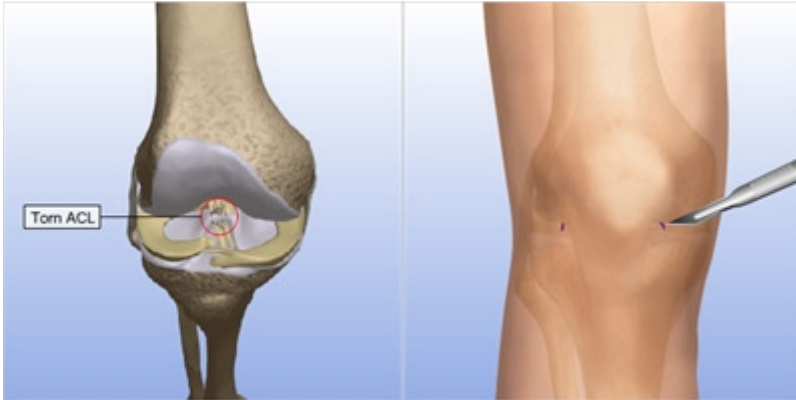


ACL RECONSTRUCTION (PATELLAR TENDON)

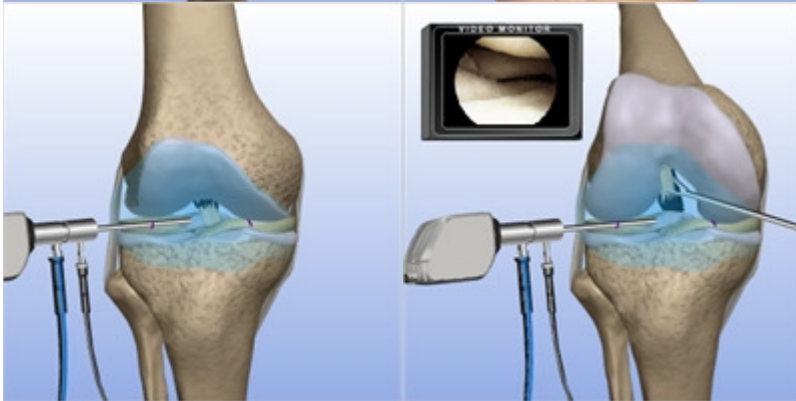


Introduction

The anterior cruciate ligament (ACL) is one of four ligaments that are crucial to the stability of your knee. It is a strong fibrous tissue that connects the femur to the tibia. A partial or complete tear of your ACL will cause your knee to become less stable and feel as though your knee is about to give out. There are a number of different graft options to replace your torn ACL. Your surgeon will select the option that is best for you.

Incisions

Small incisions (portals) are made around the joint. The scope and surgical instruments will go into these incisions. Another small, but longer, incision will be made below your kneecap to allow us to make the new ligament.

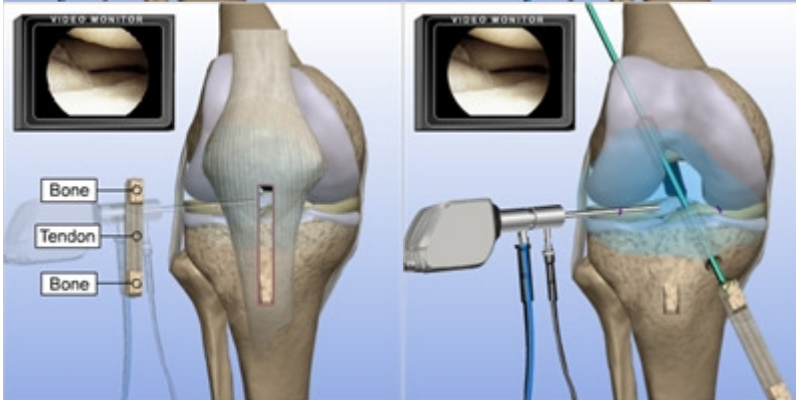


Visualization

The scope is inserted into the knee. Saline solution flows through a tube (cannula) and into the knee to expand the joint and to improve visualization. The image is sent to a video monitor where the surgeon can see inside the joint.

ACL Removal

A surgical instrument is inserted into the joint and the torn ACL is removed.

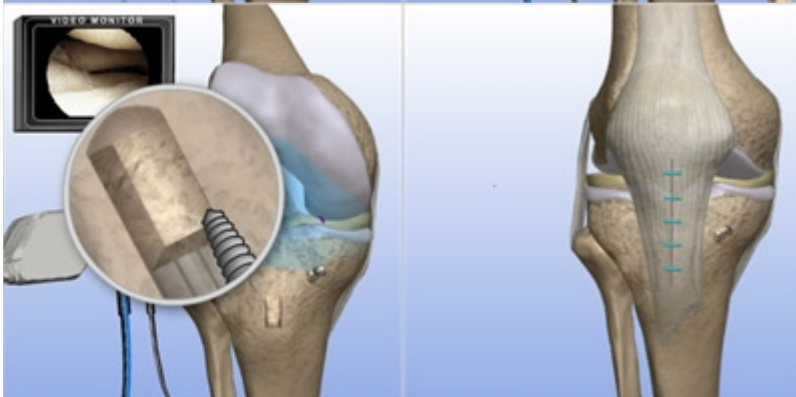


Graft Preparation

The central portion of the patellar tendon is removed using a scalpel and motorized tool. The ends of the tendon are attached to plugs of bone from your patella and tibia. These plugs of bone will help anchor what will become your new ACL.

Graft Insertion

A guide wire is inserted through the tibia and femur to help accurately drill tunnels. A surgical drill is inserted over the guide wire and a new tunnel in the femur and tibia is created for the new ACL Graft. The end of the graft is tied to a loop on the guide wire and the graft is pulled into place.



Securing the Graft

Screws or staples are used to secure the plugs of bone into the tunnels. Over time, the plugs of bone will incorporate into the surrounding bone.

End of Procedure

With the new ACL in position and secured, the surgical instruments are removed and the procedure is completed.