

INFORMATION FOR PATIENTS

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# Anterior Cruciate Ligament (ACL) reconstruction

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**This leaflet contains information about the ACL surgery that you have been advised to have and aims to answer some of the questions you may have about the operation and your stay in hospital.**

This document will give you information about the benefits and risks to help you make an informed decision regarding ACL surgery. If you have any further questions that this booklet does not answer please ask your surgeon or the healthcare team.

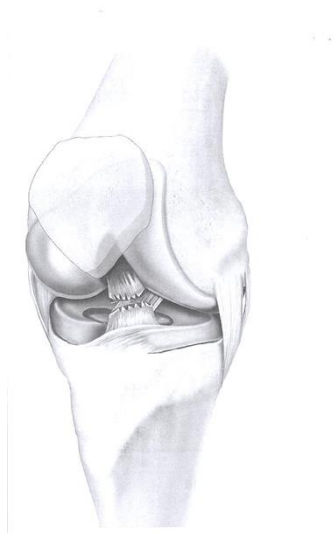
**What is the Anterior Cruciate Ligament?**

The Anterior Cruciate Ligament (ACL) is one of the important ligaments that stabilise your knee. If you have torn this ligament, your knee can sometimes collapse or 'give way'. This may interfere with every day or sporting activities.

**How do ACL ruptures happen?**

ACL injuries happen as a result of a twisting injury to the knee. The most common causes are contact sports or skiing injuries. Initially the knee will fill with blood causing large amounts of swelling and pain.

**A torn ACL**



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

Your knee should no longer 'give way' allowing you to be more active and you may be able to return back to some of your sporting activities.

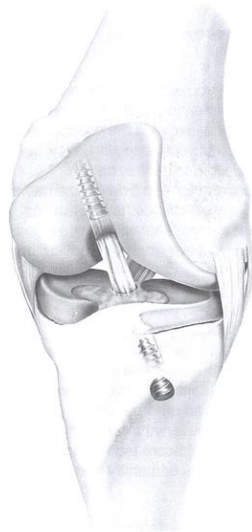
### **What does the operation involve?**

Routinely this form of operation is a day case procedure, meaning that you can return home from hospital on the same day as your operation. On the day of the operation, you will attend the Day Case Unit. You will be called through to theatre and will meet your anaesthetist so the decision can be made as to what form of anaesthetic will be best for you.

The most common form of anaesthetic for ACL reconstructions is a spinal anaesthetic. This is when a very fine needle is inserted into the middle of your lower back and local anaesthetic is injected into the fluid that surrounds the spinal cord. This numbs the nerves that supply the legs. Once the nerves are completely numb you will not feel any pain during the operation, and you will be unable to move your legs for several hours. If you wish the anaesthetist can give you a sedative; this will allow you forget the operation.

During the operation you may be given antibiotics to reduce the risk of infection. An ACL reconstruction usually takes between 60-90 minutes. Most of the time this is an arthroscopic (keyhole) procedure so the surgeon will make 2-3 cuts around your knee, using a camera to see inside. They will then replace the ACL with a piece of graft taken from your hamstring or patella tendons. The top and bottom ends of the graft are fixed within the knee using special screws or anchors that are drilled into the bone. Your surgeon will then close your skin with stitches or clips.

*An ACL reconstruction*



### **Postoperative exercises**

We recommend that you continue to follow your preoperative physiotherapy exercise programme prior to your operation.

The exercises listed below are to be completed after your ACL reconstruction and while you await your outpatient physiotherapy follow up.

You will find that there are not a set number of repetitions. Use discomfort and pain as a guide to how many repetitions you complete. Small amounts of pain and discomfort are not an indication to avoid exercise. Start with 5 repetitions and progress as you feel able.

1.



**Knee flexion**

Bend your operated knee as far as you can tolerate. Use your non-operated leg to assist by placing it over the operated leg and gently pulling back.

2.



**Static quads**

Place a towel roll under your heel. Push your knee down into the bed. Hold for 5 seconds.

3.



**Bridge**

Bend your knees up, keeping your feet on the bed. Push through your heels and bring your bottom up off the bed. Hold for 5 seconds.

