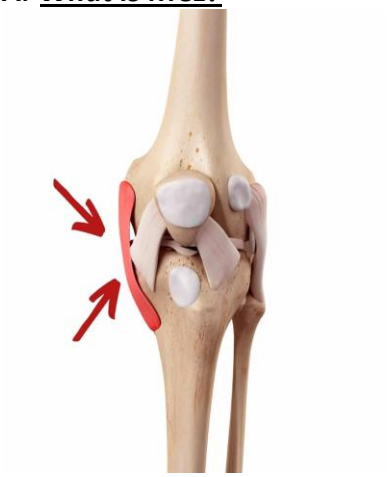
MCL (MEDIAL COLLATERAL LIGAMENT) INJURIES

A. What is MCL?

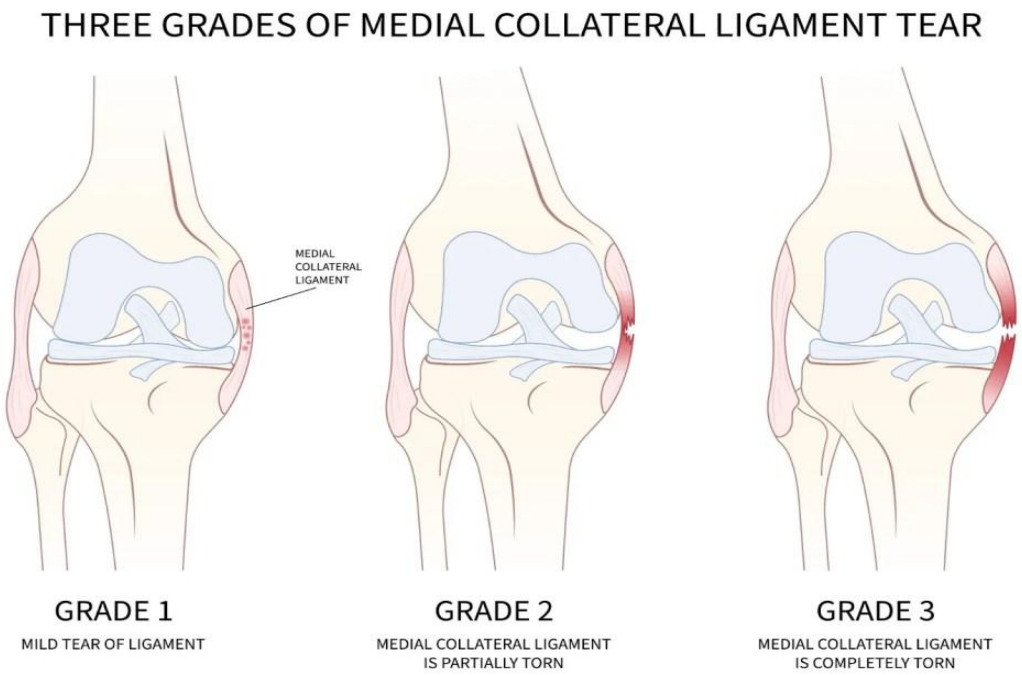


The Medial Collateral Ligament (MCL) is major ligament that's located on the inner side of your knee.
Function:
It connects your thigh bone (femur) to your shin bone (tibia)
It prevents the tibia (shin bone) from moving outer side under stress away from femur (thigh bone).

Courtesy: https://sportsmedtexas.com/conditions/mcl-tear/

B. What is MCL Tear?

Any disruption in structure of MCL is tear and hampers its function. They are graded from grade I to III depending on severity of injury.



Courtesy: https://thefootballphysio.co.uk/medial-collateral-ligament-injuries-in-football-players/

C. ***What can be done?***

Many MCL tears will *NOT NEED* immediate surgery.

I. *Nonsurgical Treatment*

When advised?

Early phases of injury to help knee inflammation due to injury to settle in all grades.

Grade I and II injuries

Treatment:

Rest, Ice Compression, Elevation, Painkillers, physiotherapy.

Hinged Knee brace with controlled ROM over 4-6 weeks.

(Early surgery vs delayed surgery vs no surgery is still controversial topic in medical literature. Author prefer Shared Decision Making with patients considering pros and cons of each approach providing individualised care to every patient)

II. *Surgical Treatment*

Recommended when:

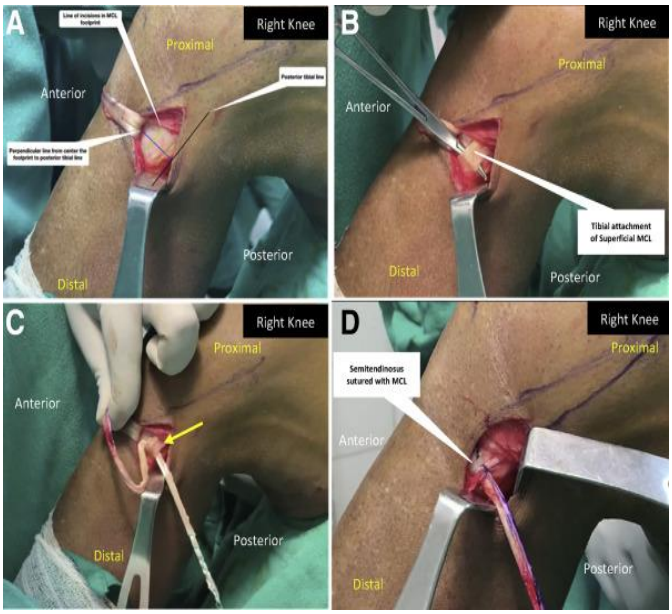
1. **Young and active patients with Grade III tear**
2. **Failure of conservative management**

SURGERY

Early cases MCL can be repaired or delayed reconstruction can be done for failed non-surgical management.

A. MCL Repair (Using internal Brace)

B. MCL RECONSTRUCTION USING GRAFT



Courtesy: https://www.mackayclinic.co.uk/internal-brace-in-depth-the-knee/
https://www.sciencedirect.com/science/article/pii/S2212628719301586

D. What are Risks with surgery?

General Risks: These are the general risks with any operative procedure:

Pain, bleeding, scar, infection, stiffness, numbness, nerve vessel tendon damage, CRPS (Complex Regional Pain Syndrome).

Anaesthetic risk:

DVT/PE Clots in leg and lung, MI, stroke, Risk to limb and life.

Risks specific to Meniscal surgery:

Knee pain, stiffness, residual pain, residual laxity, Retear or recurrence, Failure of graft, Instability Resurgery, contralateral or synthetic graft, Arthritis in long run.