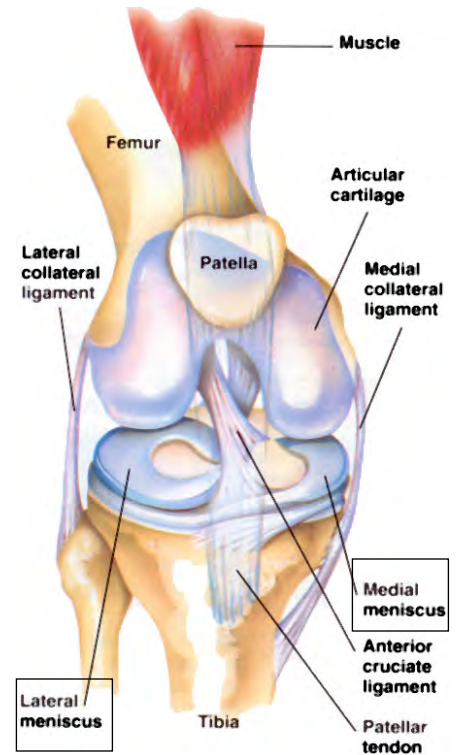


# Meniscus Tears

The knee is a complex, mobile joint. It can bend and it can rotate slightly. The knee joins the upper and lower leg bones (femur and tibia). The ends of the bones are covered by smooth articular cartilage which helps the joint move easily. Soft tissues (muscles, tendon and ligaments) make the knee stable and strong. Ligaments help control knee motion by connecting bones and supporting the knee joint. Tendons join muscles to bones. Two cushions of cartilage (meniscus) sit between the femur and tibia. The meniscus cushion the knee joint and helps the knee absorb shock during motion.



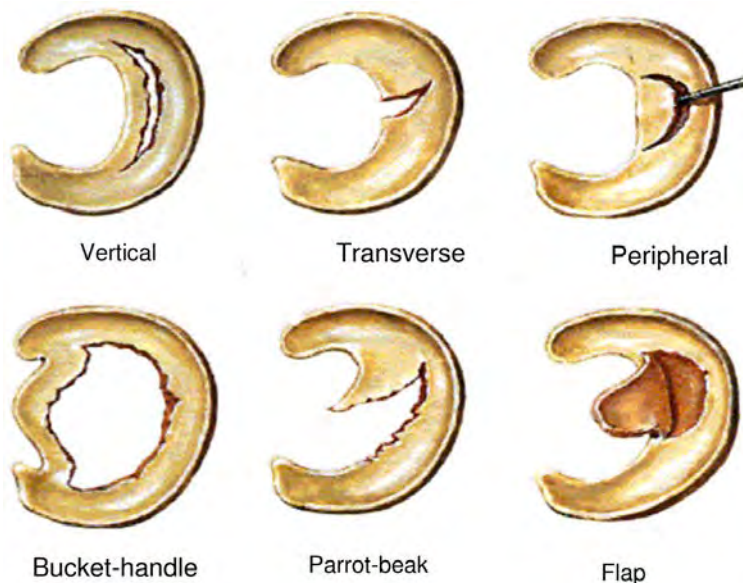
## Understanding the Meniscus

The meniscus is a C-shaped pad of rubbery cartilage inside the knee joint. It is the same material as your ear or the tip of your nose. The meniscus is often compared to a shock absorber because it helps cushion and stabilize the knee during movement. The medial meniscus is on the inner side of the knee. The lateral meniscus is on the outer side of the knee.

Although the meniscus is tough, it may tear when placed under too much stress. Much of the meniscus has a poor blood supply and, therefore, usually does not heal when torn. Blood vessels exist mostly along the outer edge of the meniscus (periphery). Tears in the outer edge of the meniscus can sometimes heal. Meniscus tears that do not heal on their own can be treated with arthroscopic surgery and rehabilitation.

