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Surgical consent for ACL reconstruction with autograft bone-patellar tendon-bone tissue

All surgical procedures are associated with certain risks such as pain, bleeding, infection, scarring, damage to blood vessels or nerves, anesthetic-related complications, thromboembolic complications, and medical complications (such as heart attack, stroke, or death).

- Pain: In an effort to decrease pain you will be adequately anesthetized during surgery and will receive pain medications post-operatively.
- Bleeding: Given the fact that this is minimally invasive arthroscopic surgery, the risk of bleeding is minimal.
- Infection: The risk of infection is approximately 1%. You will receive antibiotics through your IV during surgery. In addition the surgery will be performed under sterile conditions. As a result post-operative antibiotics not routinely administered.
- Thromboembolic complications: Anytime surgery is performed on the lower extremities there is a theoretical risk of developing a blood clot in the legs or the lungs. This risk is approximately 1 in 10,000 cases in routine knee arthroscopy. As a result, the routine use of blood thinners following surgery is not routinely recommended because the risk of developing complications related to thinned blood and excessive bleeding and swelling outweighs the potential benefit of preventing a blood clot. If, however, you have a personal or family history of a blood clot or a clotting disorder, blood thinning medications are recommended; please be sure to discuss this with your surgeon. The use of compression stockings following surgery will help decrease your risk of developing a blood clot. In addition performing exercises, such as foot pumps, will also decrease the risk of developing a blood clot. Finally routine walking (but not excessive walking) after surgery will also help decrease your risk for developing a blood clot. If, however, you develop calf pain, chest pain, or shortness of breath after your surgery, please notify your surgeon immediately or proceed to the emergency department for further evaluation as these are symptoms sometime associated with the development of a blood clot.

Potential complications more unique to ACL reconstruction include the following:

- Recurrent instability: Approximately 10-15% of patients report recurrent instability despite undergoing ACL reconstruction. This risk can be limited by being compliant with the post-operative protocol and the activity restrictions provided to you by your surgeon.

- Failure to return to sporting activities: Approximately 10-15% of patients are unable to return to sporting activities at their pre-injury level.

- Chondral injury: It is possible that during the procedure, the articular cartilage covering the surface of the bones maybe inadvertently damaged by the surgical instruments.

- Subsequent arthritis: Numerous studies have shown that even after successful ACL reconstruction is completed, some patients will develop arthritis in their knee. The risk of developing arthritis after ACL reconstruction is lower than if ACL reconstruction is not performed and the patient continues to function and perform sporting activities with an ACL-deficient, unstable knee.

- Stiffness: Stiffness is one of the most common complications following arthroscopic procedures of the knee. In order to prevent stiffness it is important to follow the post-operative instructions including knee bends, prone hangs, and towel rolls. In addition physical therapy will be prescribed after your first post-operative visit. Attending routine physical therapy sessions and performing a home exercise program on days that you are not in therapy will significantly decrease the risk for developing post-operative stiffness. Although it is important to perform range of motion exercises, please do not violate the restrictions given to you by your surgeon so that you do not risk disrupting the surgical reconstruction.

There are also certain potential complications related to harvesting the bone-patellar tendon-bone graft that will be used to reconstruct the ACL.

- Patellar fracture: When harvesting a bone block from the kneecap (patella), it is possible that the saw used to cut the bone inadvertently creates cuts in the bone that will lead to subsequent fracture. This risk is extremely uncommon and is less than 1 per 10,000 cases.

- Kneeling pain: Approximately 10-15% of patients will experience pain in the front of the knee following harvest of the bone-patellar tendon-bone graft. This pain is usually transient and responds to post-operative physical therapy. Occasionally patients will have long-term pain mainly with kneeling activities.

- Extensor mechanism disruption: Because the central one-third of the patellar tendon is harvested for the graft, there is a risk that the remainder of the patellar tendon can rupture post-operatively. This complication is extremely uncommon and occurs in less than 1 in 10,000 cases.

- Injury to the infrapatellar branch of the saphenous nerve: The incision required to harvest the patellar tendon graft can injure a branch of the saphenous nerve. This nerve provides sensation to the skin adjacent to the incision on the outside aspect of the leg. Often times the sensory loss will decrease with time but may not ever completely resolve. This sensory deficit usually has no functional consequences.

Finally, occasionally during ACL reconstruction surgery there are injuries to the meniscus or articular cartilage identified at the time of surgery that are not visualized on the pre-operative MRI scan. These injuries may require treatment which may affect the short-term rehabilitation process and the long-term prognosis. For more information, please read the knee scope consent and the meniscal repair consent forms to learn about the potential complications associated with these additional surgical procedures.

Please print and sign your name below if you have read the information listed above and would like to proceed with surgery.

Patient Signature: _____ Date: _____

Printed Patient Name: _____