

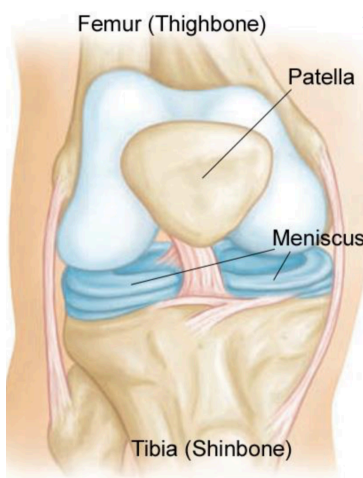
KELOWNA BONE & JOINT HEALTH

Meniscus Surgery

WHAT IS A MENISCUS TEAR?

The menisci are crescent-shaped, rubbery cartilage that sits between the femur (thigh bone) and the tibia (shin bone). They act as shock absorbers for your knee and help dispersing forces on your knee upon impact. The wedge shape helps with the congruency of the knee and adds further stability to the knee. There are two menisci in your knee: one on the inner side of the knee (medial meniscus) and one on the outer side of the knee (lateral meniscus).

Meniscus tears can vary in size, location and severity. Tears can occur in the side-to-side direction (horizontal tears) or in the up and down direction (vertical tears), or a combination of both.



WHAT CAUSES A MENISCAL TEAR?

Sudden meniscus tears often occur during sports or activity when the foot is planted and there is twisting of the knee when it is bent. This often leads to more traumatic meniscus tears.

As patients age, the meniscus cartilage can also weaken and thin out. Tears can occur more easily and with much less force. Sometimes there may be no history of trauma and symptom onset may be more subtle. These types of tears are often regarded as degenerative meniscus tears.

WHAT ARE SYMPTOMS OF A MENISCAL TEAR?

In sports or activity, a meniscus tear can occur suddenly and can cause pain and often difficulty with walking. Pain is often located at the joint line, either on the inner side of the knee (medial) or on the outer side of the knee (lateral). Swelling may also occur. If there is an unstable segment with the meniscus tear, this can also lead to catching, popping or even locking in the knee. Some patients may also have difficulty fully straightening or bending the knee.

I HAVE TORN MY MENISCUS, NOW WHAT?

Not every person who suffers a meniscus tear requires surgery. These injuries can be treated operatively or non-operatively. The decision is ultimately based on a combination of clinical symptoms, physical examination, imaging, type of tear, location of tear, age of the patient and activity level. Non-operative treatment often includes early rest and ice followed by physiotherapy, activity modification, and non-steroidal anti-inflammatories (eg. Ibuprofen). Non-operative management is more often the recommended treatment for degenerative meniscus tears. Initially, many traumatic meniscus tears can be treated without a surgery as well.

Surgery may be recommended to certain patients if symptoms persist after non-surgical treatment or, on occasion, right at the onset of symptoms if there is locking of the knee. Surgical management of meniscus tears is now routinely done with arthroscopy (poke-hole surgery).

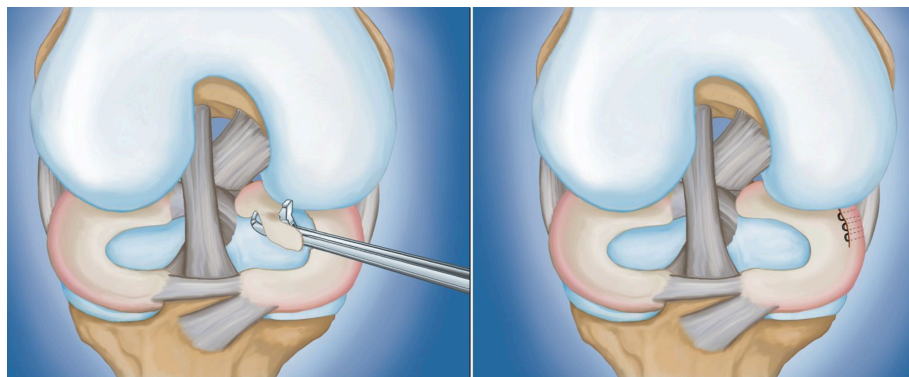
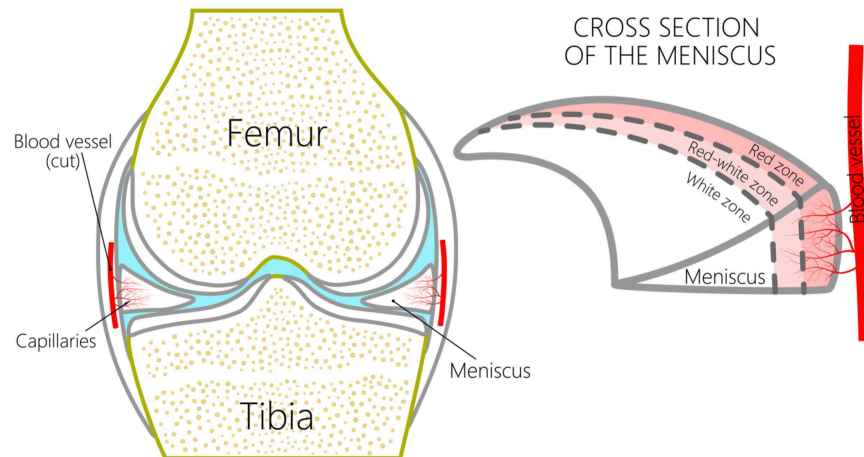
HOW IS THE SURGERY PERFORMED?

