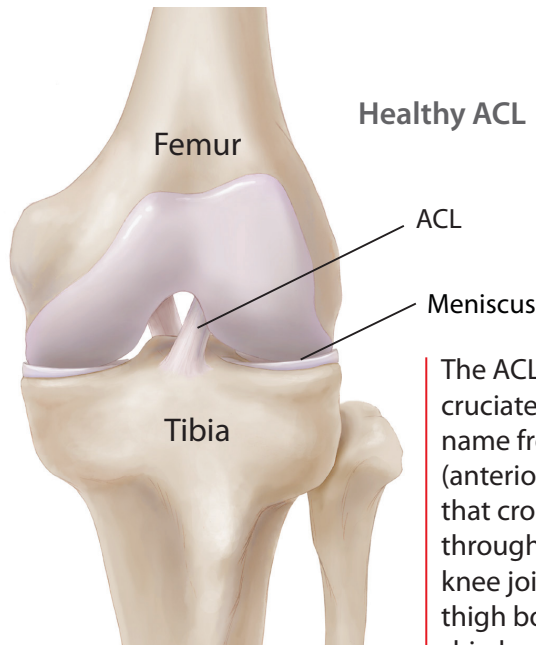
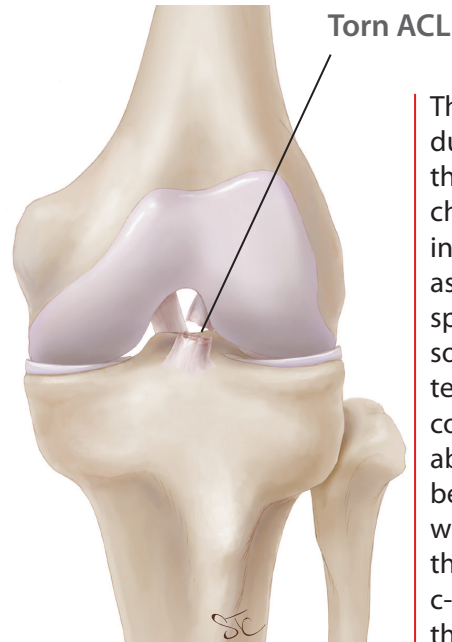


Surgical Repair of ACL Tear



The ACL, or anterior cruciate ligament, gets its name from being the front (anterior) of two ligaments that cross (cruciate) through the center of the knee joint. It connects the thigh bone (femur) to the shin bone (tibia).

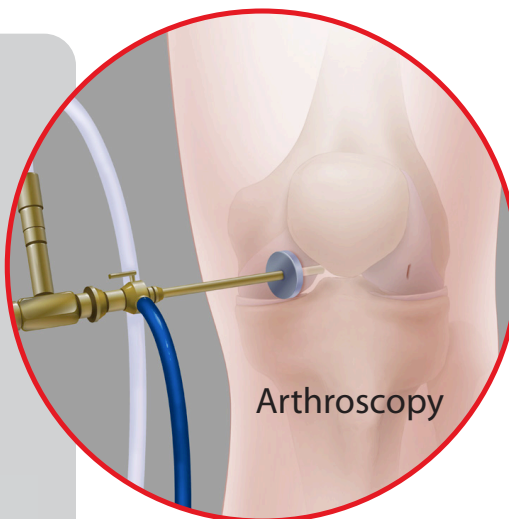


The ACL may be torn due to trauma from the side, as sudden change in direction, or in incorrect landing, as happens in many sports such as football, soccer, and skiing. The tear may be partial or complete, as shown above, and may be in combination with damage to the meniscus, two c-shaped cushions in the knee joint.

