

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Anterior Lateral Ligament (ALL) Reconstruction Surgery

Indications for Surgery

- Patients who failed a previous anterior cruciate ligament (ACL) reconstruction and anterior lateral ligament injury who regularly perform sports that require pivoting, cutting, and jumping and landing
- Patients with an ACL and anterior lateral ligament injury with significant laxity or rotational instability demonstrated by pivot shift

In special cases where patients exhibit excessive knee instability related to injury of the anterior lateral ligament after an ACL injury or failed ACL reconstruction, Dr. Chudik may recommend reconstructing the anterior lateral ligament (ALL) in addition to the anterior cruciate ligament (ACL).

Contraindications to Surgery

- For individuals who do not perform sports requiring frequent pivoting, cutting, jumping and landing, surgery may not always be the best solution.
- Persons who demonstrate an inability or unwillingness to complete the necessary postoperative rehabilitation program should not have surgery.
- Infection of the knee, current or previous, is a concern, but not an absolute contraindication.
- Persons with severe knee arthritis and damaged cartilage.

Potential Surgical Risks and Complications

- Infection
- Nerve injury (numbness) in the skin around the knee. It is not uncommon to have some small area of numbness, temporary or permanent, around the incisions.
- A post-operative infection can require staged surgeries and the graft to be removed to treat the infection.
- Re-rupture or stretching of the reconstructed ligament, causing recurrent instability (more common with allografts).
- Knee stiffness (loss of knee motion) requiring prolonged rehabilitation or repeat surgery.
- Pain from the fixation device used to hold the graft (rare).
- Clot in the veins of the calf or thigh (deep venous thrombosis, phlebitis) that may break off in the bloodstream and go to the lungs (pulmonary embolus) (rare).



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Hospitalization and Anesthesia

- General anesthetic, femoral block or adductor block and IPACK block (See *Your Surgical Experience* booklet)
- Outpatient surgery (you go home the same day)

General Surgical Technique

Dr. Chudik performs ALL surgery along with ACL reconstruction as an outpatient procedure (you go home the same day) with general anesthesia and a nerve block (numbing medicine injected around the nerves of the leg). The failed ALL is replaced by a new graft and fixed into place using additional limited incisions. Once healed, it assists the reconstructed ACL with rotational stability of the knee and has been shown with initial studies to decrease the incidence of recurrent ACL injury.



Post-operative X-ray of a patient following revision ACL reconstruction and ALL reconstruction surgery

Post-Operative Course

- Crutches and partial weight bearing for approximately four weeks for an isolated ACL reconstruction. ALL reconstruction does not add additional time.
- A post-op knee brace for only 24 hours if a regional femoral block was used or six weeks if your meniscus is repaired or if another ligament also had to be repaired/reconstructed.
- Keep the wound clean and dry for the first 10 to 14 days after surgery. Showering lightly after two weeks, but wounds cannot be submerged under water for three weeks
- Driving after six weeks if right lower extremity is involved



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- Return to school/sedentary work in less than one week as long as the extremity can be elevated and the patient can use crutches
- Physical therapy to restore motion, strength, and proprioception (balance) for up to four to six months
- After the knee is fully rehabilitated, **Dr. Chudik's ACL Return to Sport Testing** is performed to determine that the knee is fully rehabilitated and, more importantly, that any errors in movement patterns (known to put patients at risk for injuring their ACL reconstruction or their other knee) are corrected and the patient can return to activities safely

Return to Activity

- Return to walking and regular daily activities once off crutches (about four to six weeks after surgery)
- Return to running about three months post-op
- Return to sports at four to six months post-op

Preoperative instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®] according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

Do not eat or drink anything from midnight the evening before surgery

Scheduling Surgery

Call Dr. Chudik's surgery scheduler at 630-324-0402, or email contactus@chudikmd.com to:

- Schedule the date and location of surgery
- Schedule an appointment with Dr. Chudik's PA to complete pre-operative surgical education and other requirements
- Schedule a post-operative appointment with Dr. Chudik's team to remove sutures and review post-op instructions

Notify My Office if Symptoms Worsen



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