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Advice for patients following Posterior Cruciate Ligament Reconstruction

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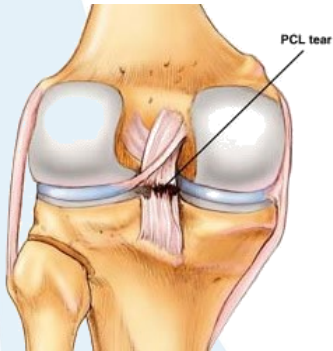
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About the Posterior Cruciate Ligament (PCL)

You have had an operation to reconstruct your torn Posterior Cruciate Ligament (PCL). This is the ligament that provides stability to your knee and stops the shin bone from moving too far backwards. Injury to this ligament can result in a feeling of 'looseness' or giving way.



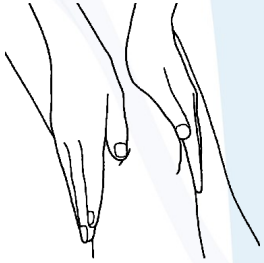
About the operation

The operation is usually performed under a general anaesthetic with the aid of an arthroscope (key hole surgery), however you will also have a small incision (cut). This is usually performed as a day case which means that you will be discharged home on the day of your operation.

The surgeon will take a graft from your hamstrings (muscle at the back of your thigh), on the same leg that you are having surgery on. This is then passed through the knee and fixed with a variety of screws, pins and/or staples to provide a secure fix, replicating the original position of the ruptured ligament.

To have the best possible outcome from your surgery, it is important that you follow the instructions given to you by your therapist.

Notes



Sit with your leg straight. Push your kneecap



Sit with your operated leg straight out in front, place a belt or towel around the foot.

Gently pull the belt / towel until a stretch is felt in your calf. Hold for 20 seconds and then relax.

Benefits of the operation

The aims of the surgery are to:

- Improve stability of the knee
- Improve function of the knee
- Restore normal joint mechanics

You will receive physiotherapy as an outpatient to help you achieve your goals.

Risks

Risks associated with surgery include:

- Failure of the reconstruction/need for revision - this can be minimised by following advice that has been given to you
- Stiffness
- Persistent / recurrent pain
- Recurrent symptoms including swelling, instability/ residual laxity
- Altered sensation in the knee post-operatively
- Nerve or vascular damage
- Wound infection
- Blood clots
- Complications related to the anaesthetic.

After the operation

When you come round from the anaesthetic, your knee may feel tight and sore. You will have a wool and crepe dressing to protect the wound, as well as a brace on your leg to protect your knee on return from theatre. The brace will be reviewed and adapted by the therapists on the ward and you will go home wearing this.

Depending on your surgery, you may be allowed to put some weight on your leg. You will be provided with crutches by the ward therapist, and instructed on how to use these and how much weight to put through your operated leg. Once mobile, you will practice the stairs as required.

You will also be taught some exercises that you will be expected to continue with at home. These will vary depending on the procedure, and will be identified by your therapist.

Wearing the brace

You will be required to wear a knee brace for 8-12 weeks after a posterior cruciate ligament reconstruction - the exact time will depend on whether you have other surgical procedures performed to your knee at the same time.

It is extremely important that you wear the brace as instructed by your Consultant and Therapist to protect the reconstruction and reduce the risk of failure.

The brace that you are provided with in the hospital is temporary. You will be contacted by the Orthotics department once at home to arrange an appointment for fitting of the dynamic brace that you will continue to wear.

The following exercises are to be commenced immediately after your operation:



Lying or sitting, bend and straighten both ankles briskly.



Lying down or sitting up with your legs straight.

Bend your ankle up and push your knee down firmly against the bed. Hold for five seconds then relax.



Lying down or sitting up with your leg straight.

Pull your toes up, push your knee straight and lift your leg 6" off the bed. Hold for five seconds then slowly lower your leg.

Exercises

Exercises are really important after your operation.

