

Meniscus repair
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The problem:

Tear of the padding cartilage of the knee.

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. The goal of meniscus repair surgery is to minimize or delay future arthrosis and to relieve pain.

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 two or three holes. An additional incision is placed either on the inside or outside of the knee depending on the exact location of the tear. The procedure requires approximately 60 minutes of operative time with a total of less than 90 minutes 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 5-6 hours.

After surgery:

The patient is generally not allowed to bear full weight for 1-2 weeks. The patient uses crutches and bears partial weight. 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. Range of motion is restricted to 90 degrees for the first four weeks. Squatting is not allowed for a minimum of 3 months. Recovery is slow and, although some patients may recover in several weeks, most patients will require 3-6 months to notice a significant improvement. Swelling is common and may last for six weeks or longer. It can be managed with icing the knee several times each day (20 minutes each time), and using a compressive wrap (ACE).