ACL Injury: Surgery

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 to 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 and most patients stay over night in the hospital for pain control. Discharge the next day with crutches and a brace are standard.

Types of Surgery

Most of the time whatever surgery is done it is a combination of arthroscopic and small incision open surgery. Medically 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, crutches, limited activities and intense rehabilitation to strengthen all parts of the entire leg.

All Orthopaedic Surgery problems including knee ligament injuries can be evaluated by Dr. Haverbush at the Lakeview Community Wellness Center in Lakeview or at the office in Alma at 315 Warwick Dr., Alma, Michigan.

Please call 989-463-6092 for information or to schedule an appointment.

Future Lakeview Community Wellness Center Clinic dates are October 17, October 31, and November 14, 2008.

Please don't forget there is a wealth of accurate information about ACL injuries and all the other Orthopaedic conditions I treat on the office teaching website www.orthopodsurgeon.com. Please log on and check it out.

We are happy to answer questions from readers. You can e-mail me at orthopodsurgeon@hotmail.com or write to me at 315 Warwick Dr., Alma, Michigan 48801.

Our goal is simple – To help people return to more pain free, functional lives.

Be well.