Anterior Cruciate Ligament (ACL) Surgery

The following information explains what to expect before, during and after anterior cruciate ligament (ACL) surgery. Our aim is to help you prepare as well as possible. It is completely normal to feel anxious before surgery, but being well informed about the procedure and recovery can help reduce anxiety and support a smoother recovery.

About the procedure

The cruciate ligaments are two strong ligaments that help keep the knee joint stable during everyday activities, including running, jumping and turning. An anterior cruciate ligament (ACL) tear is a common injury, particularly among people who participate in sports. ACL reconstruction is a common and effective procedure for restoring stability to the knee.

During the procedure, tendons are taken either from the back of the thigh or from the front of the knee and used to create a new ACL. The remainder of the procedure is performed arthroscopically through small incisions. Bone tunnels are drilled through the tibia and femur, and the new ligament is passed through the tunnels and secured with screws and/or a fixation button.

Any other injuries identified in the knee, such as a torn meniscus, may also be treated during the procedure.

The procedure usually takes approximately 60 minutes, ± 15 minutes.

Practical information

- You must not drive after the procedure or travel home alone. Please arrange for a family member or other responsible adult to collect you.
- Wear comfortable, loose-fitting clothing that will be easy to put on after surgery.
- Rehabilitation is an essential part of recovery. Regular physiotherapy is key to achieving the best possible outcome and returning safely to everyday activities and sports.

Before surgery

Medication

All medication must be discussed with your doctor. Your doctor will determine whether any medication needs to be discontinued before surgery and, if so, when, or whether any other changes are required. It is important to tell your doctor about all medications you are taking.

If you take medication for high blood pressure or a heart condition, you will generally be advised to take it on the morning of surgery with a small sip of water. Some medications

need to be discontinued before surgery. This applies particularly to medications that affect blood clotting and weight-management medications such as Ozempic and Wegovy.

On arrival

Before the procedure, both your surgeon and anaesthetist will speak with you. Please be aware that the scheduled time of your procedure may change, particularly later in the day.

Physical activity

Avoid sports and activities where there is a risk that your knee may give way.

Physiotherapy

It is advisable to start physiotherapy as soon as possible before surgery to improve strength and balance. Being well prepared before surgery can help you regain mobility more quickly afterwards.

When should you contact us?

If you develop any of the following, particularly during the week before surgery, please contact the Orkuhúsið reception as soon as possible on **520 0150**:

- A wound or infection anywhere on your body
- Fever, sore throat or cold symptoms

It is not advisable to undergo invasive medical procedures or get a tattoo during the week before surgery.

If you become unwell on the day of surgery, please contact the Orkuhúsið operating theatre on **520 0110**.

Smoking and tobacco use

You are advised to stop smoking or, at a minimum, refrain from smoking for six weeks before and after surgery. Tobacco use is known to increase the risk of complications, as smoking reduces blood flow to the skin.

Preoperative consultation with an anaesthetist

An anaesthetist will call you before surgery if this is considered necessary and will discuss your preparation for the procedure.

If you have previously had a general anaesthetic and experienced any problems, such as severe pain, nausea or vomiting, it is important to mention this.

Preparing at home

Fasting

Do not eat anything after midnight on the night before surgery. You may drink water until two hours before your scheduled arrival time.

We recommend having an additional snack after your evening meal the night before surgery, but please make sure that you do not eat anything after midnight.

Showering

You must shower thoroughly and wash your entire body with soap both on the evening before surgery and again on the morning of surgery. This helps reduce the risk of infection.

After showering, do not wear a watch or jewellery and do not apply moisturiser, skincare products or make-up.

Do not shave the leg during the week before surgery, as shaving can cause small breaks in the skin and increase the risk of infection.

What should you bring?

Bring comfortable, loose-fitting clothing that is easy to put on after surgery, as well as sturdy footwear.

Mobile phones are permitted, but please be considerate of other patients in the recovery area. Leave valuables and cash at home, although please bear in mind that you may need to purchase medication on your way home.

It is a good idea to obtain crutches in advance so that you have them available when you return home. You do not need to bring them with you for the procedure.

Day of surgery

Before surgery

Before surgery, you will change into hospital clothing and the surgical site will be marked.

Do not take any medication before surgery unless you have been specifically instructed to do so.

Recovery area

After surgery, you will be transferred to the recovery area. Your vital signs will be monitored and your pain will be assessed regularly. Pain relief will be provided as needed.

You will usually remain in the recovery area for **1–2 hours** after surgery. Your doctor will then explain how the procedure went and discharge you, unless other arrangements have been made.

After surgery

For the first 24 hours after surgery, do not put weight on the operated leg, as it may be weak as a result of the anaesthetic administered in connection with the procedure.

After the first 24 hours, you may begin to place the foot lightly on the ground, but you should use crutches for at least **1–2 weeks** to reduce the load on the knee.

