

Medial Meniscectomy

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The problem:

Tear of the padding cartilage of the knee. The torn cartilage is on the side of the knee between the two legs as opposed to the outside of the leg.

Reason for treatment:

Pain

The treatment:

The torn cartilage generates pain although the exact mechanism is not fully clear. Treatment is focused on removing the torn fragment or repairing it. Most meniscus tears are not repairable. Several factors are considered for repair including the pattern, location, and size of the tear as well as the age of the patient. Whether or not a tear is removed or repaired is considered on a case by case basis, but most tears are removed.

Removing a portion of the torn meniscus has no positive or negative impact on arthrosis. The meniscus tear itself is part of the process called arthrosis. The simple presence of the meniscus tear is an indication that arthrosis will develop in the future, however it is not clear how fast it will develop or how problematic it will be. It should be noted that lateral meniscus tears often progress to arthrosis more rapidly than medial meniscus tears. Surgery does not slow down or speed up that process. Surgery is purely for pain relief.

Day of surgery:

The patient should plan to arrive 2 hours prior to the procedure to get situated and meet the operative team. The procedure is done arthroscopically, generally through three holes. It requires approximately 20 minutes of operative time with a total of less than one hour in the operating room. The patient is asleep for the procedure. Recovery room time is approximately 1 hour. Plan to be in the hospital for 4-5 hours.

After surgery:

The patient is generally allowed to bear full weight and allowed to fully bend and extend the knee. This is uncomfortable and painful for several days. Exercises will be given for the patient to do at home when they are in the Recovery room. These should be started the day after surgery and be done daily until clinic follow-up in 1-2 weeks. Recovery can be slow and, although many patients recover in a few weeks, most patients will require 3 months to notice a significant improvement. Swelling is common and may last for up to six weeks. It can be managed with icing the knee several times each day (20 minutes each time), using a compressive wrap (ACE), and taking an anti-inflammatory medication (Advil, Alleve, etc...).