

Post Surgery Follow Up

- **Consultation**

Regular follow up is necessary after the surgery for your doctor to monitor your progress and guide your rehabilitation.

- **Rehabilitation**

In general, most patients will need to use crutches and wear a knee brace for around six weeks after surgery to reduce over-stressing the graft.

You will undergo a structured rehabilitation programme after your surgery, with the focus on regaining the range of movement and strength of your operated knee. Functional exercises are also included to facilitate your return to activities and sports.

The whole rehabilitation process typically takes about nine to twelve months.

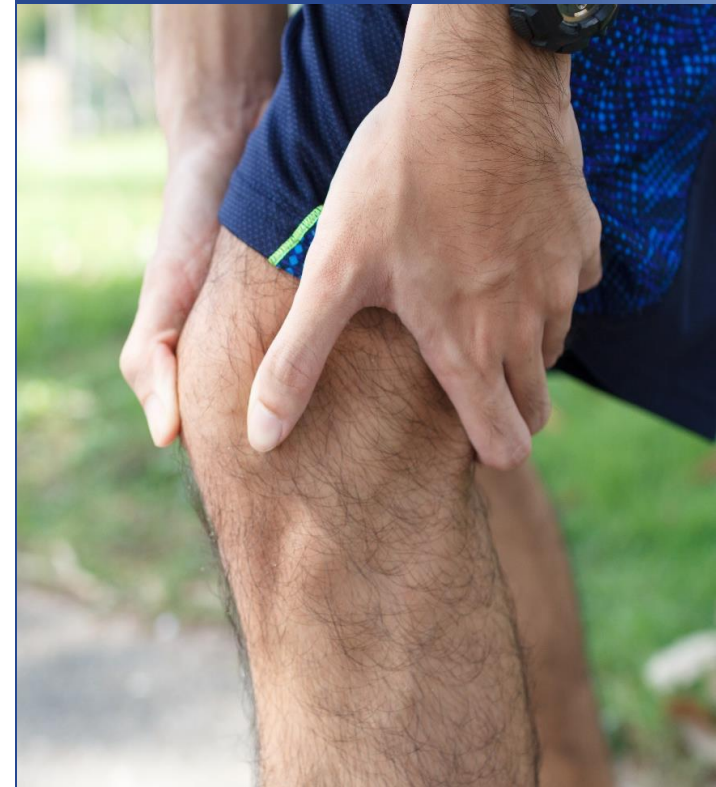
Clinics BIA, BIB and BIC
TTSH Medical Centre, Level B1
Contact:
6357 7000 (Central Hotline)



Scan the QR Code with your smart phone
to access the information online or visit
<https://nhghealth.com.sg>

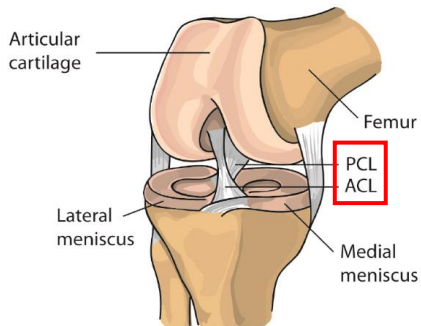
Department of
Orthopaedic Surgery

Anterior Cruciate Ligament (ACL) Tear and Treatment



Where is the Anterior Cruciate Ligament (ACL)?

The cruciate ligaments form an 'X' configuration with the knee joint and keeps the joint in place. The anterior cruciate ligament (ACL) is located in front of the posterior cruciate ligament (PCL) and helps to control rotation of the knee as well.



Anterior Cruciate Ligament (ACL) Injury

The ACL is commonly injured as a result of twisting of the knee while the foot remains planted during contact sports such as soccer, rugby or following a fall. You may hear a "pop" sound, develop immediate swelling of the knee within hours and will not be able to continue with the activity. The associated injuries include injury to the surrounding ligaments, meniscus tears and cartilage damage.

Signs of ACL injury

Short Term

- Recurrent swelling
- Pain
- Locking of knee
- Instability upon returning to sports

Long Term

- Decreased function of the knee
- Damage to underlying menisci and cartilage
- Early onset of osteoarthritis

Management of ACL Injury – Acute Phase

Early consultations are usually made, accompanied with X-rays and Magnetic Resonance Imaging (MRI) scans, to assess the severity of your ACL injury and identify surrounding tissue injuries.

The acute treatment of painful and swollen knee from ACL injury includes:

- Rest, Ice, Compression and Elevation (RICE)
- Anti-inflammatory medications to control the symptoms

Treatment Options

Non-Operative Management

If you are relatively inactive, engage in non-intensive sports, and have no significant chronic knee instability, you may be treated without surgery with:

- Physiotherapy
- Use of protective knee brace

However, there is an increased risk of recurrent injury and possible early development of osteoarthritis.

Physiotherapy

Physiotherapy is recommended to help you regain full range of movement and strength of your knee joint. This is important to ensure your knee joint is in the best condition possible before surgery to allow better recovery.

Surgical Reconstruction

Complete ACL tear does not heal. If you are active and have ongoing knee instability, surgical reconstruction of the ACL is recommended.

ACL reconstruction is performed using key-hole surgery. It is one of the most commonly performed surgery of the knee. The aim of the surgery is to restore stability and improve the function of your knee.

During surgery, associated damage to the surrounding ligaments and tissues can be addressed at the same time.

Key Features of ACL Surgery

• Anaesthesia

You will require general anaesthesia during the procedure. The risks of anaesthesia will be elaborated by your Anaesthetist during pre-operation screening and counselling.

• Graft Choice

For primary ACL reconstruction, the graft of choice is often your own tendons (autograft). Your inner hamstring tendons are used for majority of the cases. Alternatively, the less commonly used graft is your patellar tendon.

Other graft sources such as donor tendons (allograft) can also be used, especially for cases requiring repeated surgery.

• Implant

Bone tunnels are created in your thigh (femur) bone and tibia (shin) bone. Your graft is introduced into the tunnels and secured using implants.

These implants are necessary to fix your graft to the bone tunnels before your graft integrates to the bone to act as the ACL. The implants may be metallic or non metallic.