

The Anterior Cruciate Ligament (ACL) is one part of a pair of ligaments responsible for stopping the bones of the knee joint from moving back and forth on one another. The ACL is commonly injured during sport and this usually results in immediate swelling of the joint caused by internal bleeding (haemarthrosis). Sometimes a patient can live their daily lives without the need for surgical repair of the ACL, depending on their level of activity. However, if the joint is “giving way” and restricting the level of activity for a patient, repair should be considered. Diagnosis is made after taking a history of the injury, a clinical examination and is usually confirmed on MRI scan.

Procedure

During the operation, a graft is taken (either from the hamstring or patella tendons of the patient) and a “replacement” ACL is formed from the tissues and anchored into place. This is called an autograft. Occasionally if the patient does not have suitable tissue to use for a repair, tissues can be taken from a donor (an allograft).

Recovery

It takes over 12 months for the “new” ACL to remodel and embed into its new location. However, a patient may return to full, even sporting activities before this. During day-to-day activities and in some exercises, the ACL is not under any strain at all so immediate weight bearing is recommended. In addition, full range of movement should be possible very quickly. Although there may be some time restrictions on when you can perform certain exercises, recovery is based more on goal progression, as each patient is different. We do know that ACL injury alters the way that both of the lower limbs work (the uninjured side too) so rehabilitation is vital to reduce the likelihood of re-injury. A brace or support is not necessary during rehabilitation or return to sport although sometimes this can help an athlete’s confidence. [CLICK HERE FOR OUR REHABILITATION PROTOCOL.](#)

Complications

Complications are a risk of any surgery. However, the risk of these occurring is quite small (approximately 1.5% of patients will be affected). General complications can occur with any surgery and most of them will be temporary difficulties. Although very rare, it is important that you understand the risks before undergoing any surgery.

General complications include:

- Anaesthetic complications (such as a chest infection following surgery)
- Urinary complications (for example being unable to pass urine)
- Gastrointestinal complications
- Vascular complications
- Cardiac complications
- Death (very rare)

Risks of surgery specific to the ACL repair are as follows:

- Risk of re-rupture - studies have shown that repeat ACL injury occurs in 12% of patients over 5 years. However, after 12 months the risk of injury to the repaired ACL is the same as the risk of ACL injury to the other leg.
- Anterior knee pain - due to pressure on the kneecap from weakness in the muscles and altered movement patterns.
- Graft failure - the operation is a complicated one and complications can refer to placement, anchoring and impingement of the graft.
- Decreased range of motion of the knee - operating on a joint that has full range of movement before the operation gives a much better result.
- Not returning to sport due to fear.

Many of these risks can be reduced or eliminated by following our rehabilitation programme. Outcomes of surgery have also been shown to improve by undergoing a pre-operative course of rehabilitation.

References

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