

Mr Chitnavis' ACL Surgery Outcomes 2011-2015

Following my appraisal of 2014 it was suggested that a review of previous ACL surgery outcomes was undertaken.

Methods

Patients who had undergone anterior cruciate ligament reconstruction by myself between 2011 and 2015 were considered for review. The first 23 patients in whom there were 2 outcome sheets in their notes were selected for review. The outcome sheets are those of the British Association for Surgery of the knee. A total of 23 patients were selected and 24 knees had undergone anterior cruciate ligament reconstruction. Of these 19 were men and 4 were women. The average age of patients was 36 years with a range of between 15 years to 53 years. All ACL reconstructions were performed using hamstring tendon autografts.

Results

5 patients had undergone an arthroscopy and meniscal surgery prior to anterior cruciate ligament reconstruction. At anterior cruciate reconstruction 12 patients had warranted meniscal suture or resection. Chondral lesions were present in 14 knees.

No patients sustained any major complications following surgery.

The first follow up visit was at an average of 300 days, range 11 to 821 days for 23 knees. The second follow up visit was at an average of 479 days, range of 181 days to 1075 days.

Stability enough to enable moderate or more vigorous exercise with their knees following surgery without their knees giving ways was present in **19/23 knees (82%)** at the first follow up visit and in **18/20 knees (90%)** at the second follow up visit.

When asked about their functional ability with their knees on a scale of 0-10, at the first visit the average functional score was **7/10** range **3-9/10**. At the second visit the functional score average 7.8 with a range of between 3 to 10.

The Tegner score average 4.9 at the first visit and 6.35 at the 2nd visit.

At the final visit **17/19 (89%)** were satisfied with their surgical outcome. One patient was unhappy and that was secondary to pain. For the patient concerned it appears on MRI scan that there is a meniscal tear present which may be contributing to his pain. So far that individual has declined surgical intervention. 2 patients, both young sportsmen under 20 years of age sustained failure of their reconstructions. In one case a patient who had had both knees reconstructed was tackled on a planted right foot such that his reconstruction tore again. In the second case a teenage boy who had undergone augmented reconstruction and lateral meniscal suture twisted his knee with his studs getting caught. A recurrent injury was sustained. A second opinion was obtained and the patient underwent reconstructive surgery by another surgeon.

Reflections

Clearly ACL surgery with hamstring autograft works, as confirmed by others worldwide. It seems patients are pleased after a year probably when they have had chance to test stability. Not part of the data above but consequent to the failures above I changed to use patella ligament for some active young men. However problems with knee pain and the fear of extensor mechanism disruption has enabled me to come to a firm decision after so many years of practice...I will not undertake patella ligament autografts unless in a revision setting!