



LONGVIEW ORTHOPAEDIC
CLINIC ASSOCIATION

Personalized Medicine. Quality Care.

Anterior Cruciate Ligament Reconstruction (ACL reconstruction)

ACL tears can be very debilitating especially in the younger athlete. They will not heal on their own and cause an unstable knee that can't be trusted during activity. Older patients don't necessarily have to have an ACL but if they continue to experience symptoms of giving way then a reconstruction is about the only thing that really alleviates the problem.

Preop: ACL reconstruction requires recovery of full range of motion of the knee and minimal to no swelling before successful surgery can reliably occur. For most, this means physical therapy. The therapist will usually notify me when your knee is ready. For those that have a chronic injury preop PT may not be needed. At some resorts, especially ski resorts, immediate ACL reconstruction is sometimes recommended. I completely disagree with this on a moral and "best medical practices" basis. ACL tears are not an emergency. Some people wait years to have them done or never have them done. Theoretically, you may still be able to snow ski without an ACL!

Day of Surgery: This is an outpatient procedure. You will check in to the hospital (of your or your insurance company's choice) and be prepared for surgery by changing clothes and having an IV started. I will see you there and place my initials on the operative knee. The anesthesiologist will come meet you and shortly thereafter you will be taken to the OR. ORs are typically kept pretty cold so don't be surprised. The anesthesia team will then put you to sleep after being transferred to the operating room table. The surgery itself can take 1 to 2 hours depending on what other injuries I have to deal with in the knee. For younger patients I use the patellar tendon as the ACL replacement (ACLs cannot be repaired). As patients get older I may use the quadriceps tendon or an allograft tendon (from a donor). At the end of surgery I inject a local anesthetic in your knee to try to mask the pain. You will then wake up in the recovery room and once recovery is sufficient you can go home!

Postoperative: You will NOT have a brace post operatively. There will be NO cast. You can weight bear as tolerated on your leg and when you feel like getting rid of the crutches, well get rid of them. Try not to limp when you walk even if you are still on crutches. If you try to make your knee go through a normal range of motion when walking then I believe normal function returns sooner. In other words, don't walk on your toes. Attempt to put your foot flat on the ground. You'll want to keep your leg elevated at or above your heart to minimize swelling for at least 48 hours (more if needed). Bleeding through the bandage is to be expected. Keep the blood off your furniture! A continuous passive motion (CPM) machine will be arranged for your home. Sometimes the person delivering it will say to stay in it 8 hours a day. That's probably a little much. 4-6 hours is plenty. The problem with the CPM machine is that it's not good at getting your knee straight and that is THE most difficult goal to achieve. So, achieve it early and you'll be way ahead of the curve. Please see my YouTube video describing knee extension.

<http://youtu.be/YJdU8GeB3Iw> - Knee Extension Exercise

You should be careful to scoop your operative leg with the other leg also.

<http://youtu.be/vpUw-1jsrE0> - Scoops

Take your dressing off 48 hours after surgery and take a shower. Let soap and water run over the wound. If it is still draining get some thick dressings from the drug store and change them every 8 hours until it is dry. Do not use band aids - they don't allow drainage and if the knee wants to drain then by all means let it. They also tend to cover wounds and allow all sorts of germs to grow there.

Physical therapy will start within a few days after surgery. At your first visit to my office I will check your wound and more importantly check to make sure you are getting full extension! Your activity can then progress as dictated by your therapist. **NO COMPETITIVE SPORTS FOR 6 MONTHS POSTOP!** No exceptions unless you want your graft to fail. It doesn't matter how tough you are. The biology in your knee still has to take place. There is no magic out there that can shorten this time. (Stem cells maybe - but we really don't know yet)

Return to Sports: When you do return to sports your ACL is usually stronger than the one you were born with. It is rare in my practice for a patient to tear their new ACL if they are compliant with the rules. A thin knee sleeve is advisable for the first year or so after returning to competitive play just to give you a sense of where your knee is in space (proprioception). In my experience colleges who may be looking at you will not hold having an ACL reconstruction against your chances of a scholarship.

Return to School: Usually within a week.

Return to work: It really depends on what kind of work you do. More strenuous work is usually 6 weeks.

I really appreciate you choosing me as your Orthopaedic Surgeon and Longview Orthopaedic Clinic for your care! I absolutely love what I do and will try to make your experience a good one!

Stephen Littlejohn, M.D.