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**Anterior
Cruciate
Ligament
Reconstruction**

Information for Patients

Introduction

You have injured your anterior cruciate ligament (ACL) and perhaps some other structures in the knee. Leaving this untreated in the young active person often leads to ongoing episodes of instability. This makes participation in certain sporting and work activities difficult and can cause irreparable damage to the joint surfaces and the menisci (cartilages). In the longer term, this can lead to progressive deterioration of the joint.

Surgery to treat the problem involves reconstructing the torn ligament with other tissue, usually either hamstring tendon or patellar tendon. Occasionally, transplanted tissue is required from the tissue bank. There is not yet clear consensus about what is the best graft material, both hamstring and patellofemoral reconstruction have excellent results in the majority of patients. Most surgeons agree that using your own tissue is generally preferable to someone else's and we also know that pain in the area where the patellar tendon is removed (donor site) is usually greater than for the hamstrings. Dr Coolican most commonly uses the hamstring tendon but will decide which graft is most suitable in your case.

Hospital

You will be admitted to hospital on the day of surgery. Certain medications, such as anti-inflammatory tablets and aspirin, need to be stopped prior to surgery. You should check with Dr Coolican if any of the medications you are taking should be stopped. Also, please remember to bring any X-rays and scans with you. Ensure that you have no cuts or scratches on your skin, nor any small boil as this can increase the risk of infection and will occasionally result in your surgery being deferred. You will meet the anaesthetist prior to surgery who will discuss your anaesthetic and medical history and any special risks. You will also see Dr Coolican prior to surgery.

After you are placed under anaesthetic, you are given antibiotics and the knee is examined to confirm instability of the anterior cruciate ligament. If it is ruptured, reconstruction is carried out with the use of the arthroscope. This usually requires four small incisions. The incision for obtaining the hamstring graft is approximately 2-3centimetres long, just below the knee. Alternatively, a patellar tendon graft requires a 5-6 centimetre incision in the front of the knee. Either of these incisions may produce a numb patch on the outside of the knee which will become smaller and less noticeable over time but can persist to a varying degree. This is because several small nerves within

the skin are divided at the time of skin incision. Other incisions are utilized to insert the arthroscope and instruments. Accurately placed and sized tunnels are drilled in the femur and tibia and the graft inserted and fixed into position. Other problems, such as meniscal tears and damage to the joint surfaces are remedied if possible at time of surgery.

Postoperative Care

After surgery, your leg will be wrapped in a dressing and a brace is usually applied. The purpose of the brace is predominantly to improve your security when mobilizing after surgery and can usually be dispensed in the first few days to a week, depending on confidence. Occasionally, a brace is required for a longer period if a meniscal repair has been performed. You will usually stay in hospital overnight and possibly the next day, depending on mobility. On the first post-operative morning the intravenous line is removed, the dressing made less bulky and the physiotherapist in hospital assists with exercises and mobility. Crutches are usually required for the first week or two but can be discontinued once you are able to walk normally. The physiotherapist in hospital will commence your rehabilitation which will then continue with your own physiotherapist after leaving hospital. It is important to protect the graft in the early stages after surgery by avoiding "open chain" quadriceps exercises and complying with the specific programme that you will be given.

Discharge from hospital is normally the day after surgery, depending on mobility and security with crutches. Before you leave hospital, you see Dr Coolican who gives you instructions. Physiotherapy usually commences at the two week mark, aside from the exercises that you have been given by the physiotherapist in hospital.

Rehabilitation

Rehabilitation does require a great deal of patient input. The best results are achieved by patients who work well in rehabilitation and who follow the protocol. Remember that if your knee hurts or swells, your activity level has probably been too high.

Follow-Up Visits

The first review with Dr Coolican is at 2 weeks following surgery to check the wound and discuss the surgery. You will be subsequently checked at 6 weeks, 3 months, 6 months and 12 months and 2 years following the surgery. Your progress will be assessed and special tests and questionnaires will be completed to better assess your result. Rehabilitation will continue by your physiotherapist and should be followed strictly. Trying to progress rehabilitation too quickly may damage your graft.

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Return to Work and Sport

Office work is usually possible 2 weeks after surgery and driving at this time is usually safe if you have good control of the leg. A job involving standing for prolonged periods is possible 5-6 weeks after surgery with heavy work at 3 months. Twisting or pivoting activities are introduced gradually after 6 months and competitive sports after 9 months.

Complications

Some of the potential complications of anterior cruciate ligament reconstruction include infection, blood clots, stiffness of the joint, pain, inadvertent injury to blood vessels and nerves and recurrent instability as well as anaesthetic complications.

Failure of the graft may occur if excessive forces are placed on the graft, particularly early in the post-operative period. Your cooperation with all instructions given by Dr Coolican and your physiotherapist will help minimize these complications.

Infection is a rare complication which requires prompt treatment. The major symptoms are fever, increasing pain and swelling. Blood clots (deep venous thrombosis) are rare but can be serious. Calf pain or unexpected foot swelling or chest pain can be caused by clots and these symptoms should be reported to Dr Coolican.

Costs

Dr Coolican charges above the Medicare schedule and patients have a gap to pay. The anticipated gap for your arthroscopic surgery will be discussed with you at the time of booking surgery although this could vary a little depending on the findings at surgery. Your anaesthetic fees are in addition to the surgery fee.