Surgical Approach

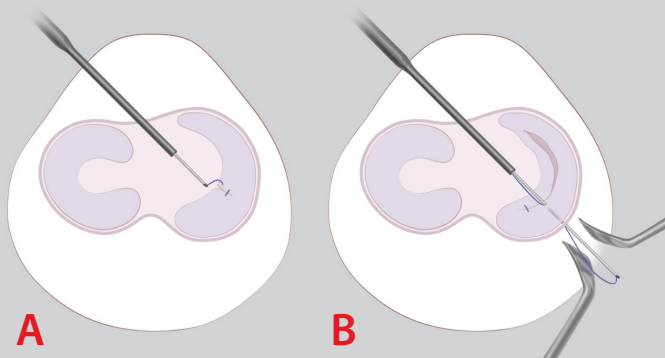
When surgery is called for, most often, a torn meniscus is repaired arthroscopically. This is referred to as an “all-inside” approach (A).

However, depending on the tear pattern and severity, the surgeon may use a combination of arthroscopic and open techniques. This is referred to as an “inside-out” approach (B).



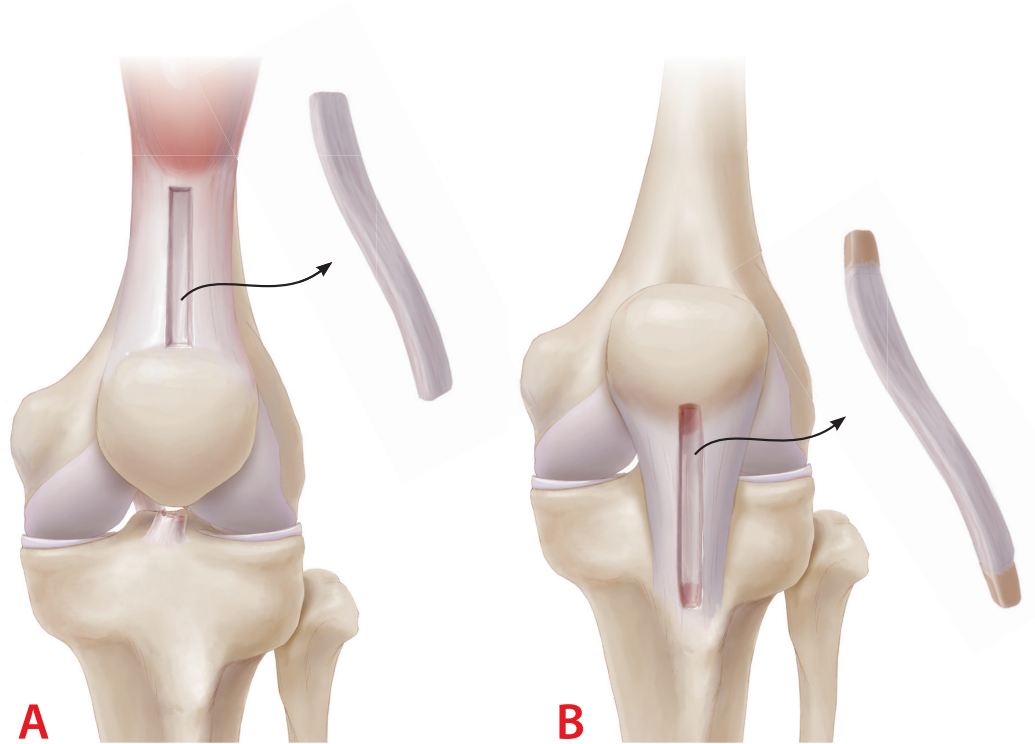
During an arthroscopy, small incisions are made and a camera is inserted into the joint to view the extent of the damage.

Your surgeon may perform an arthroscopy initially to make a complete plan to address all of the pathology in the joint.



Graft Preparation

The torn ACL is often too damaged to repair, so a new ligament is reconstructed with a graft, or strip of tissue from another place in your leg. That graft may come from the quadriceps tendon (A), or from the patellar tendon (B).



Reconstruction

Tunnels are drilled where the ACL once attached, in both the thigh bone and shin bone. The graft is prepared and shuttled through the tunnels. It is then secured with either buttons (A) or screws (B).

