



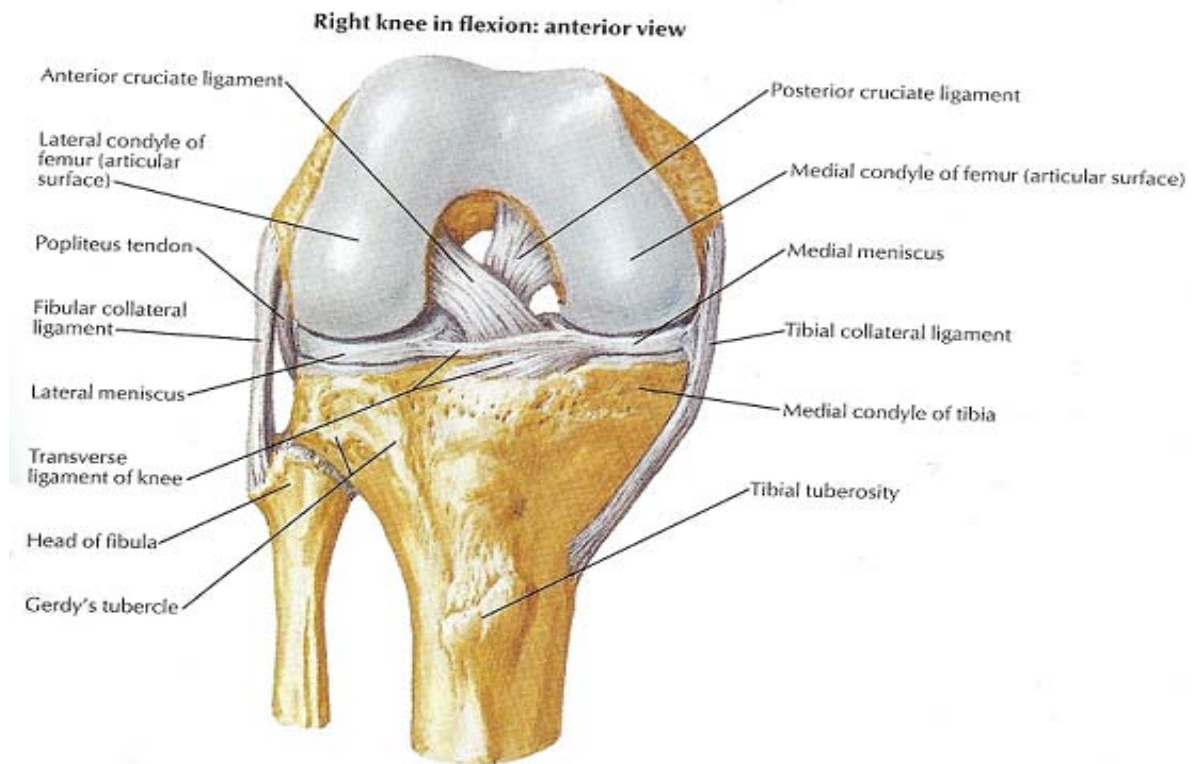
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Meniscus Injury

Meniscus injuries of the knee are quite common, and are a leading reason for orthopedic consults. The meniscus, of which there are two, acts as a shock absorber for the knee. They are composed of a fibrocartilage and function to deepen the tibia to allow better congruity of the femur as it translates force to the tibia during weight bearing. The meniscus move throughout knee flexion with the lateral meniscus having twice the excursion of the medial meniscus.



Injuries of the meniscus can occur in all age groups. They can occur as isolated injuries or together with other knee pathology. The medial meniscus is more commonly injured, probably as a result of decreased motion which increases forces within the cartilage. As we age, the meniscus undergoes changes in their chemical content which leads to increase risk of tearing.

The problem with meniscus injuries is healing. It is very difficult to get the meniscus to heal because there is a poor blood supply to most of the meniscus. If the tear is small enough (less than 1cm) and close to the periphery then there is a good chance of healing if the patient is healthy and gives the knee time to heal. In most cases, the meniscus tear is too large to heal spontaneously or is in an avascular area. It is this type of tear where an orthopedic surgeon is necessary.

Frequently asked questions

1. How did I tear my meniscus?

There are different mechanisms associated with meniscus tears. In younger athletic patients the meniscus can be torn by loading the knee in flexion and applying a twisting force. It can be torn in conjunction with an ACL rupture. Sometimes it can be torn without doing anything out of the ordinary. In elderly patients who are developing changes to their meniscus, repetitive stresses to the meniscus can lead to degenerative tears.

2. What does a torn meniscus feel like?

An acutely torn meniscus causes a sharp pain to the knee, usually on the side of the tear. There is also swelling and pain with walking or kneeling. Certain tear patterns can cause locking of the knee.

3. Will my meniscus heal?

In order for a meniscus tear to heal spontaneously it needs to be small, have a good blood supply and ample rest. This is rare for all of this to occur. In most cases the tear will be painful in the acute phase (first week or two) and will lessen over time. The torn meniscus will be aggravated with certain activities such as sports or twisting. This often continues until the patient decides to have it treated.

4. How do you treat a meniscus tear?

The most common treatment for a torn meniscus is a knee arthroscopy. This is when a small camera is placed into the knee and tiny instruments are used to either repair the tear or remove the torn portion of the meniscus.

5. When is the tear repaired?

A tear is repairable if it is in the peripheral vascular zone, it is not a complex tear and the knee is stable. Stable means the ACL is not torn.

6. When is a tear removed?

This is much more common than a repair. Most tears are in poorly vascularized zones and are complex tears which mean the tear is in more than one plane or has a flap.

7. What will happen if I do not have surgery?

It is hard to tell. Most patients can have good days and bad days because the torn meniscus is kind of like a pebble in the shoe. Sometimes the pebble finds a comfortable position and other times the pebble finds a position that causes pain. If surgery is delayed there is also a risk the tear may increase in size.

8. What happens after having some of the meniscus removed?

The meniscus functions as a shock absorber so if part of it is removed then the stresses across the knee joint increase. Over time this may mean an increased risk of developing arthritis of the knee. For this reason it is vital for the surgeon to remove as little as possible to stabilize the tear therefore minimizing the increased stress on the knee.

9. How long does the surgery take?

An average knee arthroscopy with meniscus debridement can take about 45 to 60 minutes depending on the difficulty of the tear location.

10. How long can I expect to be off work?

Most knee arthroscopies are a day surgery procedure. If the tear is removed then the typical course is crutches for two to three days then weight bearing as tolerated. Your activity level will slowly increase until you are cleared for full activity such as sports in about 4-6 weeks. If you have a low demand job then expect 3-4 days off of work.

11. Who is the best person to perform this operation?

An orthopedic surgeon who is trained in arthroscopy of the knee such as a Sports Medicine fellowship trained Orthopedic Surgeon .