Keep the leg elevated when possible and apply a cold pack to the knee for **15–20 minutes at a time, two to three times a day**.

It is important to keep the knee as fully straightened as possible. Do not place a pillow under the back of the knee, as this may cause stiffness and make it difficult to regain full extension.

Move your ankle back and forth **10–20 times, three to four times a day** to encourage blood circulation and reduce the risk of a blood clot.

Pain

A local anaesthetic is administered during surgery to reduce postoperative pain. As the anaesthetic wears off, your pain may increase. You will be issued an electronic prescription for pain medication.

During the first few days, take your pain medication regularly as instructed. Applying a cold pack to the surgical area can also help reduce both pain and swelling.

It is important to take pain medication according to your doctor's instructions.

Dressings and sutures

Keep your dressings clean and dry.

Adhesive strips are placed directly over the wounds and are usually removed at your follow-up appointment unless otherwise agreed.

It is common for some blood-stained fluid used during the procedure to seep into the dressings. This is generally not a cause for concern and usually stops within **1–3 days**. However, if fluid soaks through the dressings, they will need to be changed.

Gauze and an elastic bandage are placed over the dressings and may be removed **two days after surgery**.

The dressings, including the adhesive strips, must be kept dry. When showering, protect them with waterproof covering. You can use plastic wrap, a plastic bag secured with tape, or purchase a purpose-made waterproof dressing cover from a pharmacy.

Do not take a bath, use a hot tub or go swimming until at least **three weeks after surgery**.

Physical activity

Avoid sports and activities where there is a risk that your knee may give way.

Swelling

Significant swelling of the knee is common after surgery.

During the first few days, you may also hear or feel fluid moving within the knee. This is normal.

Physiotherapy

Physiotherapy after surgery is very important in achieving the best possible outcome.

We recommend contacting a physiotherapist as soon as possible before surgery. Your physiotherapist can teach you how to use crutches and explain what to expect during the first few weeks after surgery. It is also helpful to review the exercises you should perform before surgery and those recommended during the first few days afterwards.

You should usually resume physiotherapy **1–2 weeks after surgery**.

It is important to continue physiotherapy for approximately **one year after surgery** before returning fully to sports. In addition, certain goals relating to range of motion (flexion and extension), strength, balance and coordination need to be achieved.

Your physiotherapist will monitor your progress and help you return to sports gradually, thereby reducing the risk of further injury.

Expected outcome

Approximately **eight out of ten patients are satisfied with the outcome one year after surgery**.

Many factors influence the outcome, particularly the extent of the original knee injury. Patient-related factors such as smoking and general health are also important, and good physiotherapy is very important for achieving the best possible outcome.

Sick leave / medical certificate

If you require a medical certificate for your employer after surgery, this will usually be arranged at your follow-up appointment or as otherwise agreed.

The amount of time required off work varies considerably and depends on the nature of your job.

Follow-up

Your first follow-up appointment is usually **1–2 weeks after surgery**, unless otherwise arranged.

You are advised **not to travel abroad or fly until at least one month after surgery**.

Driving

For safety reasons, you are advised **not to drive for at least the first two weeks after surgery**.

You must not drive while taking strong pain medication.

Before returning to driving, you must have sufficient strength and control in your leg, adequate reaction time to respond safely to unexpected situations, and be able to get in and out of the vehicle safely.

Possible complications

Although the risk of complications is low, complications may occur. These include **infection, bleeding, nerve injury, blood clots, allergic reactions and pain**.

If you experience any problems, such as increased pain, bleeding or fever, please contact Orkuhúsið by phone at +354 520 0150 or through "My Pages" on the website. If these symptoms occur outside regular opening hours, please contact **Læknavaktin (the out-of-hours medical service)** or go to an **Emergency Department**.

Infection

A mild fever during the first 24 hours after surgery can occur and is usually normal.

A fever that develops later, redness around the surgical site, increasing pain or increased warmth around the surgical site may indicate an infection.

If you suspect an infection, contact Orkuhúsið immediately on **520 0150** during opening hours. Outside opening hours, contact Læknavaktin or an Emergency Department.

Blood clots

If you have known risk factors for blood clots — such as a personal or family history of blood clots or use of the contraceptive pill — you may need to take anticoagulant medication after surgery.

To help reduce swelling in the operated leg and improve circulation, move your ankle up and down regularly and keep the leg elevated when sitting.

When travelling by car, it is best to sit in the back seat with the operated leg elevated.

The following symptoms may indicate a blood clot:

- Fever
- Increasing pain
- Swelling of the calf or the entire leg

If you develop any of these symptoms during Orkuhúsið opening hours, contact Orkuhúsið immediately on 520 0150. Outside opening hours, contact Læknavaktin or an Emergency Department.

The staff at Læknastöðin Orkuhúsið wish you a good recovery.