

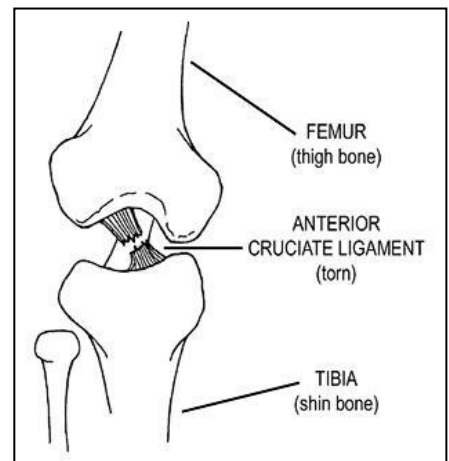
Operation Information

Anterior Cruciate Ligament Reconstruction

Introduction

Anterior cruciate ligament (ACL) functions as a primary constraint to tibial anterior translation, as well as, a secondary constraint to varus, valgus and rotational force. Common causes of injury include contact sports, hyperflexion injury, valgus force injury, varus force injury and rotational injury to the knee. Patient with an ACL deficient knee will have difficulties in sporting activities that require cutting, pivoting and sidestepping.

Arthroscopic ACL reconstructive surgery is a common procedure that will restore the knee stability (not totally) to allow patient with such injury to return to sport.



Source:
<http://www.ubsportsmed.buffalo.edu/education/aclsprain.html>

Indication

1. In patients with an ACL deficient knee that affecting his/her walking, stairs walking and sport activities
2. In young active sportsmen and sportswomen, who want to continue to participate their hobby/career at the same level

Procedure

1. The operation is performed under a general / spinal anaesthesia
2. Use of arthroscop to perform the surgery
3. In Hong Kong, Patellar bone tendon bone autograft (PBTB) and hamstring autograft are popular methods for this procedure.

Possible Risks and Complications

1. General Risk and Complications:
 - i) Wound infection, swelling and bleeding
 - ii) Wound breakdown, pain and scar formation
 - iii) Reduce range of movement of knee, including flexion and extension
 - iv) Donor site pain
 - v) Patellofemoral joint pain and numbness
 - vi) Residual laxity
2. Uncommon Risk with Serious Consequences:
 - i) For PBTB autograft, patella fracture, patella ligament rupture may be happened
 - ii) Re-rupture of reconstructed ACL ligament is not common but can happen
 - iii) Major blood vessel or nerve injury, and may lead to loss of limbs

** It is impossible to mention all the possible complications that may happen and the above is only a few important complications which may occur. Before agreeing for the operation, you must acknowledge and accept the fact that no matter how ideal the situation may be, these events may occur. Damage to peripheral organ, severe haemorrhage and leakage after operation, it may require another operation to deal with the complications.

Pre-operation Preparation

1. Your doctor will explain to you the reason, the procedure and the possible complications. Patient will need to sign the consent form.
2. Restore full range of motion with emphasis to prevent extension lag.
3. Psychologically prepare for the postoperative rehabilitation program that will last for 3 to 6 months. Surgery is only part of the treatment.
4. No food or drink is allowed six hours before operation (for general anesthesia).
5. Nursing staff will assist you to clean the skin and perform shaving if necessary.
6. Change to operation attires and removal of loose objects (e.g. dentures, jewellery, contact lens etc).
7. Empty bladder before surgery.

Post-operation Instruction

1. Diet as tolerated when fully conscious, usually normal diet by 24 hours (Please follow doctor's instruction).
2. Oral, intravenous or intramuscular analgesic as require. Pains usually settle down quickly after 2 to 3 days.
3. Cryotherapy and elevation to control swelling.
4. In general, patient can use walking aids for walking after few days of operation and discharged home around 2-3 days after operation. Patient also may need to wear a brace for individual situation.

Advice on discharge

1. Please contact your attending doctor or go back to hospital for excessive bleeding, collapse, severe pain or signs of infection at your wound site such as redness, swelling or fever (body temperature above 38°C or 100°F) etc.
2. Please keep the wound dry and clean. Take the medication as prescribed by doctor.
3. Most patient can resume contact sport in 6 to 12 months.
4. Follow up: Please attend the follow-up as arranged.

Possible Additional Procedures / Treatment

1. For infection, it may require arthroscopic lavage, debridement and/or removal of implant / graft.
2. For stiffness, it may require manipulation under anaesthetic.
3. Re-rupture.
4. For fracture of patella, it may require open reduction and internal fixation if fracture of patella.

Alternative Treatment

Conservative treatments

This can include muscle training exercise or bracing. Patient can also adjust their lifestyle to decrease their high demanding sport activities

Remarks: Should you have any enquiries, please consult your doctor.

Reference

Hospital Authority – Smart Patient (Website: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

Compiled by Union Hospital Consent Form Taskforce

The above information is for reference only, please enquire your physician for details

Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification