



Extraarticular anterolateral tenodesis

In some patients, the ACL reconstruction, done within the knee, is not sufficient to control the amount of instability that a patient experiences.

The ACL provides stability for straightforward anterior movement. This movement is usually controlled by the ACL reconstruction.

There is also a rotary instability, which the ACL reconstruction may not control fully. It is this turning/pivoting movement which gives the patient the feeling of popping and giving way of the knee.

In cases where patients are significantly loose, or when an initial reconstruction has failed, I tend to want to reinforce the ACL reconstruction with a band of tissue, that is attached to the outside of the knee, deep to the skin, from the bottom bone (tibia), to the top bone (femur).

This is done using either a free graft, such as a hamstring tendon – usually from the other knee – or using some the sinewy band on the outside of the knee, called the iliotibial band – I will have shown you this at the consultation.

The following diagram represents the ACL reconstruction – in the knee joint itself – and the above procedure.

This does not change the rehab and recovery process. It does necessitate an extra cut on the outside of the knee though, roughly 4-5cm in length.

