

Patient guide before Anterior Cruciate Ligament Reconstruction (ACLR) surgery



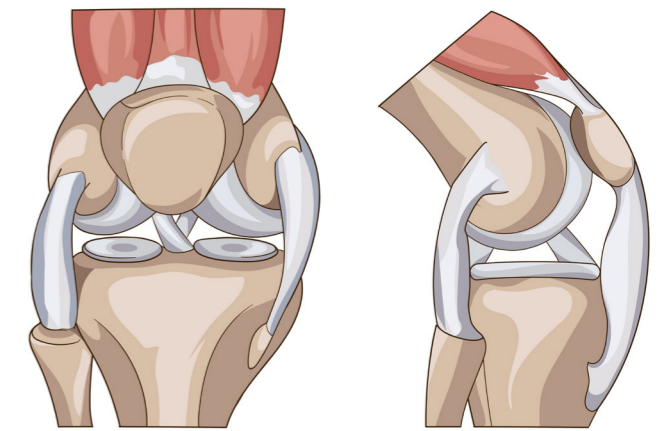
Patient and Family Education
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Introduction:

The ACL is a 3-4 cm long band that connects the femur (thigh bone) to the tibia (shin bone). It helps stabilize the knee joint when performing twisting movements and pivoting.



Mechanism of Injury:

An "ACL" tear happens when someone slows down suddenly while changing direction or when landing from a jump. You will hear or feel a snap or pop sound usually with pain, Swelling and difficulty in walking for several days. You may feel instability and giving away in your knee with normal activity like walking.



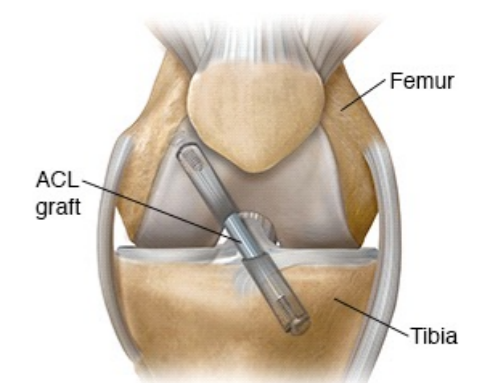
How can doctors confirm that my "ACL" is injured?

- History taking.
- Your signs and symptoms.
- Special tests done by your doctor.
- For further confirmation, doctors may order an MRI.

Do I need surgery for my injured "ACL"?

An injured or torn ACL will not heal by itself. However, the decision about whether to have surgery or not depends on many factors, including:

- How unstable is your knee even after rehab?
- What type of physical activity that you do? (If you are very active or do a lot of sport that involve twisting or turning your knee) a surgery might be a good idea.
- Your age.
- Whether you are willing to engage in intensive rehabilitation after surgery to ensure the best outcome after ACL reconstruction?



What to expect after surgery?

Having realistic expectations about the operation can be helpful in making the decision to have surgery, when to do the surgery and prepare yourself for the recovery period.

Rehabilitation period

Before deciding to have surgery, it is important to understand the expected recovery timeline. Most people return to normal daily activities within 10–12 weeks, and may take 9–12 months to return to competitive sports. Following your physiotherapy program is essential for a successful recovery.

Pain and swelling

Pain and swelling will be expected during the first few days and up to 6 weeks. During this phase, the goal is to reduce pain and swelling. Elevating your knee above your chest and applying ice are the best ways to do this.



Walking

After surgery, you may need to use two crutches for walking. You will be encouraged to start weight-bearing on the operated leg early, as advised by your surgeon or physiotherapist. You may also need to rearrange your living space to make walking at home with crutches easier. In some cases, a knee brace may be used to keep your leg straight for up to 2 weeks after surgery.

Sleeping

It might be difficult to find a comfortable position for sleeping, mainly during the first phase of recovery when you are instructed to wear the brace and can't bend your leg.

Driving

If the left knee is operated, then you can drive an automatic car when pain and bending of knee allow you to do so. If the operation was done on the right knee, driving is allowed when you are able to walk without crutches and can bend your knee around 100 degrees. So, it is recommended to arrange assistance for transposition after the operation.

Showering

You can take a shower only if the wound is closed (healed) and dry, if needed cover the knee with waterproof dressing. It is recommended to use a chair while in the shower to avoid slipping.

Support at home

During the first few weeks after surgery, some daily living activities can be difficult. It can be very helpful to ask for assistance in these areas during this time.

Work

Talk to your surgeon about how many days off work are required after surgery. This duration depends on the amount of physical activity required by your profession. 6 to 8 weeks are often required.

After surgery depression

In addition to the physical challenges around recovery, it can be very hard to feel immobile and dependent on other people, mainly if you are an active person. In some cases, this can lead to post-operative depression. This usually gets better when you return to normal activity.

Return to sport activity

You will be able to resume your sporting activities in 9–12 months if you were committed to your rehabilitation program. We will be asked to do some functional tests to make sure you are ready to get back into sports. No MRI is required to ensure that you are ready to return to sport activity.

Precautions after surgery

DO NOT straighten your leg actively from bending position while sitting on the chair or at the edge of your bed until your physiotherapist allow.



Avoid keeping your knee bent or placing a pillow under your knee. This can delay full knee straightening.



Avoid pivoting on the knee.

Avoid standing or walking for long time.

Avoid standing on affected leg in any activity like ablution-to avoid slipping.

Stationary cycling can be started after 2-4 weeks after surgery and based on your physiotherapist instructions.

By the end of 10 weeks you can start light jogging.

Running can be started after 3 months.

Praying without chair can be started after 6 months if you get full ROM of the knee.

Playing non-competitive sports or training is possible at 6 months.

Return to competitive sports is usually possible around 9-12 months after surgery, after permission from your surgeon or physiotherapist.

What exercises can I do to prepare my leg before surgery?

It is highly recommended to start exercises for building up your knee muscles “quadriceps and hamstring” strength 6 weeks before the surgery. This can help make rehabilitation after surgery easier.

EXERCISES	POSITION	DESCRIPTION	REPETITIONS, SETS AND FREQUENCY
	Lying or semi upright position.	Move your foot up and down.	10 repetitions each 3 sets 4 times/day.
	Lying or semi upright position.	STEP-1: Lift your leg with knee straight about 20 cm STEP-2: Hold for 5-10 seconds and then return to the starting position.	10 repetitions each 3 sets 4 times/day.
	Standing and holding onto a stable object to maintain balance.	STEP-1: Move your leg away from other leg without side bending your trunk STEP-2: Hold for 5-10 seconds and return to the starting position.	10 repetitions each 3 sets 4 times/day.

