

# ACL Reconstruction

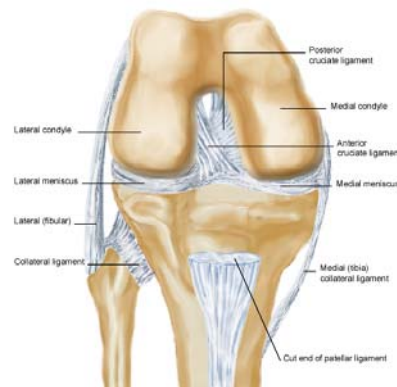
## Patient Information

### Why this letter?

I think that having surgery is stressful. A lot of information that I may say to you is easily forgotten, especially when you get home, and someone asks you “what did the doctor say?” This may help you to have these things in writing.

### What is wrong with your knee?

You have a tear in one of the main ligaments in the leg. Injury to the ACL usually results in knee looseness or instability, which can greatly limit participation in recreational and athletic activities. Knee instability or giving way is most likely to occur in sports, which require frequent cutting, stopping, or jumping.



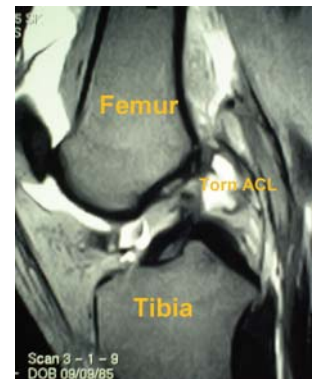
### Are there non-surgical options to ACL reconstruction?

There are various treatment options for a torn ACL. The first option is non-operative treatment that emphasizes a good knee strengthening and rehabilitation program. Some patients are able to resume a fairly vigorous activity level with this treatment. Knee bracing may also be helpful to allow participation in higher risk and more vigorous recreational activities. The advantage of this approach is the avoidance of major knee reconstructive surgery. Instability symptoms and further injury to the knee, however, may occur. The patients who initially choose a non-operative treatment may later choose to proceed with surgical reconstruction of the ACL if instability symptoms are found unacceptable.



### Can a ligament be repaired?

A completely torn ACL will not heal and surgical repair by suturing the ligament alone is not successful.



### What makes someone decide to have surgical treatment of an ACL tear?

For the highly motivated and athletic person, surgical reconstruction of the ACL generally offers the best opportunity for a high level of athletic participation. Nearly 90% of patients who undergo surgical reconstruction are able to eventually resume athletic participation at a level very close to their pre-injury level.



With either treatment option, the knee has an increased risk of arthritis. Meniscus cartilage tears may also occur following injury to the ACL and these further increase the risk of knee arthritis. As a result, knee instability, which may cause meniscus cartilage damage, should be avoided if at all possible. Reconstruction of the anterior cruciate ligament restores knee stability and thus minimizes the risk of meniscus cartilage tears and arthritis.

### When can I return to sports?

The resumption of vigorous athletic activities does not occur for nine to twelve months following the surgery.

### What happens at surgery?

The surgery is done with the assistance of the knee scope. This means that only one incision needs to be made to replace the ligament with a graft. There are two main choices, each with risks and benefits. The first, and the one that I most frequently do, is the hamstring graft. A portion of your hamstring tendon is harvested from a small incision in the front of your knee. This graft does not cause a loss of strength of the hamstring muscles nor does it cause a significant amount of pain for you after surgery. It is not the strongest graft. It is, however, strong enough for the vast majority of athletes. The strongest graft is called the patellar tendon graft. A portion of the patellar tendon in the front of



your knee is used with two a piece of bone from the kneecap and a piece of bone from the tibia at each end. The drawback to this graft is that many people have pain in the front of the knee from the bone being used.

The graft is placed in the knee through drill holes in each the tibia and the femur. These are placed through the incision already made in the front of the knee. The graft is held in place by metal screws of several kinds so that it will heal, which takes about 4-6 months.

