

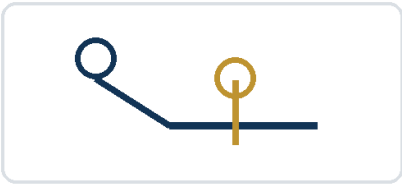
ACL Reconstruction

WHAT TO EXPECT BEFORE DURING AND AFTER SURGERY

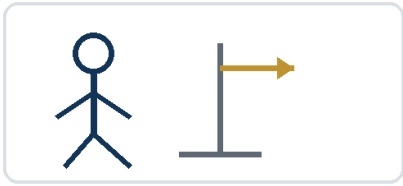
This guide explains the usual surgical journey after a decision to proceed with anterior cruciate ligament reconstruction. Your plan may change depending on the graft, knee findings and any additional meniscal or cartilage procedure.



BEFORE SURGERY



DURING SURGERY



AFTER SURGERY

WHY ACL RECONSTRUCTION MAY BE RECOMMENDED

The ACL helps control knee stability during turning, landing and sudden changes of direction. Reconstruction may be considered when instability persists, when you wish to return to pivoting sport or demanding work, or when other knee injuries influence the decision. Surgery replaces the torn ligament with a graft; it does not simply stitch the ACL back together.

PREPARING FOR SURGERY

- Aim to reduce swelling and regain full knee extension before surgery.
- Tell the team about all medicines, supplements, allergies and medical conditions.
- Follow the hospital's fasting and medication instructions.
- Arrange transport home and help for the first few days. Prepare loose clothing, ice and a safe walking area.
- Practise crutch use if advised and complete prescribed prehabilitation.

WHAT HAPPENS DURING SURGERY

- The procedure is usually performed arthroscopically through small incisions under anaesthesia.
- A graft commonly comes from the hamstring, patellar tendon or quadriceps tendon; donor tissue is used in selected cases.
- The surgeon creates bone tunnels, positions the graft and secures it to reconstruct the ACL.
- The meniscus or cartilage may also be treated; this can change rehabilitation restrictions.
- Many patients go home the same day, depending on the procedure and recovery from anaesthesia.

YOUR EXPECTED RECOVERY

FIRST 2 WEEKS	Pain and swelling are expected. Use prescribed medication, protect the wound and use the brace or crutches as directed. Early priorities are full knee extension, quadriceps activation and safe walking.
2 TO 12 WEEKS	Physiotherapy progresses movement, walking, strength and balance. Reduce the brace and crutches only when your surgeon or physiotherapist confirms it is safe.
3 TO 6 MONTHS	Strength, running and controlled jumping may begin when clinical criteria are met. Progress depends on knee response and function, not the calendar alone.
9 TO 12 MONTHS OR LONGER	Return to pivoting sport requires surgeon clearance and objective testing of strength, hopping, movement quality and psychological readiness. Some patients need longer.

COMMON RISKS TO UNDERSTAND

Infection, blood clots, stiffness, persistent pain or instability, numbness near the incision, graft failure and anaesthetic complications are recognised risks. Your surgeon will discuss your individual risk and expected benefit.

SEEK URGENT MEDICAL ADVICE FOR

Fever or wound discharge; increasing redness or uncontrolled pain; new calf swelling or pain; chest pain or shortness of breath; sudden locking, giving way or a significant new injury.

Important: This is general information and does not replace your consultation, consent discussion or individual surgical instructions. Additional meniscal or cartilage surgery may alter weight bearing and recovery.

EVIDENCE BASE

AAOS OrtholInfo. ACL Injury: Does It Require Surgery? • Kotsifaki R et al. Aspetar clinical practice guideline on rehabilitation after ACL reconstruction. Br J Sports Med. 2023;57:500-514. doi:10.1136/bjsports-2022-106158. • Meredith SJ et al. Panther Symposium ACL Injury Return to Sport Consensus Group. Knee Surg Sports Traumatol Arthrosc. 2020;28:2403-2414.

