



Reconstructive surgery of the anterior cruciate ligament (ACL) of the knee

These instructions are intended for printing. The instructions contain sections to be filled in.

The anterior cruciate ligament (ACL) is the most important ligament supporting the knee. Damage to the ACL usually causes harmful instability of the knee. As a result, pain, symptomatic instability, and swelling may occur when the knee is strained. Therefore, a tear of the ACL requires corrective surgery.

Procedure

The procedure is performed under spinal anaesthesia using keyhole surgery through three small incisions (arthroscopy). In the operation, the damaged ACL is replaced with two tendon grafts acquired from the back of the knee. The graft is attached with screws.

Rehabilitation

The first three months are important for the implantation and strengthening of the graft. Therefore, properly executed after-care and physiotherapy are fundamentally important. Crutches are used for 2–4 weeks to balance walking. Only half body weight is allowed on the knee for two weeks, and after that weight can be borne as the pain allows. The knee may be flexed without restrictions. Moving the ankle and toes is important to avoid deep vein thrombosis.

Wound care

The dressings may be removed after 24 hours, after which you may shower. Elastic bandage may be used for approximately a week to support the knee. The sutures are removed after 10–14 days at your health Centre, occupational health Centre, or health clinic (neuvola) (____/____). You may go to sauna 24 hours after the removal of the sutures.

Treatment of pain

Regular pain relief medication, elevated position, elastic bandage, and ice pack therapy efficiently reduce swelling and pain after the operation, contributing to the recovery.

It is recommended that you take pain killers regularly for 3–4 days and after that when necessary:



Paracetamol

Anti-inflammatory

Strong painkiller

Other medication

Possible follow-up checkup with doctor or physiotherapist according to the follow-up treatment plan in the operative report.

Sick leave is approximately 4 weeks.

Return to work

From the specialized medical care, a 4 weeks sick leave is written after the procedure. A referral from the specialized health care is made when the surgery date is determined to the occupational health care for work capacity assessment and support measures for return to work. Your occupational health care will contact you after the procedure to plan work capacity assessment in relation to your work tasks and return to work in a timely manner.

Contact us

If you experience inflammatory symptoms (increasing pain, heavy swelling, warmth, redness, continuous wound discharge) or other problems in the knee, contact your health Centre or treating unit.

Day Surgery Unit on working days from 07.00–15.00, telephone 06 213 1552

Your own health Centre or occupational health Centre

Telephone nursing services from 15.00–08.00 on Monday–Thursday and from 14.00–08.00 on Friday and 24 hours a day during weekends and on midweek holidays, telephone 116 117