

Anterior Cruciate Ligament Reconstruction (ACLR)

Risks & Benefits

Rehabilitation & Outcomes

- A minimum of 9 months rehabilitation is recommended.
- Returning to sport after 9 months reduces re-rupture risk by 50%.
- 80 out of 100 patients are able to return to some form of sport.
- Of which 60-70 out of 100 patients return to pre-injury level.
- Of which 50 out of 100 patients return to competitive sport.

Ideal Requirements Before Surgery

Before ACLR surgery it is ideal that your pain is controlled, your swelling is controlled, you have good thigh muscle strength, you have the ability to fully straighten your knee, and the knowledge of surgery & commitment to rehabilitation.

Risks

Infection – 1 of 100 people's ACLRs become infected.

Blood Clot – 1 of 100 people's of ACLRs incur a blood clot.

Re-Rupture – 6 out of 100 people suffer a re-rupture of their ACL. However, failure to meet the discharge criteria during rehabilitation can increase re-rupture risk by 4 times.

Risk of Osteoarthritis – For isolated ACL injuries 62 of 100 people develop Osteoarthritis at 15 years post ACLR. For combined injuries 80 of 100 people develop Osteoarthritis at 15 years post ACLR.

Failure to Return to Pre-Injury Level – 20 of 100 people who have ACLR fail to return to their previous sporting level.