ACL Graft Options

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Background:

The Anterior Cruciate Ligament (ACL) is a ligament that attaches the two bones of your knee together. When it is torn, the knee can feel unstable.

In general, the ACL cannot be "repaired", instead, it is **reconstructed** using a transferred tendon. The tendon that is used is either from the patient (autograft) or it is taken from a cadaver (allograft).



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Graft Options:

With an autograft, either part of the **patella tendon** or **hamstring tendons** are taken and used. There are different advantages and disadvantages with each graft choice. However, minimal differences have been shown between muscle strength, function, return to sport or patient satisfaction between each choice.

Graft choice should be individualized for each patient and should be based on age, activity level of the patient, and the nature of the injury.



Graft Type:	Advantages	Disadvantages	
Autograft	1. Patient's own tissue	1. Donor site morbidity	
	2. More predictable incorporation	2. More painful & slower early recovery	
	3. No risk of disease transmission		
	4. Lower risk of failure		
Allograft	1. No donor site morbidity	1. Higher risk of failure	
	2. Smaller incisions	2. Theoretical risk of disease	
	3. Shorter surgery	transmission	
	4. Less painful, quicker early		
	recovery		

Autograft vs. Allograft

Hamstring Autograft vs. Patella Tendon Autograft

Graft	Advantages	Disadvantages	Location
type:			
Hamstring Autograft	 Smaller incision Less painful, early recovery 	 Hamstring weakness May require allograft augmentation Higher failure in young, female athletes w/ significant joint laxity 	femur (thigh bone) hamstring muscles tibia (shin bone) tendon graft
Patella Tendon Autograft	 Bone to Bone Healing Longest history of use Lowest failure rates 	 Greater incidence pain in front of knee Increased incidence of osteoarthritis Larger Incision Longer, more invasive surgery Quadriceps weakness 	Middle third of patellar tendon cut and removedBory plugs implusEXECTENTImplus implus