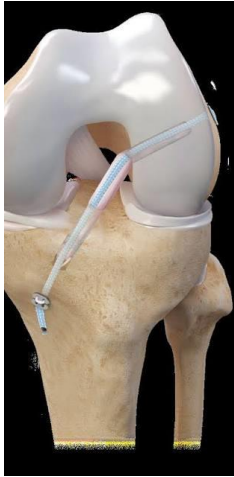


ONE-PAGE PATIENT SUMMARY

ACL Reconstruction

Information for people considering anterior cruciate ligament reconstruction



Completed ACL reconstruction with quadrupled semitendinosus graft and internal brace.

Restoring knee stability after an ACL tear

ACL reconstruction replaces a torn anterior cruciate ligament, which helps control forward shin movement and knee rotation. Mr Kenan Dehne's stated technique uses a quadrupled semitendinosus hamstring tendon graft with internal brace (suture tape) augmentation. It is considered after individual examination and MRI review.

When ACL reconstruction may be considered

- An ACL tear can cause a pop, rapid swelling, pain and knee giving way.
- The ACL helps control forward shin movement and rotation during pivoting.
- Surgery may be considered for persistent instability, repairable meniscal injury or pivoting sport goals.
- Non-operative rehabilitation may suit a stable knee and willingness to modify activity.
- Decision-making considers your goals, activity, instability, associated injuries and MRI findings.

Assessment and treatment pathway

1 Individual assessment

Clinical examination and MRI review guide whether rehabilitation or reconstruction best suits your circumstances.

2 Prehabilitation

Before surgery, work with physiotherapy towards full extension, controlled swelling, strength and functional readiness.

3 Reconstruction

This technique uses a harvested semitendinosus tendon folded four times, plus independently tensioned suture tape alongside the graft.

4 Early aftercare

Use crutches and weight-bear as comfort allows; keep dressings clean and dry for two weeks, and follow prescribed exercises.

Recovery and rehabilitation

1 Settle and restore

From surgery, manage pain and swelling, regain full straightening and reactivate quadriceps. Progress only when assessed criteria are met.

2 Strength and control

Build strength, balance, walking control and movement quality before running, jumping or change-of-direction work.

3 Return and prevention

Pivoting sport is generally delayed for at least nine months and needs physical, psychological and testing criteria.

Respond to your knee

Use pain and swelling as feedback. If either increases, the knee is not tolerating the workload: reduce intensity and allow recovery. Establish correct movement patterns before increasing load or speed, and introduce impact progressively.

Seek urgent medical attention

Seek urgent medical attention for calf pain, swelling or tenderness; sudden shortness of breath or chest pain; fever above 38.5°C lasting over 24 hours; increasing wound redness, warmth or pus; severe uncontrolled pain; or numbness or tingling that does not resolve. Call 999 or attend Emergency Department immediately for sudden breathlessness or chest pain.

Important limitations and risks

ACL reconstruction can cause pain, swelling, temporary stiffness or hamstring weakness, infection, blood clots, graft failure or re-rupture, residual laxity, nerve or vessel injury, or hardware irritation. Internal-brace augmentation protects the graft during early healing but does not remove risk. Take medicines as prescribed; ibuprofen is only suitable if you have no contraindications. Discuss individual benefits, risks and alternatives with Mr Dehne.

Need advice tailored to you? This poster supports, but does not replace, individual assessment or consent.

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