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Author: Peter Gallacher
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The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust,
Oswestry, Shropshire SY10 7AG
Tel: 01691 404000
www.rjah.nhs.uk

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Information for patients Day Case ACL



Baschurch Day Surgery



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The ACL

The anterior cruciate ligament is one of four major ligaments that keep your knee stable. It lies in the centre of the knee running from your thigh bone (femur) to the top of your shin bone (tibia). It is usually torn during sports or exercise from a twisting injury or from a hyperextension injury to the knee. Once completely torn the ligament does not heal as it usually pulls away from its attachment on the thigh bone. Many patients will experience giving way or instability of their knee on twisting and turning following an ACL injury.

Will I need an operation?

Following an ACL tear some patients can be rehabilitated with physiotherapy to a level of activity where they do not require an operation. This may involve avoidance of sports and twisting activities long term. If the patient has ongoing instability, or is unable to return to their sports and normal activities then they are likely to need reconstructive surgery. This operation is very successful at restoring stability and allowing a return to sporting activities.

What should I expect when I come into hospital?

The operation is usually performed as a daycase so you will come in to the Baschurch Day Surgery Unit on the morning of your surgery and be checked in by one of our nursing team. You will stay in your outside clothes in the waiting area until it is time for your operation and then your clothes and belongings are stored in a locker while you change into a hospital gown. Following the surgery, you will be transferred to our dedicated daycase recovery unit.

What happens during surgery?

A new cruciate ligament is created from your hamstring or patella tendon and inserted into your knee using keyhole (arthroscopic) surgery. The tendon is fixed in place with a combination of screws, pins or toggles and pulled to the correct tension. Any associated injury to the cartilage washers (menisci) and bearing surface is dealt with arthroscopically at the same time.

The surgery is usually performed under a full general or spinal anaesthetic and lasts approximately one hour.

Rugby/Football

Training and non contact work can begin around the four to five month mark, initially with controlled and predictable twisting (pivoting) and then unpredictable pivoting can be introduced at the five to six month mark. The aim is for a return to full training at between five and six months post op, however some patients take as long as twelve months to regain enough muscle control for this.

If you are concerned about any other sports activities or hobbies, your consultant, physiotherapist or nurse practitioner will be able to advise you.

Follow up Care

You will be seen in clinic three to six weeks after your operation and regularly until you return to normal. Your doctor/nurse practitioner will make sure your wound has healed and that you are progressing well. You will also have follow up appointments with the physiotherapists who will adjust your exercise regime as necessary.

Further Information

If you have any concerns or queries about your surgery, please contact the sports injuries nurse practitioner on **01691 404165**, or contact the sports injuries physiotherapists on **01691 404160**.

Alternatively you can contact your surgeons secretary or GP.

When will I return to my normal activities?

For the first two to four weeks you will be mobilising with elbow crutches and simply working on regaining your full range of movement and reducing the post operative swelling. You can take pain relieving tablets to help. Once the first six weeks are over, you will be able to use your knee more. During the remaining part of your rehabilitation you need to stick to the strict physiotherapy regime provided for you.

Driving

You will normally be able to start driving four to six weeks after your operation, but this is dependant on the amount of movement you have regained in your knee and on your ability to make an emergency stop safely.

Work

Office workers and non-manual workers can usually return to work two to four weeks after the operation. Manual workers can return to work after eight to twelve weeks, but you may have to alter your work pattern or even take on light duties depending on your progress up to this point. Your consultant, physiotherapist or nurse practitioner will be able to explain the duties you are able to do at each stage.

Leisure Activities/Sport

Swimming

Breast stroke must not be attempted until at least three months after your operation and not until your physiotherapist or consultant has agreed. You can begin gentle crawl or doggy paddle once you are able to move your knee in all normal directions, which is normally about 6 weeks.

Cycling

You can begin static bike work within two to four weeks of surgery, biking outdoors should not be attempted until three months after your operation if you are comfortable and have a full range of normal movement. We recommend avoiding extreme biking for six months.

What should I expect after my operation?

