

WNY Knee and Orthopedic Surgery PC

Dr Michael Parentis

Dr Keith Stube

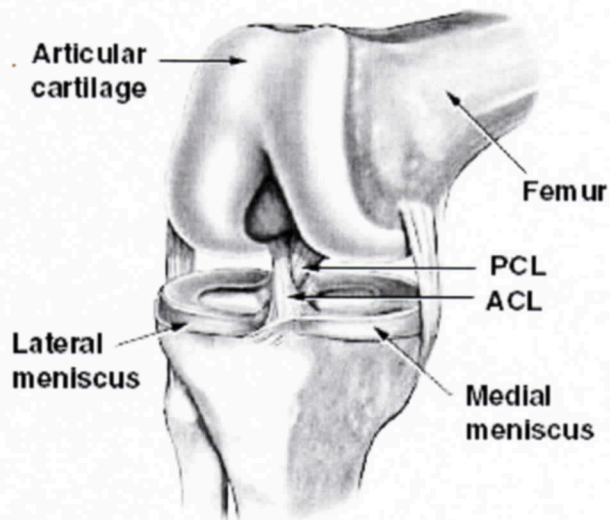
3712 Southwestern Blvd, Orchard Park, NY 14127 508-8252

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ACL RECONSTRUCTION

ACL reconstruction is performed for patients with a torn anterior cruciate ligament. It is an outpatient procedure is performed by removing the original torn ACL and using a graft obtained from the front of the affected knee. This graft is then placed arthroscopically in the position of the previously torn ACL. The purpose of this procedure is to recreate normal anatomy, provide stability and allow the patient to return to normal activities and function.

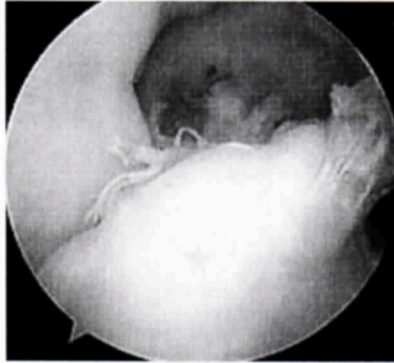
General Description



The anterior cruciate ligament provides stability for the knee. Since it does not heal on its own surgery is required to provide the stability. The ACL is reconstructed using a graft made of similar tissue as the original ACL. The graft involves the patella, patellar tendon, and the proximal tibia. Once the graft is obtained tunnels were drilled in the femur and tibia guided by arthroscopy. The graft is then placed

through these tunnels and secured with screws. This procedure usually last approximately 45 minutes and involves general anesthesia and a regional nerve block to the affected leg for pain control.

Preparing for ACL Reconstruction



Above is an arthroscopic picture of torn anterior cruciate ligament [yellow star].

If you decide to have ACL reconstruction, you may need a complete physical examination, as well as blood work, EKG, and chest x ray with your family physician before surgery. He or she will assess your health and identify any problems that could interfere with your surgery.

Before surgery, if you are taking aspirin or Coumadin, or any other blood thinners you will need to stop them before surgery. Please notify us if you are taking any of these.

Procedure

All of our ACL reconstruction surgery is done on an outpatient basis. We operate at the Ambulatory Surgical Center of WNY on Sheridan drive near the Boulevard Mall. The phone number there is 716-831-9435. The address is 3112 Sheridan Drive Amherst NY 14226

Arrival

The Ambulatory Surgical Center of WNY will contact you with specific details about your appointment time. **PLEASE BE PREPARED FOR THIS TO CHANGE! YOU MAYBE ASKED TO COME IN EARLY THE DAY OF SURGERY SO KEEP YOUR DAY OPEN!!!!** You will likely be asked to arrive at the Surgical Center on Sheridan road an hour or two before your surgery. **Do not eat or drink anything after midnight the night before your surgery.**

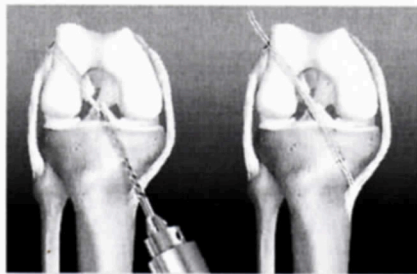
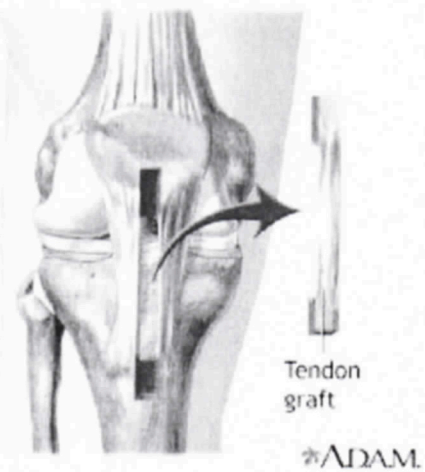
Anesthesia

When you first arrive for surgery, a member of the anesthesia team will talk with you. ACL reconstructions are performed with a general anesthesia and a regional block.

