

Meniscal Tears

The meniscus is a cartilage pad in the knee. In young people, the meniscus is a soft, pliable structure that is fairly resistant to injury. As the meniscus ages, it degenerates and becomes more susceptible to tearing. It takes a significant force to tear a healthy young meniscus, but the typical meniscal tear in a 30, 40, or 50 year old can occur with relatively minor trauma.

Very few meniscal tears heal. Occasionally a peripheral tear in a young patient will heal, but in general it is better to assume that a meniscal tear won't heal. I try to repair tears that I think have a good chance of healing, namely fresh tears that are near the edge of the meniscus. The blood flow only pierces the outer one third of the meniscus, so only tears in that zone are capable of healing.

The vast majority of meniscal tears are treated by removal of the tear. We only remove the torn section, leaving the majority of the meniscal pad intact. This surgery is done arthroscopically through two small ¼ inch incisions. The surgery takes 15-20 minutes, and you go home the same day. Most are done under general anesthesia, though what anesthesia you use is between you and the anesthesiologist.

After your surgery, I ask you to rest at home for 2-3 days. During that time you are permitted to get up and go to the bathroom, go up and down steps, and walk around the house, but don't clean out the attic or run down to WalMart. Keep your knee above your heart for most of the time. When up, you are NOT required to use crutches (but you may if you wish) and you may bend your knee as much as you like.

It takes about 4-5 days before you can drive comfortably. You may return to desk work 4 days after your surgery, but you should probably count on missing 3 weeks of work if you do physical labor.

The primary risks of knee arthroscopy are blood clot and infection. Infection is very, very rare. Blood clots do happen, more in patients who are obese, over age 50, on birth control pills, or have a personal history of blood clots. If you have any of these risk factors, take a 325 mg coated aspirin once a day for three weeks after your knee scope. If you notice pain or swelling in your calf or thigh, CALL ME. We may need to order an ultrasound to make sure you don't have a clot.

*******Knee arthroscopy does NOT help arthritic pain, only the pain coming from the meniscal tear. Many patients have BOTH arthritis and meniscal tears. The arthroscopic surgery will ONLY relieve that portion of the pain that came from the meniscal tear. Hopefully that represents most of the pain, but we can't really know before surgery how much pain is coming from arthritis versus the meniscal tear. Some patients with arthritis actually can temporarily get worse after knee arthroscopy. Even worse, there are some patients who come to us with worsening knee pain that is mistakenly diagnosed as a new meniscus tear, when actually it's a rapid deterioration of osteoarthritis. There is a meniscus tear in the knee, but it has nothing to do with the new worse pain!!! Those patients come back after their surgery unimproved, continue to worsen in the months after the knee arthroscopy, and some end up with knee replacements. Some blame me for the worsening, but I promise you this surgery cannot make arthritis worse. This worsening is not caused by the knee arthroscopy, but rather the knee arthroscopy just occurred in the midst of rapidly worsening osteoarthritis. This scenario is not very common, but I see it in my practice two or three times a year out of 200 knee arthroscopies a year.*******

Rehabilitation after knee arthroscopy involves three stages: Stage one, get rid of the swelling. Stage two involves getting all the range of motion back. Stage three involves restoring leg strength.

Stage one is achieved by staying down for most of the first 2-3 days, and using the cryo-cuff icing apparatus.

Stage two is best done using an exercise bike. After I remove your stitches, I will encourage you to ride a bike 20 minutes a day for the following week or two. This is great exercise because it bends the knee and strengthens the leg with no impact on the knee joint.

Stage three is best achieved over the next month using a combination of an exercise bike, Stairmaster, Eliptical, and Leg Press. Avoid leg extensions.

I will remove the stitches 4-7 days after your surgery. Usually I don't prescribe physical therapy after a simple knee arthroscopy, but if you feel more comfortable, I would be happy to set up some formal P.T. for you.

Call me with any questions. 730-2121.