4.



**Ankle pumps**

Pump your ankles up and down. Repeat 20 times.

5.



**Extension stretch and ice**

Elevate your foot with a foot stool. Ensure the back of your knee is suspended. Place an ice pack over your operated knee. Rest in this position for no longer than 20 minutes at a time.

**Incision sites**

Below you can find the incision sites used by your consultant when performing an ACL reconstruction.

**Picture 1.a** shows the most common hamstring approach. This involves two keyhole incision sites and an open graft incision site over the medial aspect of the knee.

**Picture 1.b** shows a patella tendon approach. This involves two keyhole incision sites and an open graft incision over the anterior aspect of the knee.

**1.a**



**1.b**



### **What complications can happen?**

- Bleeding (haemoarthrosis)
- Blood clot (development of a deep vein thrombosis (DVT) or pulmonary embolism)
- Infection
- Urinary retention
- Nerve damage
- Pain and stiffness
- Loss of knee movement
- Graft failure.

### **What can I do to make the operation successful?**

Follow any preoperative advice and exercise given to you by your physiotherapist or follow the exercises that are attached in this booklet. Regular exercise will help to prepare your knee for the operation. By strengthening the muscles around your knee before the operation it will enhance your recovery and long term health after the operation.

Stop smoking to help reduce the risk of developing complications and improve your long term health and try to maintain a healthy weight. In the week leading up to the operation do not shave or wax around the knee and try to have a bath or shower on the day of the operation to reduce the risk of infection.

### **Returning to normal activities**

It is advised that you do not drive for 4-6 weeks following your operation under the advice of your consultant or physiotherapist. You should only return to driving as you feel confident, and you should ensure that you can manoeuvre the vehicle safely before driving on the road.

A sick note should be provided by your GP for 4-6 weeks. The length of time you require away from work to recover will depend on the demand your job will place on the new ACL. This should be discussed with your consultant to establish an appropriate time frame.

To aid your recovery you will be referred to the outpatient physiotherapy team.

While you are waiting for your appointment to come through we advise that you complete the postoperative exercises (listed in this booklet) little and often throughout the day. Upon assessment the physiotherapist will progress your exercises and follow an 'enhanced ACL protocol'. This will be tailored to you and promote your rehabilitation. You may also be referred into the hydrotherapy pool or integrated into our basic/advanced lower limb classes. However, this is not appropriate for all patients and will depend on whether your physiotherapist feels it is appropriate for your recovery.

### **What else may I have to do after my operation?**

You may be required to wear a knee brace for 6-8 weeks after the operation. Commonly this is because the consultant feels the ACL requires further support to recover, or they may have repaired a piece of cartilage within the knee. The brace will limit twisting movements of the knee and can be set to restrict bending of the knee. The brace will be fitted around the dressing and will be sized specifically for you. We ask that you ensure the brace is in contact with your skin to enhance the fit and support, therefore we advise you to bring loose fitting trousers or shorts into hospital with you.

Normally you are able to put full weight through the operated knee, however, you may not be able to achieve this because of pain and swelling. To help with this we will provide you with crutches to help with your mobility. Sometimes the consultant may restrict the amount of weight you can put through the operated knee. You will be notified of this after your operation and taught how to mobilise placing less weight through the operated side.

### **Useful contact numbers**

King's Mill Hospital  
Telephone: 01623 622515

Newark Hospital  
Telephone: 01636 681681

#### **Extension number**

Mr Desai's secretary	3873 (Monday to Friday, 8am-5pm)
Mr John's secretary	3873 (Monday to Friday, 8am-5pm)
Mr Kulkarni's secretary	4117 (Monday to Friday, 8am-5pm)
King's Mill Day Case Unit	3048 (Monday to Friday, 24 hours)
King's Mill orthopaedic ward	3640 (Monday to Sunday, 24 hours)
King's Mill physiotherapy department	3221 (Monday to Friday, 8am-5pm)
Newark Hospital physiotherapy department	5885 (Monday to Friday, 8am-5pm)

### **Further sources of information**

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

### **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

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