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Surgical consent for ACL reconstruction with allograft 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 the IV during your surgery. In addition the surgery will be performed under sterile conditions. As a result post-operative antibiotics are 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. 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.

- Painful hardware: Occasionally patients will have pain related to the hardware used to fix the ACL graft at the time of surgery. If this occurs and is debilitating, a second surgical procedure may be performed to remove this painful hardware.

There are also certain potential complications related to the use of allograft tissue that will be used to reconstruct the ACL.

- Delayed incorporation: Animal studies have shown that it takes longer for allograft tissue to incorporate into a new ACL than it does when your own tissue is used. As a result your post-operative rehabilitation protocol may be delayed slightly to protect the allograft as it matures.

- Graft rejection: Because the allograft comes from another person there is a theoretical risk that your body will recognize this as foreign material and will reject this tissue. However, this has never been reported in the literature and is extremely unlikely to occur.

- Increased risk of failure or re-rupture: Some studies have suggested that allografts are associated with a significantly higher rate of failure and re-rupture than autograft tissue. This is most often seen in patients under the age of 25 and in those who are more active.

- Viral disease transmission: Because the allograft comes from another person there is a theoretical risk that if this person was infected with a virus (such as HIV, cytomegalovirus, or hepatitis) that this virus can be transmitted to the recipient of the graft. This risk is approximately 1 in 6 million but has not been reported at all in the past 12 years after the tissue banks responsible for obtaining, processing, and storing the allografts have improved their donor screening processes and their "sterilization" methods.

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: _____