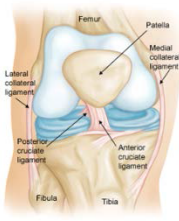


## Anterior Cruciate Ligament Reconstruction



Injuries to the Anterior Cruciate Ligament (ACL) are amongst the most common knee injuries in sport, recreation and work activities. ACL tears commonly occur in sports such as netball, AFL, soccer and rugby. The initial injury is associated with immediate pain, swelling and instability in the knee. Other knee structures can also be injured at the same time e.g. tear of the knee shock absorbers (menisci) or other ligaments.

The initial management of ACL injuries is with non-surgical measures to rehab the knee, decrease swelling, and regain range of motion, mobility and muscle strength. A structured rehabilitation program with a sports physiotherapist should be pursued.



Surgical management can be pursued if persistent symptoms of instability (giving way) or a return to high level activity including sports is desired. This is typically with a reconstruction of the torn ligament with hamstring or patella tendon or with artificial graft substitutes (LARS ligament).

This procedure is typically performed under general anaesthetic. Once the graft is harvested the remainder of the operation, including any meniscal repair or debridement is performed through keyhole (arthroscopic) surgery.

Dr Khatib does not usually use any braces after your surgery and immediate walking and range of motion exercises are encouraged. The typical length of stay in hospital after this procedure is one night followed by discharge home with anti-inflammatory medication and analgesia.

Most patients who undergo ACL reconstruction surgery experience considerable reduction in symptoms of instability. If you have suffered from an ACL injury, or if you have ongoing symptoms of instability and pain please discuss your symptoms with your local medical practitioner and if appropriate a referral can be obtained for review by Dr Khatib in one of our clinic locations.