All surgeries include a knee arthroscopy (camera to look inside the knee) through poke-hole incisions. An examination of the entire knee joint is performed looking for loose bodies, cartilage damage, and tears in the meniscus. Surgery will consist of either a trimming of the torn meniscus (partial meniscectomy) or repair. Often, the decision between a meniscectomy versus repair is made at the time of the surgery when the surgeon is able to directly look at the meniscus tear.

Partial Meniscectomy – In this procedure, the injured or torn portion on the meniscus is trimmed away with the goal to preserve as much of the healthy meniscus as possible.

Meniscal Repair – Some meniscus tears can be repaired by suturing (stitching) the torn meniscus back to its stable portion. The decision to repair a meniscus tear is often decided at the time of surgery when the surgeon is able to directly look at the meniscus. Deciding whether it is repairable is based on several factors including the type of tear, location of tear and the overall condition of the meniscus. The overall leading factor, however, in deciding if the tear is repairable is based on whether there is adequate blood supply in the area for the

meniscus to heal. Only the outer perimeter (red zone) and a small transitional mid zone (red-white zone) may have the adequate blood supply for healing and meniscal repair success. This area of blood supply and healing potential gets smaller with age.



POTENTIAL RISKS AND COMPLICATIONS

Any surgery comes with possible complications, although quite rare with knee meniscus surgery. These risks include:

- Infection
- Risk of injury to an artery or nerve
- Post-operative bleeding
- Knee stiffness
- Blood clots
- Anesthetic risk factors
- Recurrent of tears
- Repair failure (if repair is performed)

WHAT CAN I EXPECT?

Meniscus surgery is often successful in improving mechanical symptoms (catching, popping, locking) of the knee. Most patients can return to sport – running, jumping and pivoting activities after surgery. However, some patients may have more damage inside their knee and may be told to protect their knee and avoid doing certain activities as too much load on damaged joint surfaces can increase the progression of arthritis. Your surgeon will give you advice about return to sport based on the amount of damage seen inside the knee at the time of surgery. The end result for each patient is dependent upon injury pattern, age, anatomy, motivation, psychological attitude and adherence to the post-operative protocols.

WHAT SHOULD I DO WHILE WAITING FOR SURGERY?

It's important to regain strength and motion in the knee before surgery, as this will improve your recovery after your surgery. Regaining normal motion will decrease the risk of post-operative knee stiffness. Maintaining your strength in your legs and core, as well as maintaining your fitness will not only help improve balance, it can help speed overall recovery.

POST-OPERATIVE PROTOCOL

Discharge from hospital is typically the same day. The key to the early post-operative period is to control swelling with ice and elevation.

Typically with a meniscectomy you will be able to weight bear as tolerated. Formal physiotherapy isn't always required but may be beneficial in some patients. Plan to take a few days off of work for a sedentary job, 2-4 weeks off for light manual work, and up to 6-8 weeks off of heavy manual work.

With meniscal repair you are typically non-weight bearing for the first 4-6 weeks (but is surgeon dependent). A formal post-operative protocol will be provided in patients who underwent a meniscal repair and often physiotherapy is recommended for these patients. Plan to take 1-2 weeks off of work for a sedentary job, 2-3 months off for light manual work, and up to 6 months off of heavy manual work.

Note, that these are general guidelines and can be discussed with your surgeon during the recovery period.