

ACL Reconstruction: Procedure & Surgical Risks

- Outpatient Surgery
- Hospital or Surgery Center will contact you the day before about your time of arrival and specific instructions.
- After arrival, you will be evaluated by the anesthesia team and discuss different types of anesthesia and risks.
- Surgical procedure takes 1 ½ - 2 hours.

- In the operating room, examination of the operative side under anesthesia is performed to verify that the ACL is torn and to check for looseness of other knee ligaments. After sterile prep, incisions will be made along the front of your knee and the selected tendon graft is harvested (patellar tendon or hamstring of your own) or selected (cadaver tendon) and prepared to correct size. A sterile solution will be used to fill up your knee joint and an arthroscope (camera) will be inserted into your knee to visualize and diagnosis your problem. A variety of small surgical instruments (e.g., scissors, clamps, motorized shavers) are inserted into the second small incision to:
 - Remove or repair torn meniscal cartilage
 - Remove loose fragments of bone or cartilage
 - Trimming of torn pieces of articular cartilage
 - Remove torn ACL stump

- Bone tunnels are drilled into tibia and femur and the prepared graft is pulled into position. The graft is held under tension and fixed into place with interference screws and/or fixation devices.

- A post-surgical dressing and brace will be applied. You will be moved to the recovery area. Instructions will be provided for wound care and restrictions. You will be permitted to bear weight as tolerated on your operative leg with your brace and crutches for 4-6 weeks.

- Prescriptions will be provided

- **Anesthesia Risks:** all risks of anesthesia will be discussed with you when meeting the anesthesia team on the date of your scheduled surgery.

- **Common Risks for Surgical Procedures:** Risks of any surgical procedure are low but do occur and may include the following: (1) Blood loss (2) Infection (3) Blood clot (4) Pulmonary embolism---blood clot becomes dislodged and may travel to the lungs (5) Nerve injury (6) Blood vessel injury

- **Specific Risks to ACL Reconstruction:** (1) Postoperative bleeding within the knee joint (2) Persistent swelling (3) Stiffness of the knee (4) Numbness (5) Failure of ligament graft to heal causing recurrent instability (6) Persistent pain in knee (7) Weakness of knee (8) Patellar fracture or rupture of patellar tendon due to weakening at the site of graft harvest---(patellar tendon autograft) (9) Viral transmission or

infection (patellar tendon cadaver) (10) Tourniquet palsy which may cause some numbness & tingling in the foot (11) Compartment syndrome

**These are the most common risks of surgery however this does not include all risks of surgery that may occur.

This sheet was provided to assist in your understanding of your surgical procedure and potential risks. It is meant to supplement the information that was discussed with you in the office. The incidence of surgical complications are low, however risks of surgery do exist. This additional information attempts to educate you on these risks, benefits, and common complications that could possible occur. If you have any further questions, please feel free to contact the office. We feel it is important to educate our patients about their surgical procedures and options available to them. This sheet describes the most common aspects of an ACL reconstruction. Each patient's case and surgery is individual and may result in a different scenario than what is described above.