

MCL RECONSTRUCTION

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	MCL reconstruction with a hamstring tendon graft, through an incision on the inner side of the knee. Your own MCL is repaired too when the tissue allows
HOW LONG	About 1–2 hours for an isolated MCL reconstruction. Longer if other ligament work is needed
ANESTHESIA	General anesthesia, with a nerve block for pain after surgery
WHERE	Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), both in Renton. We will tell you which. You go home the same day
AFTER SURGERY	Hinged knee brace (0–90°) and crutches, toe-touch only for 6 weeks . PA visit at 2 weeks . Clinic visit with X-rays around 6 weeks
PHYSICAL THERAPY	Starts 5–7 days after surgery, 2 times a week . Schedule it before surgery

Do these now, before surgery

- **Schedule physical therapy** for 5–7 days after surgery. You will get the referral at your pre-op visit.
- **Arrange a driver** and someone to stay with you for the first 24 hours.
- **Get your handicap placard** at a DMV office, using the application from your clinic visit, so you do not have to deal with it while recovering.
- **Get fitted for an ice machine** and stock up on bags of ice.

About Your Injury

The medial collateral ligament (MCL) is on the inner side of the knee. It connects your thigh bone (femur) to your shin bone (tibia). The MCL is one of the main stabilizing ligaments in your knee and is the most commonly injured knee ligament. It works with your ACL and other structures to prevent unwanted movement and rotation.

The MCL is usually injured by a blow to the outside of the knee. This pushes the knee inward, which is called a **valgus force**. The injury is common in football, soccer, hockey, and skiing. Some MCL injuries happen together with other knee injuries, such as ACL tears.

The MCL often heals without surgery. If the knee is still unstable after it heals, an MCL reconstruction is recommended. Reconstruction makes a new ligament with a piece of tissue from your own body to support the inner knee.

Why surgery: surgery is recommended for Grade III tears that fail to heal with non-surgical treatment, for ongoing instability, or when the MCL is injured together with other ligaments (multi-ligament injuries).

About Your Surgery

MCL reconstruction uses a **hamstring tendon autograft**, taken from your own semitendinosus tendon at the back of your thigh. When the tissue allows, your own MCL is also repaired. Together, this reinforces and rebuilds the damaged ligament and restores stability to your knee.

Unlike ACL reconstruction, which is fully arthroscopic, MCL surgery is done through an incision on the inner side of the knee. I will assess the extent of the MCL damage, harvest the hamstring tendon, and use it to reinforce and rebuild the torn MCL. If other ligaments are injured, more work may be done at the same time.

Risks of surgery

Stiffness, infection, blood clots, numbness around the incisions, continued pain and swelling, weakness at the hamstring harvest site, and re-injury to the reconstruction. We will work together to lower these risks and make your recovery as smooth as possible.

Learn more and watch the videos

My website covers MCL injuries, when surgery is needed, and what recovery looks like in more detail. merrittsurgery.com/surgeries/mcl-injuries



Scan to learn more
and watch videos

The Day of Surgery

What to expect, step by step.

1 A couple of days before

The nursing staff will call to confirm your check-in time and when to stop eating and drinking.

2 Check in

Check in at the front desk at your assigned time. In the pre-op area, with your family, our nurses will help you change, start an IV, and review your health history.

3 Meet the team

I will meet with you to review the plan, and the anesthesia team will explain their approach.

4 Surgery

When the operating room is ready, you will walk back with a nurse. After anesthesia is given, you will not remember anything until the recovery room. While you are in surgery, your family can pick up your post-operative medicines at the pharmacy (next to the surgery center at PSCV, or near the operating rooms at VMC).

5 Recovery room and going home

You will be monitored until you are awake, have some crackers and juice, and are comfortable. Then you will change into your clothes and be wheeled to your car. **You need someone to drive you home and stay with you for the first 24 hours.**

After Surgery: What to Expect

Pain, swelling, and limited motion are normal after surgery and improve over time. You will use crutches and a hinged brace, unlocked to bend from 0° to 90°. **The brace stays on at all times** (off only to shower).

