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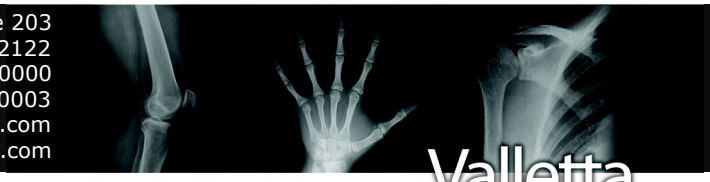

ACL General FAQ's

What is the ACL? ACL is an abbreviation many people use to describe the anterior cruciate ligament. The ACL is one of two essential ligaments that cross inside the middle of the knee. It provides stability to the knee especially with pivoting.

Do I need to have surgery? If you tore your ACL you may not require surgical reconstruction. There are two types of patients who need to have surgery. People who play cutting and pivoting sports cannot function in those sports without a stable ACL. Also, people who have instability (looseness) with daily activity should undergo surgery.

What are the risks if I choose not to have surgery? If you choose not to have ACL reconstruction, you are at risk for further injuring your knee. With a "loose knee" you are at risk for injuring the meniscus and joint surface cartilage. The meniscus is a cartilage pad between the bones of the knee that functions as a cushion. The joint surface cartilage lines the bone and provides additional cushion and eliminates friction. The ACL can be restored to normal function, but other structures can be damaged beyond repair. For this reason we recommend you have surgery if your ACL is deficient

Why do you have to do a reconstruction? Can't you just sew it back together? When the ACL tears, it usually "blows apart" into many tiny strands. To repair it would be like trying to sew two microscopic mop heads together. Reconstructing means we make a "new ligament" from another material.

When is the best time to have surgery? The best time to have surgery is either immediately after the injury (within 24 hours) or several weeks later when the knee has regained its normal motion and the swelling has subsided. To operate on a knee that is swollen and stiff puts the patient at great risk for a permanently stiff. The best time to have ACL surgery is when the knee feels "normal" and just about the time you might start to wonder "Do I really need to have surgery?" We caution our patients, who feel like they could play, to avoid pivoting sports. If you try to play, you will most likely discover why it is that you need surgery – because your knee is loose and cannot be trusted.

What options do I have for making the new ligament? You may have several options available to you as follows:

Autograft: You may use tissue taken from your own body. The tissues normally used for this procedure are the central third of the patellar tendon and the hamstring tendons. Some physicians also use the quadriceps tendon.
Allograft: Allograft is tissue taken from a donor. The tissues normally used for this are patellar tendons or achilles tendon. We also use the anterior tibilias tendon.

What are the bene fits of using an autograft? Some patients prefer to use their own tissue. Most research studies show that whether you use your own tissue or a donor, the results are comparable.

Are there any drawbacks to using an autograft (my own tissue)? Because there is more surgery, the initial post op period progresses a bit slower. There are some symptoms in the area of the donor site, but these generally resolve by a year from surgery.

What are the bene fits of using an allograft? Because the graft tissue comes from a donor, there is less surgery involved. There is less pain because the incision is smaller. As a result of these things, the recovery can be quicker (about one month overall)

Are there any drawbacks to using an allograft (donor tissue)? Some people worry about disease transmission when using a donor graft. The donors are tested fully prior to harvest- ing of any tissue. We only utilize tissue banks with the highest standards for handling and testing. Although there is some risk involved, the risk has been estimated to be less than one in a million. Each patient should evaluate the risk individually.

Which autograft does Dr. Valletta prefer to use? We utilize a variety of grafts. The most common are the patellar tendon and the hamstring tendon. The quadriceps tendon provides an acceptable graft, but the harvest site is less cosmetic than the other choices. If an autograft is chosen, we prefer to use the patellar tendon, however, in some patients of small stature, the tendon may not be large enough to allow for a properly sized graft. In these patients, we utilize hamstring tendon.

Which allograft tissue does the doctor prefer to use? We prefer to use allograft achilles tendon due to its size and strength. We sometimes utilize a tibialis anterior graft.