Procedure

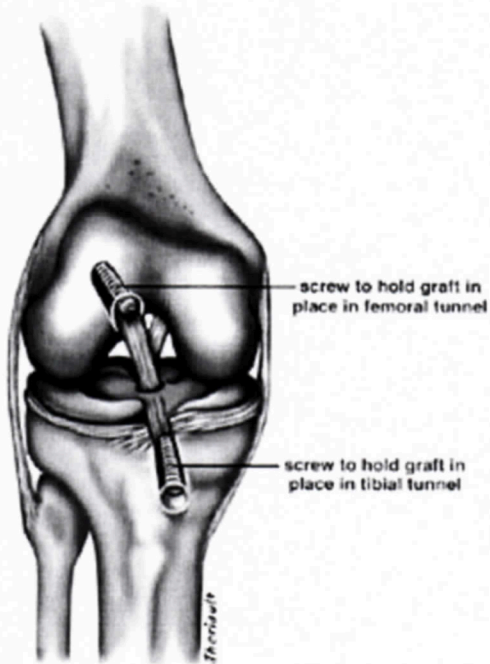
The procedure will start with Dr Parentis and his physician assistant taking the graft from the front part of the knee. An approximately 3-4 cm incision will be made.

Tendon graft
is harvested
from the
patellar tendon



Dr Parentis will then use the arthroscope to evaluate the knee. Any meniscal tears or other problems will be addressed at this time. Then tunnels for the graft are drilled as the graft is prepared. The graft is then placed inside of the knee and secured with screws. This procedure usually last approximately 45 minutes.

A.C.L. RECONSTRUCTION



We will close the incision and wrap the leg with a soft bandage. **You are to not** take the bandage off until you see our physical therapist.

You will be moved to the recovery room and should go home in approx 30-60 minutes. You must have someone with you to drive you home. It is against New York State Law to drive your self.

Recovery

Your recovery will start at home and should include icing and rest. You will be given pain medication to take and must buy crutches. On the fifth day we will have you to start physical therapy with one of our physical therapists. He can expect to go to physical therapy for approximately 8-10 weeks.

WE HIGHLY ADVISE YOU DO PHYSICAL THERAPY AT OUR ORCHARD PARK LOCATION IN THE SOUTHTOWNS OR AT OUR AMHERST LOCATION ONLY!!!! THE ORCHARD PARK PHONE NUMBER IS 715-508-8252 AND THE AMHERST LOCATION IS 833-8391

Swelling



Apply ice as needed to relieve swelling and pain. 30 minutes on, thirty minutes off.

Dressing Care

You will leave the surgical center with a dressing covering the knee as well as ace bandages. DO NOT CHANGE THEM UNTIL YOU SEE OUR THERAPISTS!!! You can loosen the ace bandages if you find they are getting too tight or uncomfortable.

Bearing Weight

You may weightbear as tolerated. You must bring crutches to the surgical center with you.

Driving

If your surgery was on the left knee you can drive right away. If it was on the right you may need to wait 2-3 weeks before you drive.

Medications

Dr. Parentis will most likely prescribe Lortab for you after surgery. If you have any allergies please tell us before we take you back for surgery.

Complications and Warning Signs

As with any surgery, there are risks associated with ACL reconstruction. These occur infrequently and are minor and treatable. These complications are also addressed in our informed consent sheet. This is something you must bring to surgery with you signed.

Complications/Risks

Potential postoperative risks and complications with ACL reconstruction include:

- Infection
- Blood clots
- Accumulation of blood in the knee
- DVT, PE
- Need for further surgery
- Retear of the ACL
- Swelling for up to 6 months
- Continued pain after surgery
- Continued instability
- Nerve injury
- Avascular Necrosis
- Wound Breakdown
- Stiffness

Warning Signs

Call our office immediately if you experience any of the following:

- Fever over 100
- Chills
- Persistent warmth or redness around the knee after your dressing is off
- Persistent or increased pain
- Significant swelling in your knee
- Increasing pain in your calf muscle

Outcome

We allow patients to return to athletic activity or a demanding job at 3 months. You should have at least 90% of normal quadriceps strength before you are allowed to do this. At that point we do allow you to return progressively to activity. The more dedicated you are to rehabilitation the better outcome. If you have any questions please discuss them before the surgery. We will try to cover this before your procedure also.