

Patient Information Leaflet

ACL OR PCL RECONSTRUCTION SURGERY WITH MENISCUS SURGERY USING ARTHROSCOPY

Surgery for Torn Knee Ligaments (ACL or PCL) and Knee Cartilage (Also known as Meniscus)

ACL, PCL AND MENISCUS

The function of the intact ACL (Anterior Cruciate Ligament) or the PCL (Posterior Cruciate Ligament) is to stabilize the knee in high levels of activities such as running, jumping, and using the stairways. If the ligaments are torn, the knee becomes repeatedly unstable at high levels of activity and one can easily fall.

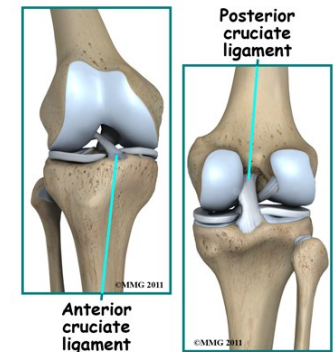


Fig. 1a: Knee Ligaments: ACL & PCL

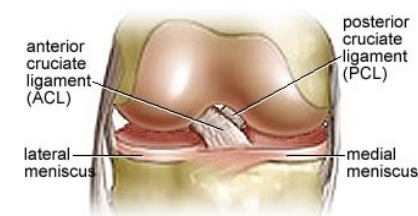


Fig. 1b: Knee Meniscus: (Also known as Knee Cartilage)

The function of knee cartilage, which is also known as the meniscus, is to be a shock absorber to the knee. If the knee cartilage is torn, one may have repeated knee pain and swelling.



Fig. 5: CryoCuff for Pain Relief

It is important that patients makes an appointment with the physiotherapist in the ward before discharge. The appointment should be within the same week. Soon after the surgery, it is important that the knee muscles such as the quadriceps and hamstrings muscles are performed with guidance by the physiotherapist guidance.



Fig. 6: Quadriceps Exercises



Fig. 6: Hamstring Exercises

The total healing to return to light activities such as office work and light duty is usually about 3 months.

The total healing time to return to heavy activities and competitive sports is about 9 months to 1 year.

REFERENCES

- <http://www.kneeclinic.info/download/CKCGNHACLReconandRehabGuide040612.pdf>
- <https://www.nhs.uk/conditions/knee-ligament-surgery/recovery/>
- <http://www.royalberkshire.nhs.uk/patient-information-leaflets/PCL%20reconstruction-rehabilitation.htm>
- http://www.wvl.nhs.uk/Library/General_Docs/trauma_orthopaedics/Meniscus.pdf

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PURPOSE OF THE SURGERY / OPERATION

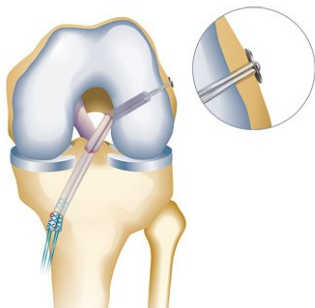
The purpose of the surgery is to stabilize the knee and reduce pain.

This is done by reconstructing the knee ligaments using autografts (hamstring tendons) to replace the torn knee ligaments. The knee cartilage is either repaired if feasible or trimmed to a less painful shape (debridement).

The surgical technique is using arthroscopy for manipulation and visualisation via 3 or 4 small puncture wounds on the knee. There is a small upper leg incision where, usually within the same incision, the hamstrings autograft is taken and where the usage of instruments, such as the bone drill is used. For PCL surgery, if the allograft is used, the incision may be smaller.

Autograft: a length of tendon is taken from the one's own leg,(your own body).

Allograft: a length of tendon is taken form a dead donor's leg (frozen and stored).



RISKS OF SURGERY

The risks of surgery such as knee infection (septic arthritis) and knee stiffness, are very small and rare: about 0.5 % annually worldwide. If one does not accept the risks of surgery, one can avoid surgery by doing light sports, modification of activities / occupation and physiotherapy.

PREPARATION BEFORE WARD ADMISSION

- Payment for implants such as screws and supportive devices such as brace.
- Basic knee exercises by the physiotherapist
- Basic health check tests such as blood tests.
- If one is above 40 years old, chest Xray and ECG are done.
- For PCL surgery, if the allograft is discussed, the patient must fully agree that the allograft is taken from a dead donor for PCL reconstruction.

PREPARATION DURING WARD ADMISSION BEFORE SURGERY

- One is admitted one day before the day of surgery.
- Consent for surgery and anesthesia are taken.
- The Physiotherapist will visit to show knee exercises and to use crutches.
- Total duration of ward stay is usually 3 days.

FURTHER TREATMENT POST SURGERY

The treatment for pain relief are:

- Spinal Anesthesia
- Intravenous or intramuscular injection of pain relief drug
- Oral pain relief drug
- Cryocuff (Cold treatment) for the knee.
- The knee may be supported by a knee brace.

After the surgery, intravenous fluid support is continued as patients continue to fast for a few more hours, .



Fig. 4: Knee Brace for Knee Support