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MBBS FRACS Orthopaedics SHOULDER & KNEE RECONSTRUCTION
ORTHOPAEDIC SURGEON

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# ACL INJURY AND RECONSTRUCTION

## What is wrong with your knee?

You have ruptured the anterior cruciate ligament in your knee, causing the knee to be unstable. The ACL controls the movement of the thighbone (femur) on the shinbone (tibia) which allows you to side step / pivot when walking or running. It is unlikely to heal. However 10% of patients with a ruptured ACL can function almost normally in all activities including sports despite the torn ligament. However for many people, especially those active in sport or whose work depends on their knee to be stable, rupture of the ligament will lead to continual giving way and instability, and further damage to other arthritis protective structures, like the cartilage meniscus.

## What I recommend

In view of your description of your problem, my physical examination and review of the scan, **I recommend ACL reconstruction to regain stability as the current instability is interfering with your activities of daily living, work or sports.**

## Are any other options available?

While I believe that surgery is the best course of action, other treatments are available. These range from no treatment, just living with the condition to physiotherapy exercises, the use of braces or strapping.

While any of these treatment options may be successful in your situation, in my experience they will not work reliably. We can arrange for any of these options if you want.

## What happens if surgery is not performed?

I do not think your condition will worsen but the knee will keep giving away. Reconstruction cannot reverse damage **already present** but stabilizing the knee can prevent further damaging giving away episodes, and protect the meniscus and cartilage surfaces which protect the knee from arthritis.

## What is the purpose of the surgery?

The purpose of the surgery is to reconstruct the ligament in your knee. The ACL is a strong, cord-like structure that connects the femur to the tibia. Your ACL has torn and/or stretched, cannot be repaired, and is best reconstructed by using other material.

The surgery is done using the arthroscope (keyhole surgery). Instead of a large incision, I use 2-3 small (1 cm) incisions. Through 1 incision I insert the arthroscope, which lets me look inside your knee. The other 2 incisions are used to insert special instruments.

We replace the ligament by harvesting a portion of the hamstrings or kneecap tendon. The type of graft used depends on the patient and their type of sports or work; both have their good and bad points. The essential part is accurate placement and fixation of the graft, which heals over the next 6 months.

If I can avoid it I don't usually use artificial or dead donor graft.

## What kind of anaesthesia is used?

We use a combination of general and local anaesthesia. You will go to sleep (general anaesthesia) but because we also use local anaesthetic around the wounds, less medicine is needed to keep you asleep and pain free, and you have less pain after surgery.

### What is it like when you wake up?

You will wake up in the recovery room after your surgery. Your knee will be in a compressive bandage. As the pain starts it will be gradual and we will have injections and pills to keep you comfortable. We position an ice pack to help with pain & swelling.

### How long will you stay in hospital?

Patients who have surgery in the morning can go home the same day. Most patients choose to stay overnight and let our nursing staff look after them. Patients, who have their surgery in the afternoon, generally stay overnight.

### What about complications?

Complications can occur. Fortunately these are rare. Infection is less than 1%, and may require oral antibiotics, antibiotics by injection and or surgery. The knee can become stiff or difficult to straighten and may require additional physio or further surgery. The graft can re-rupture either with a fall during the healing phase or a re-injury with sport or work, about 3-5%.

### How successful is the surgery?

This type of surgery is successful about 95% of the time. No knee operation is 100% successful in every individual but the procedures we perform are reliable and will help restore the potential function in your knee. The operation is most successful at stabilising the knee. If knee pain is a significant problem this harder to deal with especially if there is pre-existent arthritis or cartilage wear.

Whether you can return to your previous level of sport or work is an individual matter and depends on the damage to your knee, how well it heals, how well you rehabilitate and how strenuous is your desired level of work or sport.

### When can you return to routine activities?

You will be able to walk with +/- crutches immediately after surgery. You may shower after surgery, with waterproof dressings. You may walk around the house, write and cook within a few days.

### When can you return to work?

For most office jobs I recommend taking 1-2 weeks off work. When you return to work, you should be mostly sitting down for six weeks, do no squatting, limit your walking especially on stairs.

Most patients can start light duty work involving no lifting, pushing, pulling or carrying 8 weeks after surgery.

You will generally need 3-4 months of recovery before beginning regular work which involves walking/ stairs / uneven ground.

Return to heavy lifting or rough ground walking or running will require 6 months.

### How is the knee rehabilitated?

You will begin knee exercise with a physiotherapist at the hospital during your admission. You should attend your local physio who will guide you through the rehabilitation program for the next 6 months. There are quite a number of visits with the therapist in the early phases of rehabilitation and to monitor your progress in the latter phases. What is more important is that you perform the knee stretching and strengthening home exercises on a daily and regular basis.

### Post-operative consultations?

Your first office visit is 2 weeks after surgery so that I can examine the surgical incision. Your next visit occurs six weeks after surgery when more vigorous use of the knee will be allowed. Office visits occur 5 and 12 months after your surgery.

## What about pain medication?

You will be given strong painkillers when you leave the hospital, like Panadeine Forte and or anti-inflammatories.

**However almost all the post-op pain is better controlled with regular Panadol or Nurofen (every 3-4 hours) and cold packs 30 minutes 4x daily and after exercises or physio**.

## How much does the surgery cost?

I charge AMA based fees, which are usually greater than what the Government allows the Insurance companies to fully cover. There will be a "gap". My Assistant will provide an accurate quote for my surgery fee, the Anaesthetist fee and the Assistant Surgeon fee.

Hospital accommodation and operating theatre costs should be checked with the individual hospital.

## How do you schedule surgery?

Contact my Assistant on (02) 9409 0500.

## What if you have more questions?

Please feel free to give me a call at my rooms on (02) 9400 0500 and I will get back to you as soon as I can.

**GREGGORY BURROW**