### **What are the risks of surgery?**

Some of the risks include: numbness in the surgical scar area, infection in the surgical incisions, damage to structures, nerves, or blood vessels around and in the knee, blood clots in the leg, problems with the graft tendon (loosening, stretching, re-injury, or scar tissue, loss of motion, pain when kneeling, repeat injury or chronic pain and swelling.

You should refer to the consent form for a more complete list.

You WILL end up with a small numb area on the front of the leg next to the incision. This is due to the tiny nerves that are cut and cannot be avoided.

### **What kind of anesthesia is used?**

Patients usually undergo *general anesthesia*. This means that you are put to sleep for surgery and a breathing tube is placed during the surgery to breathe for you while the work is being done. This is the best way to allow me to work on the knee. There are other choices, such as a spinal anesthesia, and you may discuss that with the anesthesiologist.

### **What about a brace?**

You will wear a brace for about 6 weeks after surgery and can remove it for daily wear when the therapist says that you should.

### **Will I stay in the hospital?**

After the surgery you may chose to go home or stay in the hospital one night to make sure that you are comfortable and do not have any problems overnight.

You will wake up in a brace.

If you want to go home, you will return to a private room in day surgery and if you are feeling well after several hours, you may go home.

If you need to stay, you will be admitted to the orthopedic floor and will be released to go home the day after the surgery. You will see me in the office two weeks after surgery. Then we will make the referral for physical therapy. I will see you again 6 weeks, 3 months, 6 months, and 9 months to one year after surgery or more often if needed.

### **When can you return to activities?**

You will be on crutches for about a week or so. It may be longer depending on whether a repair of the meniscus is needed. The therapist will get you on an exercise bike as soon as you can tolerate it. You can start straight ahead running at four months. Return to cutting sports is at about 9 months and will probably be in a brace.

### **When can you return to work?**

For most sedentary jobs, you should probably take at least one week off. For more demanding work that requires that you be on your feet all day it will be closer to two or three weeks.

### **What is rehabilitation like?**

The therapy is the biggest time commitment of having the surgery. You are under formal outpatient physical therapy for at least 3 months. After that, you need to continue to regain the strength in the leg on your own with exercise and weight training. Until you have gained the muscle strength to near normal, it is just not safe to return to sports.

The place that you do therapy should be convenient to you and have some experience in sports rehabilitation. I can make recommendations if you would like.

### **What will I do for pain control?**

I will give you a prescription for pain medication. You make take it as directed on the bottle and that may vary depending on allergies or other medications. In addition, icing the knee is very helpful in controlling the pain.

I request that you call for pain medication refills Monday through Friday from 8am to 5 pm. Remember that I am in the operating room several days a week, so please do not be surprised if you have to wait a few hours to get the message handled and called in. I need to approve each request personally.

### **What about surgical costs?**

Because medical insurance can be quite complex, there are no fixed rules. You may need to check with your insurer concerning your obligations such as co-pays, coinsurance, or deductibles. We will bill the surgeon's fees from this office. The code that we use is 29888 (*there may be additional codes depending on what I find*). In addition, there are many fees not directly associated with my office. These include, but may not be limited to anesthesia, and hospital costs.

I will do everything that I can to answer your questions and make you feel at ease with the decision that you have made to undergo surgery. Please remember that I am your advocate and I appreciate that you need to feel comfortable. There will be a number of times that you will get to see me face to face and feel free to use those times for questions. Otherwise, you can consider my staff an extension of me, you may leave messages, and I will do my best to get those answered as quickly as possible.



Carmelita A Teeter, MD  
Rio Grande Orthopedic Center  
1601 Treasure Hills Blvd.  
Harlingen, Texas 78550  
956-421-2663  
[OrthoDoc.aaos.org/CATeeterMD](http://OrthoDoc.aaos.org/CATeeterMD)  
or [www.rgoc.net](http://www.rgoc.net)