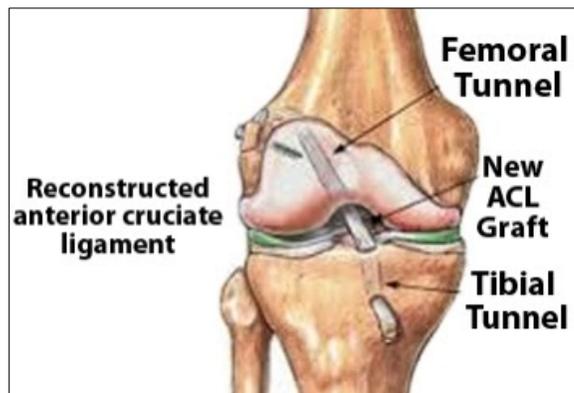


TJ Ridley, MD

Phone: 763-717-4120 | Website: TJRidleyMD.com | Instagram: @dr._ridley

WHAT IS ACL RECONSTRUCTION?:

- ACL reconstruction is a procedure in which the torn ACL is removed and replaced with tissue either from the patient's own body (autograft) or from donated tissue (allograft) like from a cadaver. The ACL is essentially rebuilt with this tissue. Common sources of this tissue for autograft are the patellar tendon (also called the bone-tendon-bone or BTB graft), hamstring tendon, or quadriceps tendon. Dr. Ridley performs ACL reconstructions with these types of autograft as well as allograft. The risks and benefits of these will be discussed below.
- The procedure is an outpatient procedure performed with the aid of arthroscopy through small incisions around the knee joint.
- Once a graft is chosen and harvested, it is shaped into a new ACL. Bone tunnels are drilled in both the tibia and femur to reproduce the anatomic location of your own ACL. The graft is pulled into place and secured to the bone on both ends. Over time the body heals this tissue into place, allowing it to function as your new ACL.
- For more information on the anatomy of the knee, please see Dr. Ridley's video [here](#) or Instagram: @dr._ridley



GRAFT OPTIONS:

- The two main sources of tissue for your new ACL are your own tissue (autograft) or cadaver tissue (allograft).
- Autograft has been shown to have decreased failure rates when compared to allograft in young, active patients. However, autograft use carries the small risk of pain or weakness at the site where the tissue was harvested. This is what we call 'donor site morbidity.' Dr. Ridley typically recommends autograft tissue when possible in active patients, but, he may recommend allograft in slightly older patients where the risk of graft failure nearly equals that of autograft tissue.

- Three autograft tissue options are commonly used: the patellar tendon (also called the bone-tendon-bone or BTB graft), one or two hamstring tendons, or the quadriceps tendon. All three of these options have comparable outcomes and carry similar risk of donor site morbidity.
- If you are indicated for ACL reconstruction surgery, Dr. Ridley will discuss with you further on the benefits of each graft choice and which one will best suit you.

EXPECTATIONS OF SURGERY:

- ACL reconstruction is typically performed outpatient and patients are able to return home the same day, without having to spend a night in the hospital.
- The surgery typically takes 60-90 minutes. Surgery time may vary slightly based on the complexity of your injury and the procedures required. Dr. Ridley will spend the required time to ensure any identified reasons for your symptoms are addressed. In addition to the ACL reconstruction, sometimes other procedures are needed at the time of surgery including meniscus repair or partial removal, procedures to address damage to surface cartilage, or to correct damage to other ligaments. These additional procedures will add time to the surgery.
- Surgery includes one to two 1cm incisions used for the camera (called an arthroscope) and one 3-4" incision for the graft harvest if you and Dr. Ridley have chosen to use one of the autograft options.

RECOVERY:

- It is important to understand that every individual patient's recovery is different.
- Most patients are able to ambulate without crutches 1-2 weeks following surgery
- As a general rule of thumb, you will be out of work for 2 weeks following your surgery. Further work restrictions will be addressed at your 2 week follow up appointment.
- You will be unable to drive for at least 2 weeks following your surgery and will need to make arrangements to get to and from physical therapy during this time.
- You will be provided a hinged knee brace to be worn at all times for the first two weeks. This is to protect your knee and your new ACL. Weaning and discontinuation of the brace will be discussed at your 2 week post-operative visit.
- Return to sports is a difficult decision and is highly variable. Most commonly, patients need around 9 months to return to full sports participation, with some returning sooner and others later.
- Preparation for return to sports activities takes time. This is not just regaining strength and coordination of your muscles. Your new ACL graft takes time to heal and goes through a process called 'ligamentization,' where the collagen fibers reorient themselves to establish the graft as your new ACL. This should not be rushed.
- After you are fully recovered, there are typically no restrictions on the use of your knee. It is Dr. Ridley's ultimate goal to return you to your activities at an equal or higher level.