They aim to stop your knee and ankle getting stiff and to strengthen the muscles around your knee.

It is normal to feel discomfort, aching and stretching sensations whilst doing these exercises.

Having painkillers before and using ice after exercising can help to minimise this.

If you have intense or prolonged pain, e.g. longer than 30 minutes, try doing the exercises less forcefully or less often.

If this does not help, discuss your problems with your physiotherapist.

Whilst keeping your brace on, allow 3-4 times a day to perform the following exercises.

If you put the time and effort in, you will see the improvement.

It is important to start the following exercises the day of or the day after your surgery.

It is up to you to continue with these at home until you attend for your outpatient physiotherapy appointment.

Complete the exercises in this booklet only to prevent damage to your knee and reconstructed ligament.

Exercises will be progressed with the outpatient physiotherapist.

You should **wear your brace at all times** except for washing and dressing (in which case your leg should remain fully supported in a straight position throughout). When dressing yourself, dress the operated leg first.

Using elbow crutches can make day to day tasks at home difficult and you may need some support from friends and family members once you are discharged. Your therapist on the ward will discuss your individual situation with you.

Please let them know of any specific concerns you have.

An appointment for outpatient physiotherapy will be arranged for you to attend to allow you to continue your rehabilitation.

The Physiotherapist will review and progress your exercises on a regular basis.

Depending on your job you may be off work for several weeks.

Your therapist and surgeon will be able to advise you further on this.

Precautions

Use of the brace and protected weight bearing will help to ensure that the ligament remains protected post-operatively during the early stages of healing.

Do **not** twist or pivot on your operated leg.

Depending on surgical procedure, return to sports is usually from 6 months onwards, and 9 months onwards for contact sports. This must be discussed in clinic with your surgeon prior to commencing.

Pain

It is normal to have a certain level of pain after your operation, this should be eased by painkillers, the use of ice, doing your exercises and keeping your leg elevated.

If you experience a sudden increase in your pain levels, particularly if your calf becomes hot and swollen, it is important that you contact your GP or the ward immediately.

Swelling

It is completely normal to have swelling of your knee post-operatively. Ice can be a very useful method in helping to keep your pain under control and keep swelling of your knee to a minimum. If you do not have an ice pack / gel pack, a bag of frozen peas can be used as an alternative. Do not apply directly to the skin, use a thin barrier such as kitchen roll between your skin and the pack, then wrap a towel tightly around the pack and your knee. Check your skin after 5 minutes to make sure there has been no reaction e.g. burning to the skin. If OK, reapply the ice for a further 15 minutes. You can use ice as many times you feel you need it throughout the day.

Mobility

It is important that you continue to wear the brace and use crutches as advised by your physiotherapist. Your physiotherapist will advise when you can put more weight through your leg.

To have the best possible outcome after your surgery it is important that you start your exercises straight after your operation, continue at home, and follow advice offered to you.

Driving

You must be safe and have sufficient strength and control before returning to driving following your surgery. This is at least 8-12 weeks post-operatively, once the brace has been removed.

It is your responsibility to decide when you can safely control the car. It is advisable to start with short journeys. You must also make your insurance company aware that you have had the operation.

Return to Work / Sport

Return to work is dependent on your symptoms and the nature of your work. This can be discussed with your Surgeon or Physiotherapist.

Return to sports may be from 9 months onwards, although this is typically longer for contact sports. Please note - return to previous sports is not always possible. Please discuss this with you Consultant and Physiotherapist

Follow up Appointments

- You will be seen in the consultant clinic 6-8 weeks after surgery.
- Nursing staff will provide you with information on looking after your wound. Stitches are removed at 10-14 days post-op.
- You will be seen by the Orthotics department for fitting of a dynamic brace prior to attending Physiotherapy.
- You will be seen by a Physiotherapist as appropriate for your surgery. This is usually 2 weeks after your operation, with further initial appointments at approximately 2 week intervals.