



Glossary

Cruciate ligament – 2 internal ligaments that prevent forward-backward motion

Anterior cruciate ligament (ACL) – the front cruciate ligament, and the most commonly ruptured.

Collateral (medial or lateral) ligament – strong ligaments on the inside and outside of the knee preventing sideways motion

Quadriceps muscle – the large muscle on the front of your thigh.

Hamstring tendons – strong tendons at the back of your knee.

Patella tendon – large tendon at the front of your knee between your knee cap and lower leg bone (tibia).



What is a knee



Your recovery is in your hands.

www.airmedicine.com.au

Your Surgery



Dr Sarah Coll

Level 3, 144 Lake St
Cairns QLD 4870

Q&A



You will wake up with a large soft splint around your knee, with a padded bandage underneath. The splint should be left on until your physiotherapist advises you to remove it. Your bulky dressing can be removed after 24 hours. You will also have smaller dressings underneath, these should stay on for 5 days. You will have stitches underneath, which will be removed at your next clinic visit, 7 days after your surgery.

You will have an x-ray while in hospital, to check the placement of the screws in your bones. Please bring this with you to your check up appointments.

The first stage after your surgery involves strengthening your quadriceps muscle. This will protect your new ligament until it has bonded with your bone. This bonding will take up to 12 months to occur. Once you have sufficient muscle strength, you can remove your splint. At this stage,

Will I need a splint after surgery?

If a physiotherapist assess that your quadriceps muscle is weak, you should wear a splint until it is strong enough to support your weight.

When do I need to see a physiotherapist?

You should attend physiotherapy prior to your surgery, in order to strengthen your muscles as much as possible, and so the physiotherapist can advise you about expected treatment after surgery

Who needs a knee reconstruction?

Not everyone who ruptures their cruciate ligament needs surgery. There are a few important points:

1. There are no studies which show that ligament reconstruction prevents arthritis
2. There are studies which show that patients who don't have a reconstruction are more likely to tear their meniscus
3. Ligament reconstruction requires diligent physiotherapy