Anterior Cruciate Ligament (ACL) Reconstruction

Please bring this leaflet into hospital with you

If I have any questions who should I contact?

If you have any questions about returning to activities you can ask your surgeon or physiotherapist on the day of the operation.

If anything changes before the operation, or you have any enquiries about appointment dates you should telephone the admissions department on 01202 704919.

If you have any clinical questions concerning your orthopaedics operation, please telephone 01202 704693.

If you have any problems following discharge then we advise you to telephone the ward which you returned to after your surgery.

Sandbourne Day Cases 01202 726104
Ward 9 01202 704724
Ward 12 01202 704770

Exercise pictures copied from Tools RG PhysioTools

Our Vision
Putting patients first while striving to deliver the best quality healthcare.

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Author: Kim Coles Date: June 2012
Version: Two Review date: June 2015 Ref: 1040/10

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Introduction
This booklet tells you about your anterior cruciate ligament reconstruction surgery at the Royal Bournemouth Hospital. It is for people who have decided to have surgery after discussing the options, benefits and possible risks with their Consultant.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits so please bring it with you.

The booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist, nurse or therapist. Those instructions should take priority.

All members of the Orthopaedic team are committed to providing you with the highest standards of care and we look forward to helping you with your recovery.

What is this operation for?
The Anterior Cruciate Ligament (ACL) is one of the ligaments which sits deep inside the knee. The ACL helps to keep the knee stable. This ligament can be torn or ‘ruptured’ by a fall or sports injury. Your knee may then give way or it may feel like it is giving way. It may stop you doing your normal activities or sports. An operation can rebuild (reconstruct) the torn ligament.

two weeks following your operation. Please ensure that you keep your wounds and dressings clean and dry.

Clinic review
You will receive an appointment for a follow-up review with your consultant six weeks after your operation to monitor your progress.

Outpatient Physiotherapy
The physiotherapist will arrange an outpatient appointment for you for soon after your operation at the hospital closest to where you live. You will be required to attend physiotherapy appointments for several months and continue your exercises regularly between these sessions.

A strict programme of instructions must be followed which allows you to progress your exercises and gradually increase your activity levels. It is important to consider that the new graft is very weak for the first three months following surgery. You then need to gradually increase activity to get used to different pressures on the knee. You physiotherapist will advise you on this. It is important that you follow these instructions to protect your new ACL as it heals.

When can I return to work
Your return to work will depend on the nature of your occupation. It is advisable to speak to your consultant about this and also when you can return to driving.

Returning to sports
This will be given guidance and advice by your physiotherapist and your surgeon. Return to racket sports and golf is generally at six months and contact sports at one year after your operation.
What happens after the operation? (While I am in hospital)

How long will I stay in hospital?
You will normally leave hospital on the day after the operation. Some people will go home earlier, it will depend on your recovery and the surgeons instructions.

Physiotherapy
A physiotherapist will come to see you on the morning after your operation. It is important that you do not try to exercise your knee or walk until they have been to see you. The physiotherapist will tell you how much weight you are allowed to take through your operated leg and will make sure that you can walk safely.

Exercises
The physiotherapist will teach you the following exercises. Please continue to do these three times a day until you attend your outpatient physiotherapy appointment.

Exercise 1. Ankle pumps
When lying or sitting, bend and straighten your ankles briskly. Repeat this 10 times, three times each day (every hour for the first day).

Exercise 2. Static quads
Lie or sit with your legs straight out in front of you. Pull your toes towards you and push your knee down firmly against the bed. Repeat this 10 times, three times each day.

Exercise 3. Knee flexion and extension
In the lying or sitting position, gently bend your operated knee by sliding your foot towards you. Bend your knee as much as is comfortable then slowly slide your foot forwards to straighten your leg again.

Keep your foot in contact with the floor or bed at all times. A carrier bag under your foot will help it to slide more easily. Repeat this 10 times, three times each day.

Exercise 4. Knee extension
Sit on a chair with your foot resting on a stool. Leave your knee unsupported to let your leg straighten fully. Keep your leg in this position for up to 15 minutes or for as long as you are able and repeat every one to two hours throughout the day.

Walking after your ACL reconstruction
It is important that you can walk safely and comfortably following your ACL reconstruction. You will be provided with and shown how to use elbow crutches. They allow you to put less weight through your knee and protect it whilst it is healing. You should continue to use these until your surgeon or physiotherapist tells you to stop.

If you have stairs or steps at home we will ensure that you can manage these safely with crutches.
**How to go up and down steps or stairs**

**To go up a step or stairs:**
- Step up with the ‘good’ leg
- Then bring the operated leg onto the same step
- Lastly bring your crutch(es) onto the same step

**To go down a step or stairs:**
- Put your crutch(es) onto the step below
- Then put your operated leg down onto the same step
- Lastly bring your ‘good’ leg onto the same step

**What happens when I go home?**

At home it is important that you have plenty of rest. Only walk as necessary in the first week. Doing too much will increase the swelling in your knee and delay your recovery. It is important to avoid twisting on your knee and repeated lifting/straightening of your leg. You will need to support your operated leg when getting on and off a bed.

When resting your leg make sure your knee is straight and raised up on a stool or something similar. To reduce swelling and pain apply an ice pack to your knee for up to 20 minutes. Make sure you have a damp cloth (such as a tea towel) between the ice pack and your skin.

You should continue your exercises at home and you will begin your outpatient physiotherapy rehabilitation programme 1 to 2 weeks after your operation.

**Dressings and stitches**

Before you go home from hospital you will be informed of how and when to make an appointment with your practice nurse to check your wounds. Your stitches are usually removed about

**What happens during the operation?**

**Anaesthetic**

An ACL reconstruction is performed under a general anaesthetic. This means that you will be unconscious throughout the operation. You may also have a nerve block to numb a nerve in your leg to provide good pain relief after the operation. This may last for 24 to 48 hours and will affect your muscle strength and movement as well as your sensation.

**Surgical Procedure**

Most ACL reconstructions are performed arthroscopically (this is another word for ‘key hole’ surgery where two or three very small incisions are made to access the knee joint). The surgeon can use these incisions to place a small camera inside the knee as well as the instruments to perform the surgery. Once the torn pieces of the ACL are cleared up the surgeon can use part of another tendon close to the knee to create a new ACL. The two most common methods of reconstruction are with:

A a hamstring graft (the hamstrings are a group of muscles on the back of the thigh)

B a patella tendon graft (the tendon below your kneecap)

**Closure and dressing**

Once the surgery is finished the small incisions will be closed with steri-strips or stitches and covered with a small dressing. A large wool and crepe bandage will then be wrapped around the knee.