

The Factors Within The Complications of Post ACL Surgery

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Surgical Reconstruction of the ACL is not always perfect. Complications after ACL Reconstruction Surgery are usually divided into technical and non-technical categories. Technical problems are related to the surgery itself, the variants of surgical reconstruction techniques, the hardware and the implants. The non-technical aspects are related to body reactions to the grafts used.

Grafts used are the autografts (the hamstrings and the patellar tendon), allografts and the newly promoted artificial grafts such as the LARS.

The common complaints patients faced after the ACL reconstruction are pain, swelling, stiffness, instability and infection. The good news is that there are a wide variety of comfortable choices in treating the pain and the swelling. Some patients who are hopeful for greater and vigorous sports activities may have to be forewarned before surgery that the recurrence of knee pain may still persist. Among the commonest reasons is the pre-existing knee osteoarthritis and complex irreparable meniscus tears. Knee stiffness such as the cyclops lesion or arthrofibrosis is fortunately rare because of the timing of early physiotherapy and good motivation of patients. Instability for the minority of patients unfortunately may still recur because of the choice of surgical technique. In theory, the double bundle ACL configuration should control rotational instability. Newer techniques of aiming the single ACL bundle into the anatomical femoral footprint rather than the isometric femoral placement helped to reduce rotational instability.

In general most patients after ACL reconstruction should be counselled to be less vigorous and avoid risky sports maneuvers such as those in contact or collision sports. They should be counselled that if the first ACL reconstruction is damaged, the second ACL revision surgery is more difficult technically to do and may be less strong.

They have to be counselled on coping strategies on shortfalls of treatment.