

My knee reconstruction:

Meniscal Allograft Transplantation + Revision ACL Reconstruction

by Louise Ayling, August 2015

Having had an ACL reconstruction on my left knee 9 years ago, I encountered further problems when my knee began to give way, causing damage to my meniscus. My ACL graft had stretched and was no longer functioning. Consequently, during a physio session, my knee gave way causing a bucket handle tear in my meniscus, resulting in surgery to remove it.

I understood I had three options:

- 1) Do nothing and risk early onset arthritis, further wear to my joints as a result of the lack of meniscus, and continuous instability due to my lack of functioning ACL;
- 2) ACL reconstruction using a donor tendon;
- 3) ACL reconstruction and meniscus allograft from a donor.

The latter option with the meniscus allograft was a daunting prospect. Ian McDermott was recommended to me by another orthopaedic surgeon.

I visited Ian to discuss my options, the different procedures and likely future outcomes. Ian is incredibly knowledgeable, and his understanding of emerging medical practices was evident. What struck me the most was how far medicine has evolved since my first ACL reconstruction in 2006.

Ian's explanation of the procedure involved with the meniscal allograft and the subsequent restrictions on my sporting lifestyle were detailed yet straight-talking. I was left under no illusion that the meniscal allograft would be a painful process, with a long recovery period and I would need to be absolutely serious about my physio following the operation. Most concerning for me was the ban on sport, particularly as I sail competitively most weekends. Another major concern was the length of the immediate recovery period, with no or very little weight bearing, and a requirement to have my leg elevated most of the time.

Ian was happy to answer any of my questions, and he took the time to explain every aspect of the procedure, using language I could understand. His diagrams were especially useful, to help me to recognize the process.

After some serious deliberation, debates, indecision (and some differences of opinion!) with family, I chose to proceed with the ACL reconstruction and meniscal allograft, undertaken in a single operation. My decision was based largely on the likelihood of further damage to my joints if I did not proceed.

The operation went well and the procedure and recovery were far better than I had expected. Ian had prepared me for the worst, but the pain levels were manageable throughout; the nerve block and morphine masked a lot of the initial pain. I felt very nauseous following the operation, but this soon subsided and I stayed in hospital for two nights, which felt reassuring given the extent of the surgery. Once out of hospital, I was on tramadol for a while, which made me feel pretty awful, so I ditched that as quickly as possible.

The recovery, although tedious and restrictive, was bearable, and was easier than I had anticipated. The range of motion in my knee brace was adjusted by Ian every time I saw him, to ensure that my new meniscus had time to heal. Netflix certainly helped the boredom during the initial couple of months, and I had a Game Ready ice machine which assisted in the reduction of any swelling.

Ian recommended a fantastic physio, who I trust implicitly, and with both of their continued support, I have made significant progress. My physio even watched the surgery, so that she fully understood the procedure. This was important to me, given the small number of meniscal allografts undertaken in this country to date.

Now, one year on, I am swimming front crawl, going to the gym 2-3 times a week and I've even just been walking in the mountains in Scotland. I hope to get back into pilates within the next month, too. I miss the sailing, skiing, surfing and other adventurous sports, but I had come to the realization that I wouldn't be able to participate in them anyway, given the state of my knee.

I recognize there's still a long way to go to build up my strength, and my knee will never be 'better' but I am very glad I've had the surgery and can carry out my day-to-day life without the constant instability in my knee that I had before.

I would highly recommend Ian to anybody contemplating knee surgery. His professionalism, attention to detail and knowledge (and experience) of current medical research gave me the confidence to go ahead.

Louise Ayling
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