

Letter to editor

Day case ACL reconstruction

Sir

We read with interest the article by Haug et al. [1] in the August 2000 issue entitled 'Anterior cruciate ligament reconstruction as a day case with extended recovery'.

The expansion of dedicated Day Surgery Units in the UK in the past decade has been popular with orthopaedic surgeons, nursing staff, management and patients and the number of procedures performed in these units continue to grow. Arthroscopically assisted reconstruction of the anterior cruciate ligament is ideal for day surgery as it is reserved for young healthy people. We have therefore sought to make it a procedure that can be easily tolerated with minimal complications. We support the short stay approach of this article and commend the multidisciplinary approach to pre-operative preparation. We would like to highlight the differences in our practice that we believe have helped us omit any extended recovery thus avoiding the necessity for a hospital bed with nursing care overnight.

We employed a femoral nerve block and sensory blockade of the common peroneal nerve, which gave 48 h analgesia. We modified our surgical technique to minimise morbidity. We harvested gracilis and semitendinosus for the graft and this resulted in less donor site morbidity. Proximal fixation was achieved with the continuous loop endobutton and distal fixation with the bioscrew and a staple. The tourniquet was deflated intra-operatively, as soon as the graft was in place to limit ischaemic pain. Post-operatively our patients are protected in a knee-brace, which is locked at 0° of extension. This is only removed under physiotherapist

supervision until adequate quadriceps control has been regained.

In our system an overnight stay means using an inpatient bed and we therefore need to restrict this to a minimum in our day surgery practice. We therefore recommend regional anaesthesia combined with hamstring graft reconstruction of the ACL for day surgery practice.

References

- [1] Haug M, Sorensen L, Dichmann O. Anterior cruciate ligament reconstruction as a day case with extended recovery. *Ambul Surg* 2000;8:171–3.

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J.D. Acton
*Specialist Registrar,
Kingston Hospital,
Kingston-upon-Thames,
Surrey,
UK*

M. Curtis
*Consultant Orthopaedic Surgeon,
Kingston Hospital,
Kingston-upon-Thames,
Surrey,
UK*

G. Samsoon
*Consultant Anaesthetist,
Kingston Hospital,
Kingston-upon-Thames,
Surrey,
UK*