

Trauma & Orthopaedic Directorate

ACL Surgery: Risks & Complications

RISKS OF SURGERY

These will be explained to you in more detail at the Pre-Assessment Clinic.

Anaesthetic complications

These relate to the heart, lung and circulatory system and are unusual in people under 60 years old. The chance of having any serious complications related to the anaesthetic are a lot less than 1%.

Blood clots

Deep Vein Thrombosis (DVT) or pulmonary embolus (PE) are extremely rare following an ACL reconstruction and the overall risk is less than 0.5%. To reduce your risk you will be asked to wear special AV compression boots until you are discharged. You will also be encouraged to get up and begin walking soon after surgery. Early mobilisation has been shown to reduce the risk of a blood clot following this type of surgery.

High-risk patients may be given anticoagulant drugs for a few weeks after surgery to prevent blood clots.

Infection

The risk of a serious infection is less than 0.5%. You will be given antibiotics at the time of the operation to minimise this

risk. At Basingstoke we are in the top 5 trusts in the country for having a low infection rate following surgery.

Haematoma (bleeding into the tissues)

This is again a rare complication. If there is any bleeding this may slow recovery but rarely affects outcome.

Numbness

It is common to have some small areas of numbness on your leg following the surgery. This usually settles within a few months of the surgery. Any long-term numbness is minimal and well tolerated.

Stiffness

Some patients struggle to regain full movement following an ACL reconstruction. This usually settles over the first few weeks with appropriate rehabilitation. Occasionally it may be necessary to carry out an MUA or manipulation under anaesthetic to regain movement and unstiffen the knee. Bend / flexion is rarely an issue. However we work hard to ensure that you regain full extension / knee straightening in the first few weeks as if it is not achieved in this time it can become a long term issue.

Failure and re-rupture

This occurs in approximately 2-5% of patients. In up to 10% of patients there is a poor biological response and the graft fails to incorporate and mature resulting in a lax knee. Adherence to the rehabilitation programme will minimise this risk.