You will be **toe-touch weight bearing** with crutches for **6 weeks**, about 10 to 15 pounds, for balance. **Avoid valgus stress** (side-to-side forces that push the knee inward) through **12 weeks** to protect the reconstruction. Moving the kneecap (patellar mobilization) is essential early on because of the long bracing. Your PT will guide you.

Recovery may be faster or slower depending on your fitness and any other injuries. The key message: **we need to protect the MCL reconstruction**, even though you will be very active and working hard in every phase.

When	What to expect
Weeks 1–2	PA visit at 2 weeks to check incisions and recovery. Pain, swelling, and limited motion are normal. Toe-touch with crutches, brace unlocked 0–90°. PT starts 5–7 days after surgery, 2× a week.
Weeks 2–6	Toe-touch with crutches. Bending limited to 90° through week 4 , then 110° at week 5. The brace opens fully at week 6. Goal about 110–120° by 6 weeks. Bike: rocking within the limit, full pedal turns from about week 5–6. Clinic visit with X-rays around 6 weeks.
Weeks 6–12	Weight bearing advances from week 6. Full weight, off crutches, by weeks 8–10. Bending about 130° by 8 weeks. Brace weaned around 8–10 weeks . No valgus stress through week 12. Strengthening advances.
Months 3–5	Running around month 4–5. Hamstring graft-site strengthening and gym conditioning advance.
Months 6–9	Return to cutting, pivoting, and contact sports with surgeon clearance. A formal return-to-sport evaluation with PT confirms you are ready.

Driving

- **Right leg:** not until you are off crutches, out of the brace, off narcotic pain medicine, and able to brake hard. Usually **8 weeks or later**.
- **Left leg:** typically 2–4 weeks, once you are off narcotic pain medicine.

Preparing for Surgery

Medicines and supplements before surgery

- The pre-op nurse will tell you when to stop eating and drinking.
- **Stop fish oil, vitamin E, and herbal supplements 5 days before surgery.**
- **Tell us** if you take a blood thinner (such as Eliquis, Xarelto, warfarin, or Plavix) or a weekly diabetes or weight-loss injection (such as Ozempic, Wegovy, or Mounjaro). These may need to be stopped earlier.

Physical therapy before surgery (prehab)

Surgery is recommended only after your knee has recovered from the first swelling and stiffness. The MCL often heals during this time, and surgery can be avoided. If the knee is still unstable, we want full motion and good quadriceps activation before surgery to speed your recovery.

Nutrition

What you eat has a direct effect on how well you heal. Start good nutrition before surgery and continue through your recovery. Our nutrition guide explains what to take and how much: merrittsurgery.com/surgeries/nutritional-optimization



Scan for the nutrition guide

Ice machine: my #1 recovery recommendation

An ice machine is the single best investment you can make for your recovery. It makes icing **20 minutes on, 20 minutes off** easy, without the risk of frostbite, and is far easier than ice bags or gel pads. Our clinic staff can fit you for one before surgery and show you how to get the most out of it. Stock up on bags of ice: the machine can use a bag a day. **Scan the code to learn more or buy one.**



Scan for recovery tools

Get your home ready

- Remove throw rugs or obstacles that might catch a crutch and cause a fall.
- Have clean sheets and comfortable clothes ready.
- Stock the refrigerator with healthy food, and buy bags of ice for the ice machine.

Day-of-Surgery Checklist

- ☐ Verify your check-in time and follow the instructions on when to stop eating and drinking
- ☐ Physical therapy scheduled for 5–7 days after surgery
- ☐ Bring your brace (you will be fitted at your pre-operative visit)
- ☐ Wear comfortable clothes that fit over a brace (sweatpants work well)
- ☐ No perfume or lotion on your skin
- ☐ Remove jewelry or leave it at home
- ☐ Ice machine and bags of ice ready at home for when you return
- ☐ A driver, and someone to stay with you for the first 24 hours
- ☐ If you are under 18: one family member must stay at the surgery center or hospital during the entire surgery

Contact Information

Questions about your surgery	(425) 656-5060
PSCV Surgery Center	(425) 226-2041
Surgery scheduling	(425) 528-7155
Pre-op nurse	(425) 291-1465
Billing	(425) 291-1414
PSCV address	4009 Talbot Rd S, Ste 200, Renton, WA 98055
VMC address	400 S. 43rd Street, Renton, WA 98055