Gleneagles Hospital
HONG KONG
港怡醫院

Procedure Information Sheet – Arthroscopic Anterior Cruciate Ligament (ACL) Reconstruction (Hamstring Graft) ± Meniscal Repair

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

1. Introduction

1.1. The Anterior Cruciate Ligament (ACL) is a 3-4cm long band of fibrous tissue that connects the femur to the tibia. It helps stabilize the knee joint when performing twisting actions. ACL injuries commonly occur during contact sports, hyperflexion injury, valgus force injury, varus force injury and rotational injury to the knee.

1.2. Patient with an ACL deficient knee will suffer difficulties in sporting activities that requires pivoting and sidestepping.

1.3. Arthroscopic ACL reconstructive surgery is a procedure involved hamstring autograft. It enables the knee stability (not totally) to allow patient with such injury to return to sport.

2. Procedural Preparation

2.1. Tests may be ordered include X-Ray or Magnetic Resonance Imaging (MRI) of knee, blood tests, Chest X-Ray and Electrocardiogram (ECG).

2.2. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.

2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.

2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.

2.5. Restore full range of motion with emphasis to prevent extension lag.

2.6. Do not eat or drink for 6 to 8 hours before operation if under general anesthesia.

3. Procedure

3.1. The operation can be performed under general or spinal anesthesia.

3.2. Small incisions are made on the knee.

3.3. The arthroscope is inserted to monitor the ligaments and other tissues of the knee; the autograft is harvested from the medial side of the knee to reconstruct the torn ligament.

3.4. The autograft is implanted to the bone and fixed at both ends.

3.5. If the surgeon confirms there is meniscal tear, he/she will performs corresponding procedure.

3.6. The wounds are closed with sutures and covered with sterile dressing.

4. Recovery Phase

4.1. Elevation of the operated leg above heart level is encouraged to reduce swelling and pain.

4.2. If spinal anesthesia has been applied, you may experience numbness sensation of both lower limbs which lasts for 8 to 24 hours.

4.3. If general anesthesia has been applied, you may experience discomfort in the throat after tracheal intubation.

4.4. Please inform the nurse of wound pain. You will be given pain medications according to doctor's prescriptions if required.

4.5. Keep wound clean and dry to prevent infection.

4.6. Most patients can weight bear with support for the first few days. Braces are occasionally prescribed if necessary.

4.7. If necessary, you will be referred to physiotherapist for muscle strengthening exercise and training.

4.8. You will be discharged within 3 days, depending on your recovery progress.

4.9. You should follow doctor's prescriptions of taking medication, and attend follow-up as scheduled.

4.10. You may follow the rehabilitation program for 6-9 months as recommended by the doctor.

4.11. During the rehabilitation period, please avoid to contact sports or vigorous activities.

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5. Possible Risks and Complications

5.1. There are complications that relate to surgery in general. These include the risks associated with anesthesia, infection, damage to nerves and blood vessels, pain, bleeding or blood clots and wound breakdown.

5.2. Some people unfortunately do suffer knee flexion contracture, reduce range of movement, residual laxity, recurrent tear of meniscus which may require further treatment.

5.3. The operation for anterior cruciate ligament arthroscopy is generally very effective and is rarely associated with major complications, such as re-rupture of reconstructed ACL ligament and major blood vessel or nerve injury, which may lead to loss of limbs.

6. Remark

6.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

7. References

7.1. Hospital Authority. Smart Patient Website: Anterior Cruciate Ligament Reconstruction Surgery.

7.2. Anstey DE, Heyworth BE, Price MD, Gill TJ. Effect of timing of ACL reconstruction in surgery and development of meniscal and chondral lesions. Phys Sportsmed, 40(1):36-40.

7.3. WebMD. Anterior Cruciate Ligament (ACL) Surgery.

7.4. University of California San Francisco Medical Center (2017). ACL Reconstruction Surgery.

7.5. Fu, S. C. (2013). *An Investigation on Biological Modulation on Anterior Cruciate Ligament Reconstruction*. The Chinese University of Hong Kong, Orthopaedics and Traumatology.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____