

ACL reconstruction surgery

Anterior cruciate ligament reconstruction is usually performed through keyhole surgery under general anaesthetic. You would normally be admitted on the day of the operation and some people go home the same day or have an overnight stay in hospital.

The anterior cruciate ligament (ACL) is one of the two large ligaments within the knee. It controls front to back and, most importantly, pivoting or twisting movement. The ACL can be torn or ruptured during [sports activities](#) and once broken, it rarely heals and the knee may give way.

Regular giving way can lead to secondary damage to the menisci (shock absorbers) and articular cartilage (joint surface) as well as making twisting and turning difficult.

A ligament graft is required using material taken from the front of the knee or from the hamstring tendons behind the knee, both of which are able to re-grow to a large extent.

Successful ACL reconstruction will mean your knee will no longer give way and you can return to sports activities.

What does ACL reconstruction surgery involve?

You will not be able to eat for eight hours prior to ACL surgery although you will be able to drink small amounts of water up to four hours before.

The knee surgery takes about one hour and your surgeon will make some incisions in your knee to allow small specially designed instruments to be introduced.

The torn ligaments are trimmed and the knee is prepared for the replacement graft of suitable tissue from somewhere else on your body. Part of the patellar tendon (which runs from the lower end of your kneecap to the top of your shin bone) is normally used. The top and bottom ends of the replacement ligament are fixed into place with special screws into holes drilled into your bones.

The incisions are closed with stitches or adhesive strips.

ACL reconstruction surgery recovery time

Recovery from the anaesthetic is rapid and you will be awake very soon after the operation although you may feel drowsy for an hour or two. You will be allowed to go home once you are weight bearing with the assistance of crutches, if necessary, for security. You will usually have an [x-ray](#) to check that the ligament graft is in the correct position.

You may shower with the waterproof dressing on and your [physiotherapists](#) will give you advice on how to exercise your leg before you leave and may arrange outpatient physiotherapy if needed. You will be given a cold compress or 'Cryocuff' along with instructions on how to cool your knee, which is important and aids recovery. You will see your consultant once again two weeks after your operation to review your progress.

You may need to take four to six weeks off work and driving following the operation and your surgeon may want you to wear a knee brace for a few weeks.

Once your knee has settled down, you will need to start intensive physiotherapy which may continue as long as six months.

What are the risks of ACL reconstruction surgery?

Anterior cruciate ligament reconstruction is commonly performed and generally safe but there are some potential complications you should be aware of. These only affect less than 4% of patients.

- Infection can occur although our theatres have ultra-clean air operating conditions keeping infection rates at 1-2%.
- Blood clots are possible but again are in the 1-4% category and have well established treatments including aspirin.
- Damage to the nerves around the knee leading to weakness, numbness or pain in the leg or foot - this usually settles on its own. Risk is less than 1%.
- A break of the kneecap can occur during or after surgery but only if your surgeon uses a patella tendon graft - 1% risk.
- The knee keeps giving way. This may happen if the ligament graft fails due to stretching or a further injury. Risk is less than 10%.