

Overview

ACL reconstruction is done in cases where a patient has a definite tear of the ligament and the knee is unstable. It is not necessary to reconstruct every ligament tear. Many patients, especially those over the age of 40, tend not to have significant symptoms.

The operation involves taking tendons from around your knee and attaching them to the bone where the old ligament was positioned. Surgery is either as a day case, or overnight stay, depending on your circumstances.

Post operative rehabilitation is key to the success of **ACL** reconstruction. That is to say you really need to work hard to get your leg bending again after surgery. This is in the presence of a physiotherapist who will guide you. There is an awful lot of homework to do too.

Should I have an ACL reconstruction or not?

If you have had an **ACL** tear now or in the past, there is a risk of developing arthritis in the knee and this is irrespective of whether or not you have it repaired.

The decision making is therefore based on your level of symptoms after injury. There is no rush to operate. Often you will have had a period of rehabilitation after your initial injury, to see if the tissues will heal themselves. After you have done this, you can then assess your knee to see if you can do things without it giving way or suddenly becoming painful. This is what you should discuss with me to help you decide if an **ACL** reconstruction is right for you.

If you would like to arrange a consultation or just need an informal chat, please contact me at:

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