

## **Arthroscopic ACL Reconstruction**

### ***What is the ACL ?***

The anterior cruciate ligament runs diagonally in the middle of the knee. It prevents the tibia from sliding out in front of the femur, as well as provides rotational stability to the knee. When the ACL is injured in an active person, any cutting or pivoting movements can cause additional injury to the meniscus and/or cartilage around the knee.

### ***Do I need my ACL reconstructed?***

A torn ACL will not heal without surgery. But nonsurgical treatment may be effective for patients who are elderly or have a very low activity level. If the overall stability of the knee is intact, your doctor may recommend simple, nonsurgical options. If you plan on remaining active, participating in sports (competitive or recreational), or if you have ongoing episodes of instability, then you will need to have your ACL reconstructed.

### ***How do you reconstruct an ACL?***

Surgical repair of the the ACL is not possible and the ligament must be reconstructed. Your doctor will replace your torn ligament with a tissue graft. This graft acts as a scaffold for a new ligament to grow on.

Grafts can be obtained from several sources. Often they are taken from the patellar tendon, which runs between the kneecap and the shinbone. Hamstring tendons at the back of the thigh are a common source of grafts. Sometimes a quadriceps tendon, which runs from the kneecap into the thigh, is used. Finally, cadaver graft (allograft) can be used.

There are advantages and disadvantages to all graft sources. Dr. Acevedo will discuss graft choices with you to help determine which is best for you.

### ***Length of Stay***

This is same day surgery. You will need to have someone who can take you home.

### ***Anesthesia***

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block. Your leg will be numb and will feel very strange. The nerve block will last about 12-14 hours. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

## ***Incisions***

You will have 3 small incisions around your knee. They will only be about 1-2 cm long.

## ***Pain***

You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have discomfort. Most of the pain is related to your very swollen knee. That swelling will resolve in 24-48 hours.

## ***Brace***

Your leg will be placed in a brace prior to leaving the operating room. Your leg will be locked in extension. You are to remain in your brace 24 hours a day. This includes sleeping. After your first visit we will adjust the brace to allow movement and the beginning of your physical therapy. While you are in the brace (6 weeks) **you are not permitted to drive.**

## ***Dressings***

You will go home with dressings and gauze. Do not remove the dressings until you are seen at your postoperative visit. There will be small black sutures (stitches) that will be taken out at your first post operative appointment 7-10 days after your surgery.

## ***Physical Therapy***

Physical therapy exercises will begin immediately after surgery. Initially you will be taught gentle exercises to be done at home. After your first post operative visit you will begin a formal physical therapy protocol.

## ***Restrictions***

Recovery from ACL surgery is three to five months. Return to work will be dependent on your type of job as well as the type of graft you received. In general jogging can resume at 3-4 months and sports at 6-9 months.

## ***Pictures***

Dr. Acevedo will take photos during your surgery. Please bring those pictures to your first postoperative visit. Dr. Acevedo will review them with you and discuss exactly what was done in your knee.

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