## Meniscus Tears

Some meniscus tears result from injuries such as twisting the knee while the foot is planted. Others are caused by wear and tear from activities such as squatting. Aging weakens and thins the meniscus making it more vulnerable to tearing. A tear creates uneven surfaces in the meniscus. This irritates the knee joint and often causes pain, swelling, and stiffness. It can also cause a catching or “locking” sensation in the knee. Most people can still walk after their meniscus is torn, however, a tear often requires surgery to relieve the symptoms. Meniscus tears vary in size and shape.



## Treatment Options

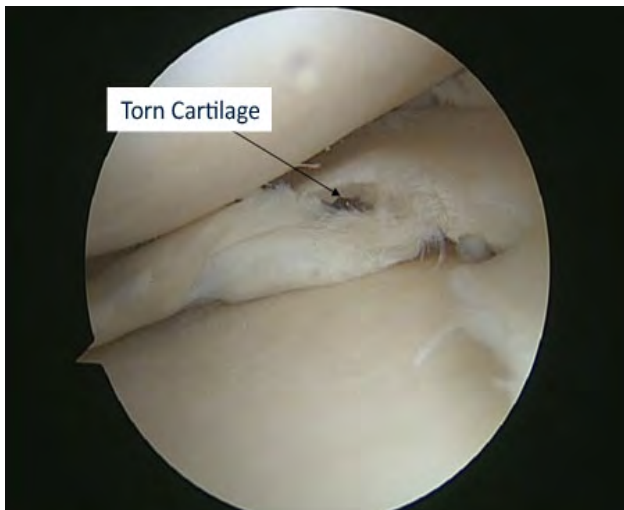
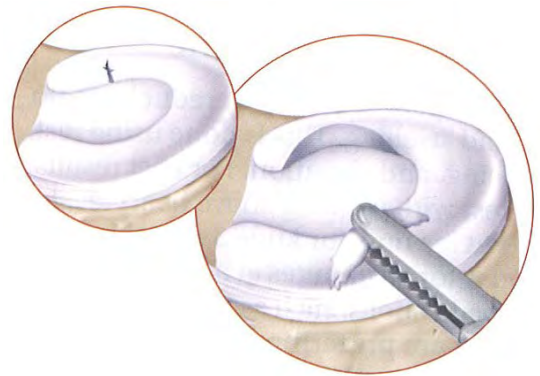
Some meniscus tears can heal without surgery. Physical therapy can be helpful to maintain motion and muscle strength while the meniscus heals. Most meniscus tears require arthroscopic surgery to relieve symptoms.

## Arthroscopic Surgery

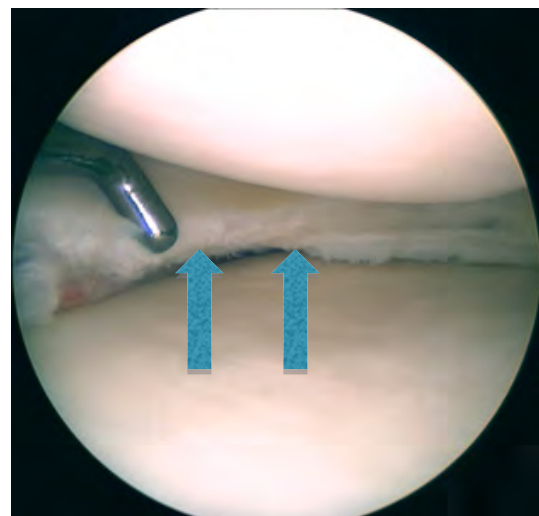
Arthroscopy allows a surgeon to see and work inside your knee joint through small incisions. A long, thin, lighted instrument called an arthroscope is used. During surgery, the arthroscope sends live video images from inside the joint to a monitor. Using these images, the doctor can diagnose and treat your knee problem. Because arthroscopy uses small incisions, recovery is often shorter and less painful than recovery after open surgery.

