

ACL (anterior cruciate ligament) RECONSTRUCTION

What is wrong with my knee?

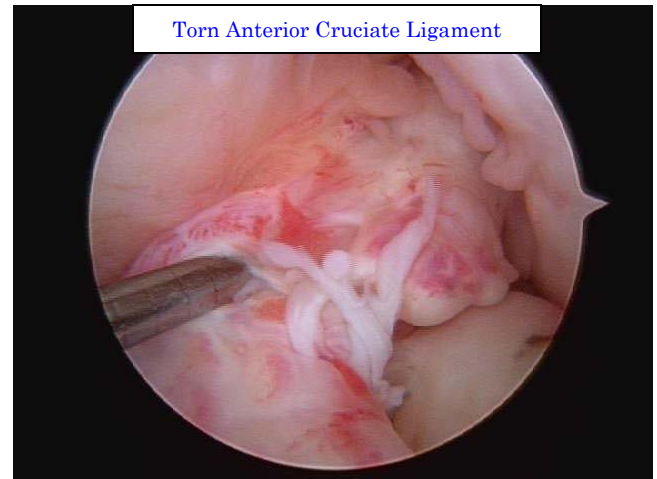
The ACL is one of four ligaments in the knee. Ligaments are strong bands of tissue that connect bones. The ACL prevents the shin bone (tibia) from sliding forward and helps stabilize your knee. If the ACL is torn, your knee becomes an unstable joint and usually will “give out” with activities. When your knee “gives out”, you risk damaging the cartilage or tearing the meniscus in your knee.

What causes an ACL tear?

An ACL tear usually occurs when your foot is planted on the ground and your body twists or pivots. Most patients will feel a pop in their knee and frequently feel like their knee slid out of place. The knee usually becomes very swollen, painful, and stiff. Once you recover from the initial injury, your knee may feel very unstable and frequently “give out”. ACL tears commonly occur in athletes who participate in sports such as soccer, basketball, and football.

How is an ACL tear diagnosed?

The diagnosis of ACL tear can be made from history, physical examination, and MRI evaluation. Most patients will describe a twisting or pivoting injury, associated with a pop, immediate swelling, and pain. On examination, the patient will have an effusion (swelling in the joint) and their knee will be “loose or lax”. A KT1000 measurement is commonly used to help diagnosis ACL tears. The KT1000 measures how “loose” your knee is. An MRI is frequently done and helps determine if there is any cartilage damage or meniscus tears.



How is an ACL tear treated?

Initial goal of treatment is to reduce swelling, regain range of motion, and walk with a normal gait. Once you have met these goals, most young active patients will elect to have surgery. Older sedentary patients may elect conservative treatment and decide not to have surgery. These patients typically will modify their activities and try bracing.

What happens if I need surgery?

Most young active patients will require surgery. Older patients may elect to have surgery when non-operative treatment fails. In the past surgeons tried to sew the ACL back together, however, this had very poor results. The ACL must be reconstructed with a graft. A graft is tissue that comes from your own body or a cadaver. Commonly the graft comes from the middle 1/3 of your patellar tendon. The graft is usually held in place with a button or screw. Your hamstring tendon can also be used as a graft. Return to sports after ACL reconstruction is usually 4-6 months.



endobutton



screw

