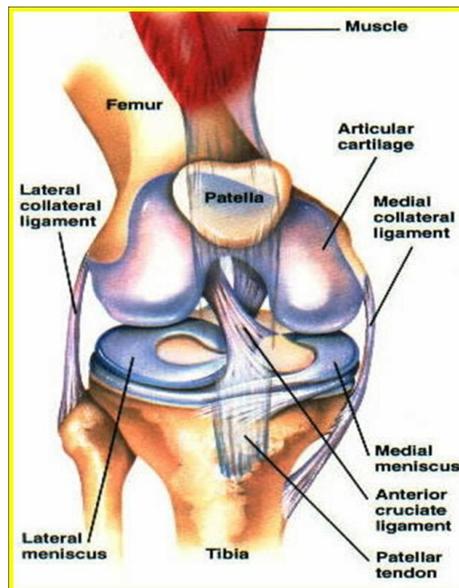




## PATIENT GUIDE TO MENISCUS INJURIES

### **What is the meniscus?**

The meniscus is a wedge shaped cartilage ring found on both the inside and outside of the knee between the femur (thigh bone) and tibia (shin bone). The menisci act as shock absorbers in the knee, and provide stability to the joint.



### **How is the meniscus injured?**

The meniscus is usually injured by **twisting** on a planted foot or **squatting** down and forcefully bending the knee. Occasionally, the tear occurs with very little stress on the knee. The tear can also be **degenerative**, meaning that the tear occurs because the tissue is worn out over time due to arthritis in the knee.

### **How do I know my meniscus is torn?**

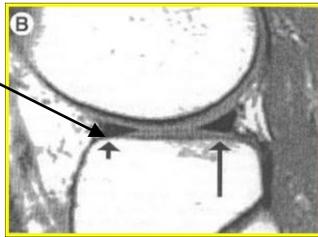
Most tears of the meniscus lead to knee pain in the area of the tear, on the inside or outside of the knee. Swelling of the knee may also occur, as well as pain that can radiate

down the leg. Occasionally, locking and catching of the knee can occur, when the meniscus gets wedged in between the bones of the knee. Pain and instability caused by the meniscus tear can also cause the knee to buckle or “give way”. Twisting activities usually worsen the symptoms.

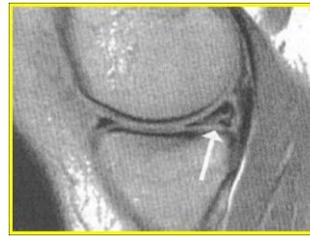
### **Do I need x-rays, a MRI, or any other tests?**

A set of x-rays may be ordered to evaluate the knee for arthritis or a fracture of the bones. Many times the diagnosis of a meniscus tear can be made through the examination in the office. However, in most cases a MRI can be helpful to confirm the tear and rule out any other injuries to the knee.

**NORMAL  
MENISCUS**



**TORN  
MENISCUS**



### **Is there usually any other damage to the knee when the meniscus is torn?**

Ligaments in the knee can be injured at the same time as the meniscus, depending on how your knee was injured. In addition, there can be an injury to the joint surface (articular cartilage) at the time of injury. If surgery is required, damage to the joint surface will be evaluated and treated at the time of your arthroscopy.

### **What treatment options do I have?**

Some people with meniscus tears will respond to conservative treatment, including rest, medications, and physical therapy. Meniscus tears do not heal, and over a period of time your knee joint will grind out the tear. In some cases, cortisone injection can also be helpful to resolve the pain and swelling. Whether or not you are a good candidate for conservative treatment will depend on the type of tear, age of the tear, and your desired activity level. Most people that have a meniscus tear go on to have a **knee arthroscopy** to help to resolve their symptoms.

### **How is the surgery performed?**

Meniscal surgery is performed by **arthroscopy**. The arthroscope is a fiber optic instrument (narrower than a pen) which is put into the knee joint through two small incisions. A camera is attached to the arthroscope and the image is viewed on a TV monitor. The arthroscope allows me to fully evaluate the entire knee joint, including the **kneecap (patella), the cartilage surfaces, the meniscus, the ligaments (ACL & PCL), and the joint lining**. Small instruments ranging from 3-5 millimeters in size are inserted through the two portals so that I can feel the joint structures for any damage, diagnose the injury, and then repair, reconstruct, or remove the damaged tissue. Before the development of arthroscopy, large incisions had to be made over the knee joint to remove the entire meniscus. Today’s arthroscopic techniques allow more complete evaluations of the knee joint while allowing me to only remove the damaged portion of the meniscus, or to repair the meniscus if possible.

### **What is the difference between partial meniscectomy and meniscal repair?**

Depending on the type of tear, the piece of meniscus that is torn may be removed from the knee (partial meniscectomy) or repaired (meniscus repair). Whether or not a tear is repaired depends on the likelihood of the tear healing. If a tear occurs in the outer one-third of the meniscus (peripheral tear), there is usually adequate blood supply for the tear to heal if fixed. However, tears in the inner two-thirds (where most tears occur) have no blood supply, and will not heal with repair. Therefore, the torn piece needs to be removed. Every effort is made to try and repair a tear that may heal. If the tear is repaired the overall recovery time is increased because I have to protect that repair.

