

How I Do It Series NUMBER 5

Day Case Anterior Cruciate Ligament Reconstruction

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Patient Selection	<ul style="list-style-type: none"> • No specific selection criteria
Anaesthetic Techniques	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Paracetamol 500 mg/ codeine 30mg po qds, laxido 1 sachet bd, plus ibuprofen 600 mg po qds
Organisational Issues	<ul style="list-style-type: none"> • Surgeon must write x- ray request form before patient leaves theatre • Intravenous telcoplanin 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	<ul style="list-style-type: none"> • 95%

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