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FASA REGISTRY FOR ACL RECONSTRUCTION SURGERY (FARAR): FEASIBILITY AND PILOT PHASE RESULTS

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ABSTRACT

Background: Injuries to the anterior cruciate ligament (ACL) of the knees have both traumatic and non-traumatic etiologies. Mostly affecting people of younger age, ACL tears lead to significant disability with considerable costs to the health systems. Besides the clinical determinants of the natural course of the disease, patient selection and surgical techniques influence ACL repair outcomes. With an experienced team functioning, and with the control for clinical and socioeconomic factors, ACL reconstruction surgeries have proved to vastly improve patient outcomes and even return individuals to their professional lives. Currently in Iran, a systematic approach toward patient selection and monitoring of results in terms of efficacy and safety is lacking. This is one important shortcoming for a **variety of reasons**: there is no consensus regarding the best repair strategy according to the initial etiologic event, the influence of patients' disability prior to the operation on the outcomes is not well understood, surgeons' expertise affecting the repair results are unmeasurable, and finally, the cost-effectiveness of ACL reconstruction surgeries remains ambiguous to policy makers. As a result, for the first time in Iran, a single center pilot study to systematically record pre-, peri- and post operational clinical and technical determinants of ACL reconstruction surgery was contemplated in Fasa University of Medical Sciences, the results of which are presented here as the feasibility for such a registration system.

Results: A total of 71 individuals encompassed the pilot phase cohort of patients, most (95%) of whom were men. We successfully identified the accompanying patellar damage in 54.6% cases, graded the damage in all of the patients and performed notchoplasty in 94.4% of them. A complementary procedure was done in 88.7% of patients, the most frequent (43.7%) of which was partial medial meniscectomy. Only one patient experienced an intra-operative complication.

Discussion: Given the profound consequences of disabilities secondary to ACL tears and overwhelming costs, both to the society and health systems, registration of patient and operation outcomes of ACL reconstruction surgery seem mandatory. Fasa Registry for ACL Reconstruction Surgery, for the first time, built a single center, single surgeon experience with very accessible means toward perfect enrollment of patients. This system is designed to be a web-based portal that allows every active orthopedist in the field to register his/her patients and contribute to a valid and reliable data set for further decision making.

KEYWORDS: Disease registry, ACL reconstruction, Feasibility study