Pain

The anaesthetist and surgeon will use a combination of pain relieving techniques to make you as comfortable as possible following your operation. There is often some mild pain and discomfort around the knee and also in the area at the top of your thigh on the inside where your graft has been harvested. The pain is not severe and you will be able to mobilise rapidly following your op. Over the first 10 days to 2 weeks post op it is normal to have some discomfort, swelling and bruising around the knee and in the leg in general. Most patients are feeling comfortable enough to undertake normal day to day activities by between 4 and 6 weeks.

Mobility and discharge home

ACL reconstruction is usually performed as a day case operation and over 65% of patients will go home on the same day as their surgery. Initially you will be weight bearing with the aid of elbow crutches, these are for comfort and stability and you are free to put as much weight through your knee as you feel comfort allows. The ACL reconstruction itself is strong enough to allow full weight bearing from day one.

Splinting

It is unusual to need a splint to protect your reconstruction however knee braces are commonly used in combined ligament/meniscal surgery or if you have a long journey home after surgery for comfort. Your surgeon and physiotherapist will counsel you regarding the use of any brace and the duration of its use.

Wounds

ACL reconstruction is performed using arthroscopic 'key hole' techniques resulting in small (5-10mm) wounds around the knee. It is not usually necessary to use stitches or staples. The small incisions normally heal within a few days and the dressings over the top just need to be kept clean and dry. If the surgeon has needed to use stitches, you will be informed of this following your operation and these will normally be removed by your GP Practice Nurse 10 –14 days after surgery.

The graft harvest site is slightly larger on the inside of the top of your shin for hamstrings and directly over the front of the knee for patella tendon. These wounds can be up to 6cm in length. They will have dissolvable stitches, nylon stitches or metal skin staples. These will normally be removed by your GP Practice Nurse 10 to 14 days after your operation. Before they are removed it is important you keep your wound dressing clean and dry.

Possible complications

As with any surgery there is a risk of possible complications.

These include:

- Wound infection, including MRSA – infections are very rare and usually around the skin. Occasionally, deep infection may occur in or around the knee joint. The risk is rare; less than 0.1%, that is less than one person out of one thousand.
- Tender red scar – this is rare also and normally resolves over a period of a year.
- Stiffness can be an issue following knee surgery and your physiotherapy is very important, especially regaining full extension (straightening) of the knee.
- The surgery fails or the ACL re-ruptures resulting in ongoing instability. This occurs in approximately 3-7% of cases and can often require further surgery with a revision reconstruction.
- Risk from the anaesthetic – your anaesthetist will talk to you about this.
- Risk of numbness which is fairly common next to the scars on the knee. Rarely the surgery can cause a nerve injury which could cause weakness and numbness to part of the knee and/or leg.

- All operations carry a small risk of pain syndrome. All lower leg surgery carries a small risk of deep vein thrombosis (DVT) and pulmonary embolus (PE) these can be very serious and potentially fatal. The risk is very low and early weight bearing and mobilisation with physiotherapy help to counteract this.

Physiotherapy

Total rehabilitation time is normally between six and nine months. You will be seen by a physiotherapist on the ward after your operation. Your physiotherapist will explain what you can and can't do with your knee and will show you how to do the exercises you need. It is very important that you carry on doing your exercises at home as this will help to stop your knee becoming stiff.

The key to successful return to sports and exercise following ACL reconstruction is a coordinated rehabilitation program. You will begin outpatient physiotherapy, ideally within one week of surgery. This rehab will last up to between six and nine months and your physiotherapist will progress you onto more intensive exercise as you recover.

It is normal for you to feel aching, discomfort or stretching feelings when you are doing your exercises. However, if you have severe pain that lasts for longer than 30 minutes, you need to exercise more gently or less often. If this does not help you should discuss it with your physiotherapist at your next appointment. It helps to get into the habit of doing your exercises at set times during the day to get into a routine. Do short sessions regularly, such as five to ten minutes, four times a day. It is also important to exercise your whole body, chest and heart, so regular walks are recommended. Your physiotherapist will tell you which to do and when you are ready to move on to different exercises.

It is VERY important that you only do the exercises that your physiotherapist has chosen for you.