

Meniscal Tears & Meniscectomy of the Knee

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INTRODUCTION

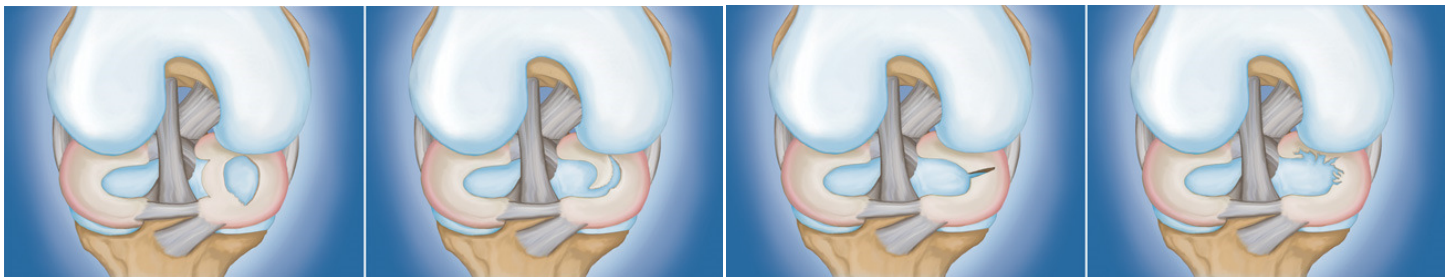
The meniscus is a rubbery, C-shaped disk that acts as a "shock absorber" between the thighbone and shinbone. It helps cushion and stabilize the knee joint.

MECHANISM OF INJURY

There are two different mechanisms for tearing a meniscus. Traumatic tears result from a sudden load being applied to the meniscal tissue that is severe enough to cause the meniscal cartilage to fail and let go. These usually occur from a twisting injury or a blow to the side of the knee. Degenerative meniscal tears are best thought of as a failure of the meniscus over time. The meniscus becomes less elastic and compliant, and as a result may fail with only minimal trauma (such as just getting down into a squat). Sometimes there are no memorable injuries or violent events that can be blamed as the cause of the tear.

CONSERVATIVE TREATMENT

Treatment of meniscal tears will depend on the type of tear you have, its size, and location. If your tear is small and on the outer edge of the meniscus, it may not require surgical repair, and your symptoms may settle over 4-6 weeks. Anti-inflammatory medication and some physiotherapy to strengthen the knee may assist. If the tear is unstable or the knee is locked and cannot be straightened, surgery may be recommended as soon as reasonably possible to remove the torn portion that is caught in the knee joint.



Bucket Handle Tear

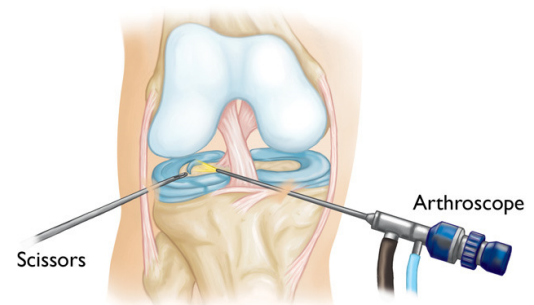
Parrots Beak Tear

Radial Tear

Degenerative Tear

SURGICAL TREATMENT

In some cases arthroscopic surgery to partially remove or repair the torn meniscus may be indicated. Two small incisions about 1cm in length are made on the front of the knee and special instruments including a camera are used to visualize and perform the necessary surgery. In some cases the meniscus tear can be repaired with sutures. Young people with relatively recent meniscal tears are the most likely candidates for repair. Degenerative type tears in older people are not usually repairable. If repair is not possible then the torn area is removed to a stable margin, taking care to preserve as much meniscal tissue as possible.



WHAT TO EXPECT ON THE DAY OF SURGERY

The procedure is performed as day surgery. You will be advised of the time you should arrive at the hospital via telephone call on the day before your surgery. You will be seen by the anaesthetist and your surgeon after admission. The procedure will take 30-60 minutes and then you will wake in the recovery ward. Your knee will be wrapped in a bandage and the staff will assist you to get up and walk. You may weight bear as tolerated (unless otherwise instructed). You will be given some medications to take home which you should take as needed.



WHAT TO EXPECT AFTER SURGERY

Once home you should elevate your knee as much as possible and apply regular ice for 20 minutes every 2-3 hours. Use plastic wrap or a bag over the dressings to ensure they stay dry. You may walk as tolerated and come off crutches when you are comfortable to do so.

Dressings. You may remove the outer bandage and 48 hours after surgery, but keep the waterproof dressings intact until the review with Dr Huang. You may shower, but do not soak the knee in a bath or pool. The dressings may show small amounts of spotting of blood, if they become saturated with blood you should contact our rooms or the hospital. You will be reviewed 10-14 days after your surgery. At that appointment a further explanation of your surgery and the findings will be provided.

Your return to work is dependent on the complexity of the surgery, your pain levels and the nature of your work. Office based work can usually be resumed within a week. Labour intensive work may require longer.

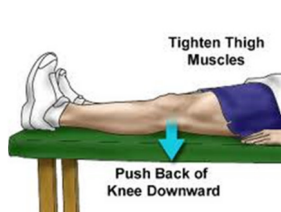
Driving may be resumed once you are walking comfortably without crutches and have ceased any strong pain medications. For left knees arrange use of an automatic car if possible.

Physiotherapy is an important part of your recovery. You may commence the following simple exercises as tolerated until you can arrange to see a physiotherapist who will guide and progress your rehabilitation

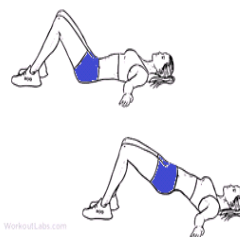
Heel Slides



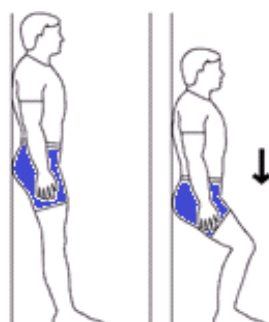
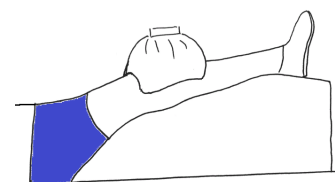
Quads Set



Bridging



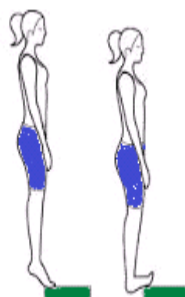
Regular Ice and Elevation



Wall squats.

0-90 degrees of knee flexion.
Avoid deep squats beyond 90 degrees of knee flexion

Calf raises on edge of step



Exercise Bike.

Modify slightly by increasing seat height as high as can be tolerated. Low resistance for 3 weeks. Increase resistance as tolerated after 3 weeks

WHAT TO AVOID AFTER SURGERY

In the acute period after surgery you should avoid the following:

- Prolonged standing, especially on hard surfaces
- Prolonged walking, such as around shopping centres
- Heavy lifting
- Squats or lunges beyond 90 of knee flexion

Most activities can be resumed gradually over 3-6 weeks as the knee recovers from the surgery. You can discuss your individual activities at your post operative appointment