

Orthopaedic Connection

ACL Injuries – Surgery

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Transforming patient information into patient understanding.

Surgical treatment for (ACL) anterior cruciate ligament injury has certainly changed a lot over the years.

Many years ago surgery was infrequently done as the emphasis was on rehabilitation and bracing for a long period of time. The thinking was that if you could strengthen the thigh and leg muscles sufficiently it would make up for the looseness (laxity) created by a less than normal ACL.

Incidentally, the ACL can be partly torn and still have some function in it and in these cases great rehab and bracing might work.

In situations where enough of the ligament is torn (or the remaining part not functioning) surgery can be done to stabilize the knee, that is to keep it from “going out” as patients refer to it.

An ACL not working right allows the lower leg to come forward at the knee and then to do a peculiar pivoting or twisting that is very sudden, unexpected and can cause the person to fall.

The age range of patients needing surgery ranges from young teenagers to late middle age. The upper age has increased depending on how active a person wants to be. There is no upper age limit at this point in time. It’s up to the patient and surgeon to decide what the patient is willing to go through from a surgery and rehabilitation standpoint.

Surgery is done with a general or spinal anesthetic. Discharge the same day with crutches and some type of support is possible in most cases.

Types of Surgery

Most of the time whatever surgery is done it is a combination of arthroscopic and small incision open surgery. Surgically it is referred to arthroscopically assisted ACL reconstruction.

In former years we actually tried to repair the torn ligament itself. That is never done anymore except when the whole ligament and a piece of bone are torn. Then it is reattached to it’s bed where the piece of bone with ligament attached came from.

The standard surgery repair is done some weeks after the injury and the torn ACL fibers are all but ignored. A new anterior cruciate ligament is reconstructed from the patient’s own tendons or a donor graft is used from a tissue bank. It is up to the surgeon to decide which technique is best for that individual patient.

I could get very technical, but I don’t want to lose you. Just keep in mind that the usual approach is to not repair any native ACL tissue, but to do a replacement for the ligament with the person’s own tissues or selecting a graft material from the tissue bank.

Surgery is of course followed by a period of bracing (in some cases), crutches, limited activities and intense rehabilitation to strengthen all parts of the entire leg.

Rehabilitation can take months depending on the individual patient.

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website

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It gives access to all Website articles, Your Orthopaedic Connection and every GCH article from most recent to the first. Full text! It covers everything I do in the office and hospital.

Good Health. Good life. All the best to you.

Dr. Haverbush