When do I have to decide which graft option I will use? We have a supply of the allografts on hand, so, most of the time, you can wait until the day of surgery to decide. We prefer if you decide sooner, because it is stressful for you to make such an important decision at the last moment.

How long will it take until I can play sports? Usually patients return to sports in 4-6 months, sometimes longer. Return to play depends on many factors including range of motion, leg strength and a progression through a sport specific training program. The initial return to sports usually involves some mild discomfort that is relieved with ice and over the counter medication. You will continue to improve up to 1 year from surgery.

Do I need therapy before surgery? We generally recommend therapy to prepare you for surgery. The better your knee functions prior to surgery, the quicker your recovery will be.

Do I need therapy after surgery? Absolutely. Post op therapy begins in the first week after surgery. It is critical to regaining normal function of your knee. In most cases, the sooner you begin therapy, the sooner you will feel better.

Is there any special equipment I will need after surgery? Although you would probably, eventually, be fine without them, we do utilize 2 devices post operatively that help you feel better sooner.

A CPM (Continuous Passive Motion) machine is a machine that helps you passively bend and straighten your knee. We normally have the machine delivered to your home prior to surgery, if possible, to teach you how to use it. In some cases, the machine is delivered to you at the hospital the day of surgery. The machine should be comfortable and many patients fall asleep while using it. We normally start out the machine moving from 0° (the term we use to describe a straight knee) to approximately 30° angle, and advance it, as tolerated, approximately 10 degrees per day. The goal is to get the knee moving from 0° - 90° by day 7 from surgery.

A cooling machine is optional, but the vast majority of our patients choose to get it. This machine is often delivered at the same time as the CPM. At the time of surgery, a cooling pad is inserted inside the dressing. Ice and water are placed in the provided cooler and the pump is placed inside the cooler. The hose on the pump attaches to the connector and hose coming out of the dressing. Once the hoses are connected, and the machine is plugged in to the electrical outlet (with the AC adapter provided), the pump circulates the cold water through the pad providing cooling to the knee. This cooling results in decreased pain and swelling. The machine can be used continuously if desired for the first few days as long as the dressing is left in place. If you remove the dressing, please make sure that the cooling pad is never in direct contact with the skin. There should always be a layer of protection such as gauze, a towel, a tube dressing or an ace bandage between your skin and the cooling pad.

If I haven't received my equipment whom should I call? If you haven't received your equipment by the day before surgery, please call our office at **858-657-0000**.

If I have problem with the equipment, whom should I call? The equipment provider we use is Team Post-Op, (800) 339-9295 ext 305.

Nutrition after surgery It is important to understand that the pain medication usually causes nausea, loss of appetite and constipation. This fact, combined with the pain, make it dif ficult to eat for the first several days. It is recommended that you start with clear liquids and advance your diet slowly. Sometimes a nutritional shake such as Boost or Ensure can be helpful. A multivitamin is also suggested post surgery to help with healing, but keep in mind, vitamins can upset the stomach
and are not recommended in the first few days after surgery.

A special note about teenagers Teens often become a little "blue" after ACL surgery. This could be due to the feeling "sinking in" that they really are injured and that it will take some time before they can do the things they are used to doing. It helps to have friends over to visit and for the parents to understand that this is common and most of the time passes within a few days.

What about Advil or Aleve after surgery? There are some animal studies showing that medicines like Advil and Aleve may prevent healing. While there have been no human studies, and since these medicines have been used commonly after surgery for decades without any notable detrimental effects, it is probably fine to use them. Some patients may be choose to avoid them because of the potential decrease in healing.

What about Anti-inflammatories after surgery? We don't routinely use anti inflammatory medicine after surgery. A certain amount of swelling is normal and there is a potential (discussed above) that they may decrease healing. Remember, inflammation is part of the healing process and a certain amount of inflammation is necessary.

Do I need antibiotics after surgery? The best time to get antibiotics is one hour prior to surgery and these are given routinely. No antibiotic is routinely prescribed post operatively, unless necessary.