

How I Do It: Anterior Cruciate ligament Reconstruction

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Patient Selection

- No specific selection criteria

Anaesthetic Techniques

- Short acting general anaesthetic: We use TIVA with propofol and remifentanyl
- Saphenous nerve block which provides a slightly less reliable sensory block than a femoral nerve block but has the advantage of no motor block. This is the preferred technique surgically to enable full weight bearing immediately post operatively 30 mls. 0.25% Bupivacaine (reduced to 1mg/kg if under 75kg)

Surgical Technique

- Infiltration of local anaesthetic into the skin around the harvest site of patellar tendon or hamstrings and the arthroscopic portals 30mls of 0.25% Bupivacaine total (reduced to 1mg/kg if under 75kg)

Peri-operative analgesia

- Pre-operative: oral paracetamol and ibuprofen
- Intra-operative: iv fentanyl
- Post operative: regular paracetamol and ibuprofen
- Rescue intravenous fentanyl or oral morphine if required

Take Home Medication

- Paracetamol 500 mg/ codeine 30mg po qds, laxido 1 sachet bd, plus ibuprofen 600 mg po qds

Organisational Issues

- Surgeon must write x-ray request form before patient leaves theatre
- Intravenous teicoplanin 400 mg on induction avoids the need for further post operative doses of antibiotics
- Physiotherapist must be available to see patient preoperatively or immediately post operatively to fit knee brace and aid timely discharge

Anticipated Day case Rates



- 90%