### **Don't I need my meniscus?**

It is always best to have your own normal meniscus. For this reason, every attempt is made to repair a meniscus tear that may heal. However, for tears that are torn beyond repair, it is best to remove the torn piece. The piece that is torn does not function like a normal meniscus, so removing that piece does not decrease the amount of functioning meniscus. Leaving a torn piece may irritate the knee joint and cause the tear to get larger. Only the portion of the meniscus that is torn or diseased is removed.

### **What are some of the possible complications of surgery?**

While complications are not common, all surgery has associated risks. Possible complications include stiffness of the knee after surgery or continued pain. The use of arthroscopic techniques attempts to limit these complications. Other complications include infection, bleeding, nerve damage, blood clots, or problems with the anesthesia. If a meniscus repair is performed, it is possible that the torn area will not heal. This would require a second surgery to remove the torn meniscus. Even though this is possible, it is better to attempt to repair a meniscus that may heal, in order to preserve the normal meniscus function.

### **What kind of anesthesia is used?**

Knee arthroscopy can be performed with general anesthesia (going to sleep), or regional anesthesia (spinal or epidural block). The type of anesthesia will depend on your choice. The anesthesiologist will discuss your options the morning of surgery.

### **What do I need to do to prepare for surgery?**

Our staff will help to set up the surgery through your insurance company and will instruct you on any paperwork that may be necessary. If you are over the age of 50, or have significant health conditions you may require an EKG and chest x-ray. You may also need to see your internist or family doctor to obtain a Letter of Medical Clearance. The day before the surgery, a member of the hospital or surgery center staff will contact you about what time to arrive for surgery. You may not eat or drink anything after midnight before your surgery.

### **How long will I be in the hospital?**

Knee arthroscopy is an **outpatient procedure** you will go home the same day.

## **What happens the day of surgery?**

The day before surgery you will be told what time to report to the hospital or surgery center. You will be admitted and taken to a pre-operative holding area where you are prepared for surgery. You will be asked several times which extremity I am operating on. Please note that you are asked this question many times on purpose.

After the operation you will be taken to the recovery room to be monitored. Once the effects on anesthesia have worn off and your pain is under good control, you will be given your post-operative instructions and prescription for pain medication and released.

Please be aware that the process of getting checked in, prepared for surgery, undergoing the operation, and recovering from anesthesia takes the majority of the day. I would recommend that you and your family members bring along some reading material to make the process easier for all.

## **How should I care for my knee after surgery?**

Prior to your discharge, you will be given specific instructions on how to care for your knee. In general you can expect the following:

### ***Medication:***

You will be given a prescription for pain medication.

### ***Showering:***

You may shower, but you should keep the dressing dry. After your dressing is removed, 2-3 days post-op you may get your knee wet. You cannot take a bath until the wounds are completely sealed, usually 2-3 weeks after surgery.

### ***Crutches:***

You will be instructed how to use crutches before the surgery. You should bring a set of crutches with you to the surgery. How long you use crutches will depend on the type of surgery performed. Crutches are commonly only required for a couple of days, unless you had a meniscus repair, in that case I will let you know how long you should stay on your crutches to protect the repair.

### ***Brace:***

If a meniscus repair is performed, you will receive a brace to restrict the motion of your knee. This is to protect the repair for the first 4-6 weeks, to allow the area to heal.

### ***Diet:***

Resume your regular diet as soon as tolerated. It is best to start with clear liquids before advancing to solid food.

### ***Ice:***

You should apply ice over the dressing for 20 -30 minutes every hour for several days. Do not use heat for the first 48-72 hours.

***Suture removal:***

Some stitches are absorbable so they do not need to be removed.. However, if there are stitches they will be removed on your first post-op visit.

***Exercise:***

You will be instructed on exercises you can begin immediately after the surgery.

***Return to work or school:***

You can return to school or work anywhere from 2 days to 2 weeks. If your job involves more extended walking or heavy activity, you may be out of work or school for a longer period of time.

**What will rehabilitation involve?**

The rehabilitation is based on several goals: 1) allowing the tissue to heal; 2) regaining motion; 3) regaining strength; and 4) return to sports or work activity. After partial meniscectomy, the rehabilitation generally occurs very rapidly. Most patients can return to strenuous work in four to six weeks. However, your complete recovery may take 2-3 months to get all your strength back. Following meniscus repair, you will be restricted from performing certain activities. The specific rehabilitation protocol will be reviewed with you after surgery.

**When can I return to sports or full duty at work?**

Your return to your desired activity level will depend on the extent of damage and the procedure performed on your knee. In general, you will be allowed to return to sports in 4-8 weeks after surgery. You must have good motion, strength, and control of your knee. How quickly you return depends on several factors, including: 1) your own rate of healing; 2) the damage found at surgery; 3) if you have any complications; 4) how well you follow the post-operative instructions; 5) how hard you work in rehabilitation.

**Call to make an appointment for one of the TOC Surgeons: (314) 336-2555**

