## DR. ARNO SMIT, M.D., F.R.C.S.(C) ORTHOPAEDIC SURGERY

Unit 44 - 1480 Foster Street White Rock, B.C. V4B 3X7 Phone: (604) 538-0068 Fax: (604) 538-0703

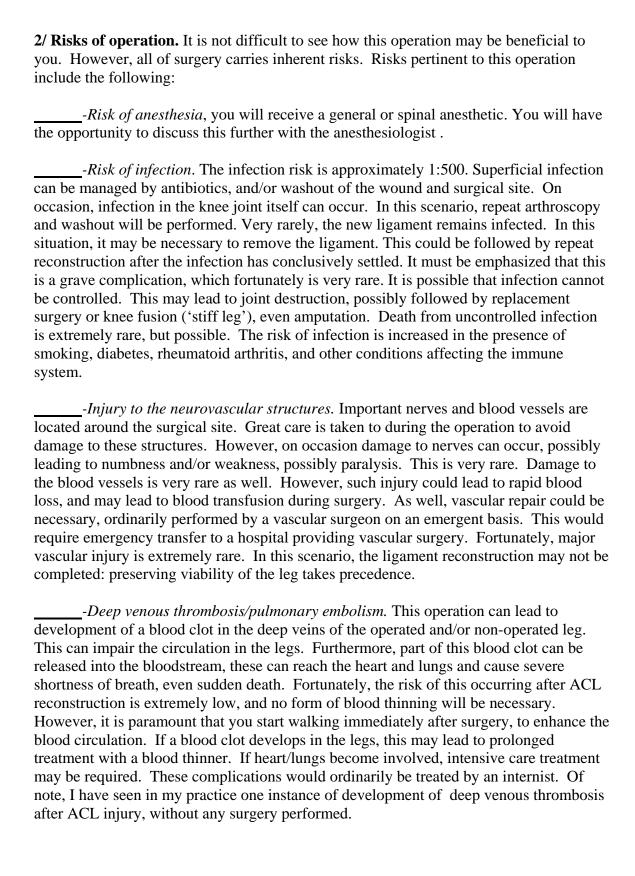
Date:	Fax: (604) 538-0703
Name: DOB:	

You are scheduled for **anterior cruciate ligament** (**ACL**) reconstruction. This document summarizes the discussion that you and I had about the benefits and risks associated with this procedure. Please read this document carefully, then acknowledge your understanding and agreement by initialling on lines provided before the various points. This will help ensure that you fully understand the implications of the decision to undergo this operation.

Please review the following points:

1/ Purpose of operation. The purpose of this procedure is to reduce instability in the knee, due to the absence of a well functioning ACL. Hopefully, this will allow you to resume pivoting activities without fear of giving way of the knee. The original ligament cannot be repaired. Instead, hamstring tendons will be harvested and used to reconstruct a ligament. Tunnels will be drilled in the lower leg (tibia) and thigh (femur), to approximate the attachments of the original ligament. I will aim to obtain rigid fixation, using metal fixation devices. If it turns out that the hamstring tendons are not suitable, part of the patella tendon or quadriceps tendon may be used instead. This scenario is very rare. On occasion, fixation is not firm with the standard fixation devices. This may lead to a slower rehab régime, to protect the fixation, or alternatively to a different mode of fixation. I would make this decision intraoperatively based on my surgical judgment. Again, this scenario is rare. In addition to reconstructing the ACL, the remainder of the joint will be examined arthroscopically. It is not uncommon to find torn shock absorbing cartilages (menisci). This will be dealt with as well, either through removal of the torn part (arthroscopic partial meniscectomy), or through arthroscopic meniscal repair. The purpose of repair is to optimize the amount of shock absorbing cartilage, in an attempt to avoid or delay development of osteoarthritis. The success rate of this part of the operation is 60-80%, depending on the anatomy of the tear and your age. If this fails, later meniscectomy will be performed. Again, this is a judgment call. It is important for me to know how you feel about this, please indicate below:

- YES, if possible, please repair meniscal tears if present, to hopefully minimize the risk of later osteoarthritis.
- NO, even if repair is possible, please remove meniscal tears if present, to avoid re-operation for failed repair.



3/ Expected postoperative course.

My office has available a motorized cooling unit, which will significantly help reduce postoperative pain and swelling.
Arrangements for staple removal and initial assessment are made for the two-week mark. Formal physiotherapy will then be started.
-Week 1 & 2. Phase of wound healing. Walking as tolerated may use crutches or a cane. No formal exercises.
-Week 3-6. Phase of preliminary ligament fixation by bone in the tunnels. Gentle range of motion exercises, swimming (no whip kick), light cycling.
-Week 7-12. Phase of preliminary ligament maturation. Increased cycling intensity as tolerated, swimming, elliptical stepper, deep water walking/running. May start light weight training, focus on hamstring strengthening.  -Week 12-16. May start controlled jogging on a treadmill.
-Week 17 onward. May start exploring agility exercises to return to desired sport.
As discussed above, I explained that, initially, residual discomfort and swelling are common. Numbness may be present. These issues usually settle in the course of six months, occasionally a year. Rarely, these can persist.
Further standard follow-up will be at eight weeks (no X-rays), 4 months (incl. X-rays), one year (incl. X-rays), with further follow-up as needed.
If after reading this, you fully understand the issues and wish to proceed, your signature on this document will confirm the consent obtained using the hospital/clinic form.
Patient's signature:
Sincerely,
Arno Smit, M.D., F.R.C.S.C.

CC: chart OR