## Partial Meniscectomy

The torn & damaged part of the meniscus can be removed to stop the torn rough edges from irritating the knee joint. The removal of the damaged part of the meniscus is called a partial meniscectomy. The removed part of the meniscus will not grow back, so as little tissue as possible is removed. The remaining meniscus works along with other cartilage in your knee to cushion your joint.



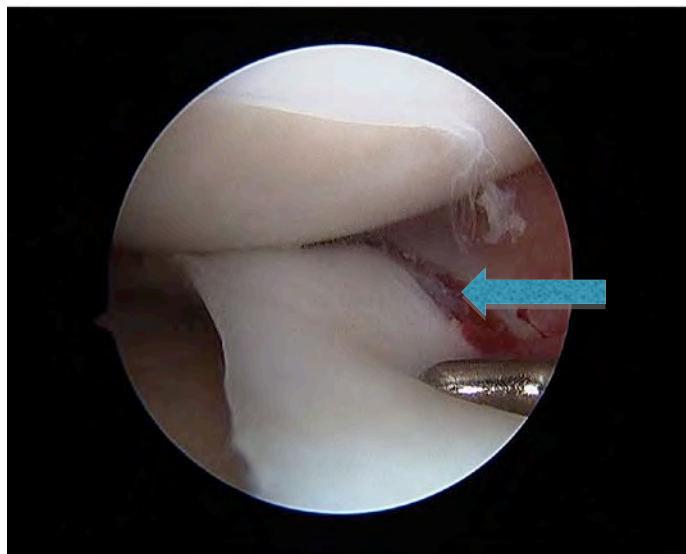
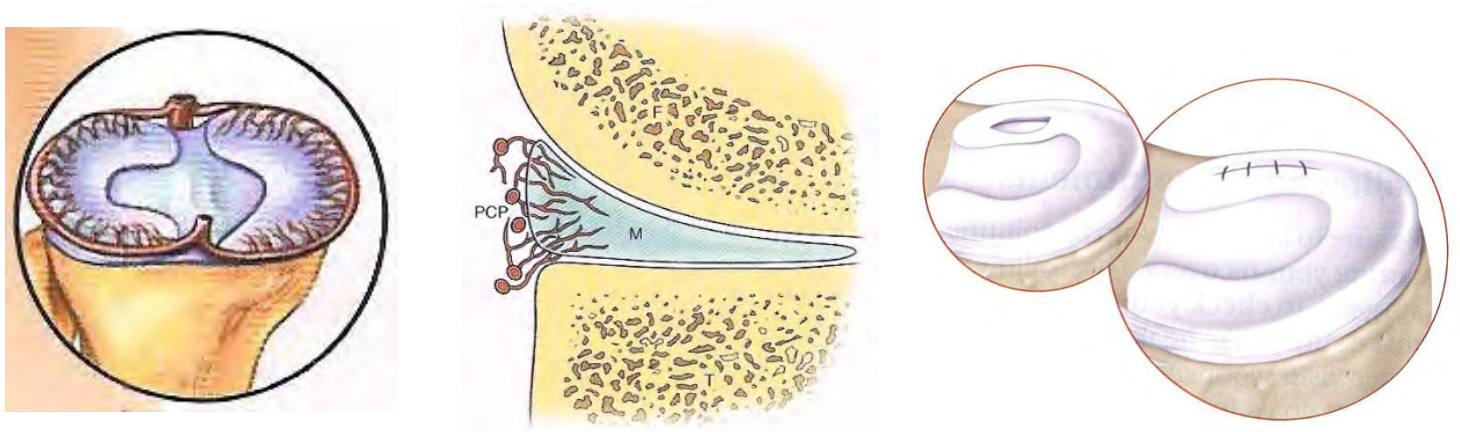
Meniscus Tear



