healthcare provider about all medicines and supplements you take. Some products may increase your risk of side effects. Ask your healthcare provider if you need to avoid taking any medicine or supplements before the procedure.
- Tell your healthcare provider if you have any food, medicine, or other allergies such as latex.
- Your healthcare provider will tell you when to stop eating and drinking before the procedure. This helps to keep you from vomiting during the procedure.
- Follow your provider's instructions about not smoking before and after the procedure. Smokers may have more breathing problems during the procedure and heal more slowly. It's best to quit 6 to 8 weeks before surgery.
- Follow any other instructions your healthcare provider gives you.
- Ask any questions you have before the procedure. You should understand what your healthcare provider is going to do. You have the right to make decisions about your healthcare and to give permission for any tests or procedures.

What happens during the procedure?

You will be given medicine called anesthesia to keep you from feeling pain during the surgery. You will have either general or spinal anesthesia:

- General anesthesia relaxes your muscles and puts you into a deep sleep.
- Spinal anesthesia is given with a needle in the spine. The drug takes effect quickly. It blocks pain in your lower body and keeps you from moving.

You may receive a nerve block for pain relief after the anesthesia wears off.

Your provider will make several small cuts near your knee. An arthroscope is a lighted tube with a camera. Your provider can put the scope and tools through the small cuts. Your provider will remove your torn ACL and prepare the bones where the graft will be attached. The graft will be put in place with screws or staples. During your surgery, your provider may also repair other knee problems such as torn meniscus. A meniscus is the tissue that cushions the knee joint.

After the procedure your provider will close the small cuts with stitches, staples, or sticky tape. If the graft is taken from another part of your body, your provider will also close that cut.

What happens after the procedure?

You may be allowed to go home a few hours after surgery or you may have to spend the night in the hospital.

Rehabilitation from ACL reconstruction takes a long time. Your healthcare provider and therapist will watch your progress very carefully and gradually allow you to be more active. You may be on crutches for a week or two after surgery. You may need to wear a brace, and you may have limits on how much weight you can put on the leg. You may not be able to drive for at least a few weeks. It may take 4 to 9 months of

rehab to get back to some activities. It may take 12 months or more for your knee to feel the way it did before your injury.

Follow your healthcare provider's instructions. Ask your provider:

- How long it will take to recover
- If there are activities you should avoid and when you can return to normal activities
- How to take care of yourself at home
- What symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup. Keep all appointments for provider visits or tests.

What are the risks of this procedure?

Every procedure or treatment has risks. Some possible risks of this procedure include:

- You may have problems with anesthesia.
- You may have an infection, bleeding, or blood clots.

Ask your healthcare provider how these risks apply to you. Be sure to discuss any other questions or concerns that you may have.

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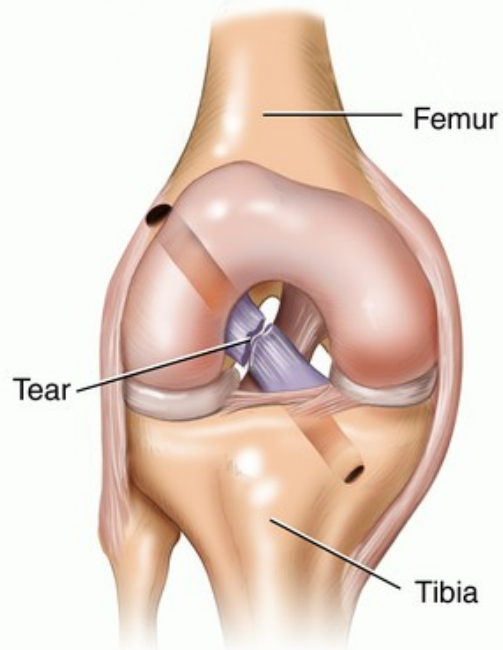
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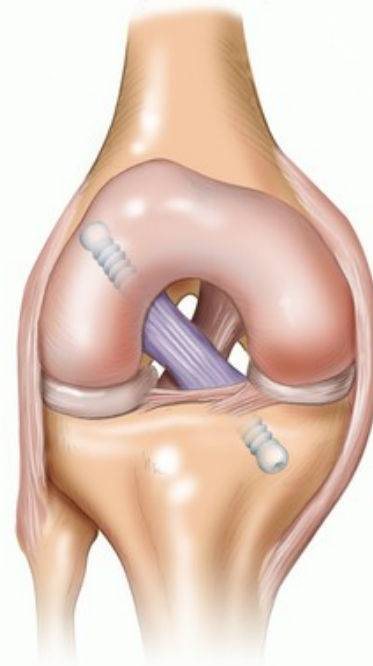
Produced in Cork, Ireland.

Anterior Cruciate Ligament Reconstruction

1. Holes are drilled in the femur and tibia, and the torn ACL is removed.



2. Graft is passed through drill holes and anchored in place with screws or staples.



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