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Bilateral anterior cruciate ligament reconstruction as a single procedure: evaluation of cost and early functional results.

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BACKGROUND: The ideal treatment for patients presenting with bilateral anterior cruciate ligament (ACL) deficiency remains controversial.

PURPOSE: To evaluate cost and early functional results after bilateral ACL reconstruction at a single setting.

STUDY DESIGN: Retrospective review.

METHODS: Eleven patients (22 knees) who underwent bilateral ACL reconstruction at a single setting were compared with 33 patients (35 knees) who underwent unilateral ACL reconstruction during the same time period.

RESULTS: The mean time to full unrestricted activity between groups was 6.5 months for both groups ($P = 0.92$). There were no significant differences between groups at latest follow-up for complication rates or laxity as judged by Lachman test, pivot shift test, and KT 1000 arthrometry. The mean International Knee Documentation Committee subjective score at a mean 3.1-year follow-up was 91.9 for the bilateral ACL group compared to 92.0 for the unilateral ACL group ($P = 0.95$). There was a total cost savings per knee (based on 2001 dollars) of \$3751.59 when performing bilateral ACL reconstruction at a single setting ($P = 0.0001$).

CONCLUSIONS: For patients presenting with bilateral ACL deficient knees, reconstruction of both knees at a single setting is safe, cost effective, and does not appear to compromise early functional results.



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