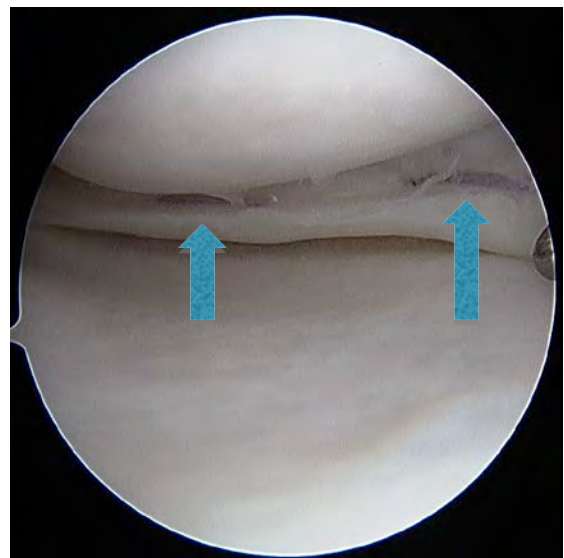
Partial Meniscectomy

## Meniscus Repair

If the meniscus is torn in the outer edge (periphery), where a good blood supply exists, the meniscus tear can be repaired. To repair the meniscus, torn edges are held in place with sutures or special fasteners. It will take time for the repaired edges to fully heal. This means a longer recovery than if a portion of the meniscus is removed.



Peripheral Meniscus Tear



Meniscal Repair

**Risks:**

There are risks with any surgery. Risks and complications are rare, but include: infection, damage to nerves or blood vessels, blood clots, pulmonary embolism, medical complications, swelling, stiffness, continuing knee problems, etc.

**Before Surgery**

You need to prepare ahead of time for knee surgery.

- Stop taking anti-inflammatory medication, including aspirin before the surgery if directed
- Tell your doctor about any prescription or over-the-counter medications, herbs, or supplements that you take. Ask whether you should stop taking any before surgery
- Don't eat or drink anything after midnight the night before surgery. This includes water, unless told otherwise by the surgical facility.
- Arrange for a friend or family member to give you a ride home.

### **After Surgery**

After your surgery you will recover in the hospital or surgery center for a few hours. Your knee will be bandaged and your leg elevated. When you are able to go home you will be instructed how to relieve any pain and how to care for your knee as it heals. To help with healing, a program of physical therapy (PT) will be prescribed.

### **In the Recovery Room**

After surgery you will be taken to a recovery area to rest. You will have a bandage to protect your incisions. Nurses will give you medications to help relieve the pain. Ice cold therapy may be used to reduce swelling & pain in your knee.

### **Going Home**

Before leaving the hospital or surgery center, be sure to know how to care for your knee at home. Ask any questions you may have. Also know who to contact if you have questions later. When you are ready to leave the hospital or surgery center, an adult family member or friend must drive you home.

### **Post-op Instructions**

- Pain medication will be prescribed; it will be available for pick up at the pharmacy listed on your surgical letter. Take the pain medication as directed.
- **It is illegal to drive while taking narcotic pain medication.**
- Ice your knee 3 times a day for 20 minutes at a time. Use a bag of ice or frozen peas. Put a thin cloth between your skin and the ice source.
- Following partial meniscectomy, full weight bearing is allowed immediately after surgery. Crutches are required following meniscus repair.
- You should begin physical therapy 2 days post-op, if possible, to maintain motion & strength in your knee.
- You are able to shower 2 days after surgery. Let the soap and water run over the incisions; do not scrub them. Dry the incisions with a clean towel or gauze pad. Cover the incisions with band-aids. Do not apply ointment, of any kind, to your incisions.
- Bruising and swelling of the knee, shin, & ankle are common. Bleeding from the soft tissues deep to the skin cause this. Bruising and swelling usually resolve in the first few weeks following surgery.
- Follow up one week after surgery to have your stitches removed and to discuss your surgical procedure.
- Recovery for a **Partial Meniscectomy** is about 2-6 weeks. You may begin to wean back to normal activity about 2 weeks after surgery and should be at full activity at about 6 weeks post-op.

- Recovery for a **Meniscus Repair** is about 3 months.

**You should contact your physician if you are having shortness of breath, redness around your incisions, discharge from your incisions, or a fever greater than 101.5°F**