

1. What are the chances of healing in a meniscus repair?

The success rate is between 50-80%. If the repair is done earlier or together with an ACL reconstruction, the success rate is higher.

2. Do I need a knee brace?

The knee brace is needed for the first 4 weeks. It is to prevent excessive knee bending which can put stress on the repaired meniscus.

3. Do I need crutches?

Crutches are needed for about 4 weeks. This is to reduce stress on the repaired meniscus.

4. What if the meniscus does not heal?

Arthroscopy will be done to excise the unhealed portion of meniscus.

For inquiries or appointments, please contact

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Anterior Cruciate Ligament Reconstruction



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Knee Sprains

are minor and recover fully after a short period of rest. If the knee is still swollen, painful and limited in its ability to bend after a few days, or it feels wobbly and unstable, it is more likely that the knee has sustained significant injuries which should be attended to.

Soccer and basketball players constitute the majority of patients who sustain serious damage to the knee. Most commonly, the anterior cruciate ligament is torn as a result. Many sportsmen report a 'pop' sound during the injury with the knee buckling and giving way. There is usually swelling of the knee within the first few hours.

This injury can be debilitating because the anterior cruciate ligament of the knee is an important stabiliser of the knee, especially during pivoting manoeuvres such as turning on the run, jumping, accelerating and decelerating.

The main problem of patients with anterior cruciate ligament deficiency is the unpleasant sensation of the knee giving way, causing much inconvenience in the simplest of everyday tasks. Some of these patients regain sufficient control of their knees after physical therapy to manage at a reasonable level of activity. However a significant proportion of the ACL-deficient knees give way often enough and at the slightest provocation that the patient often feels incapacitated, unable to enjoy doing the things they are used to and want to do.

Apart from the physical incapacity, the frequent giving way of the knees may damage the meniscus and joint surface, resulting in degenerative changes in the joint. These are reasons to advise patients to reconstruct the torn ACL and stabilise the knee.



Torn ACL



Reconstruction ACL

TREATMENT

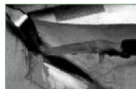
ACL reconstruction is one of the commonest operations performed by our Sports Reconstructive Team. Restoration of knee stability and return to activity can generally be expected in the majority of patients after such a procedure.

The patellar tendon graft has been considered the ideal graft choice. It has good structural and fixation properties, a potential for bone-to-bone healing, and a predictable success rate in the restoration of knee stability. However, donor-site problems have been reported after harvest of patellar tendon grafts.

Anterior knee pain, loss of sensation, patellar fracture and loss of extension strength impair knee function in spite of a successful replacement of the ACL. Therefore, use of the hamstring tendon graft has increased in popularity as its use incurs fewer donor-site complications. The structural strength of a hamstring tendon graft is superior to that of a 10-mm patellar tendon-bone graft.

The trend toward increased popularity of the hamstring tendon graft is also related to the development of fixation techniques better than those previously used compared with those used for fixation of the patellar tendon graft.

Harvesting the Hamstring Graft



Tensioning the Hamstring Graft



Fixation using endobuttons in ACL reconstruction with the hamstring tendon graft is our standard technique

Good post-operative care and an aggressive and accelerated physiotherapy program is essential to ensure the patient has a stable and pain-free knee which will enable him to return to the activity he enjoys.

FAQs - ACL RECONSTRUCTION

1. When do I need to reconstruct my torn ACL? If you are not an active sportsman, there is no need to rush into surgery.

You can always try rehabilitation to strengthen your knee muscles but if the knee is still unstable, it is advisable to reconstruct the ACL to prevent further damage to your knee. For active sportsmen, especially those requiring pivoting actions like soccer, it is advisable to reconstruct the ACL early.

2. How long will I need to recover from ACL reconstruction?

ACL reconstruction can be done as a day surgery procedure and at most a night's stay in hospital. Most will require use of crutches for about 10-14 days. No knee brace is required unless meniscus repair is done at the same time. Most patients will walk well at one month. Jogging can resume after 3 months and robust sports like soccer after 6 months.

3. Do I need physiotherapy?

Physiotherapy is important and starts right after surgery. The first 3 months is the most crucial period and must be managed by the therapist.

4. When can I go back to work?

It really depends on the nature of your work. If you are an office worker, you can return to office within a week, or even earlier. If your work requires you to climb and carry loads, you will be out from work for 4-6 weeks. If there are opportunities for lighter work, you can resume work earlier.

5. Will I need crutches?

Crutches will be needed usually for the first 1-2 weeks. Once the pain is less, you will not need them.

6. Will I need a knee brace?

There is no need for a knee brace as fixation of the ACL graft is strong. You will need a knee brace if there is concomitant meniscus repair.