MENISCUS REPAIR

PATIENT INFORMATION. January 2006

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This information sheet provides information on the nature and purpose of the procedure in addition to an outline of the post-operative rehabilitation.

Purpose and description of the procedure

This operation involves repair of the meniscus or footballer's cartilage in the knee. The cartilage acts as a protective weight bearing "shim" helping to transmit weight between the thighbone (femur) and shin bone (tibia). It also acts to protect the articulating surface (articular cartilage) from wear. The meniscus is usually torn in a twisting injury and most tears are treated by removal of the small torn portion. A small number of tears however are much bigger and involve nearly the whole of the meniscus. The meniscus does not have a good blood supply to make it heal well and it is only the larger and more peripheral type of tears that are suitable for repair.

The operation involves passing sutures or new special fixation devices into the knee under arthroscopic control (Fig 1) and there are various techniques possible. It may be necessary to make a small incision on the side of the knee in order to tie the sutures.

Protection of the knee in the postoperative phase from re-injury is very important. Because of the poor natural healing, the success of repair is approximately 80% and therefore there is a chance of the meniscus re-tearing on return to sport. The aim of repairing the meniscus however is to protect the joint surfaces from possible later wear and tear.

During the Hospital stay

Pre-operatively (or immediately post operatively) a hinged knee brace is ordered which holds the leg in full extension (hinges locked at 0º). This or a temporary cricket splint is applied while in the operating theatre. It is possible to go home on the same day of surgery.

Post-operative care

Following meniscal repair recovery is based on the knowledge that the meniscus is slow to heal and that injury is caused by twisting on the bent knee. This position needs to be avoided while awaiting full strength of the healing repair.

Weight Bearing: Full weight bearing is allowed with the leg held in extension in the splint.

Knee brace: When sitting the hinges on the brace can be unlocked (or the brace may be removed) to allow flexion up to 90º. Once the leg is comfortable the brace does not need to be worn at night while in bed.

At four weeks the splint is removed and full weight bearing is allowed without the splint. Squatting beyond 90 degrees, pivoting, twisting and cutting like manoeuvres must be avoided for 3 months because the repair area may not be strong enough.

Further Rehabilitation: At three months progression to full-unrestricted activity is allowed. At this stage gradual rehabilitation back to sporting activity is commenced. Physiotherapy supervision or trainer advice is recommended. Rehabilitation progresses over the subsequent three months while returning to full sporting activities. The exact time for return to contact sport must be discussed with the surgeon and is dependant on the type of tear and the sport.

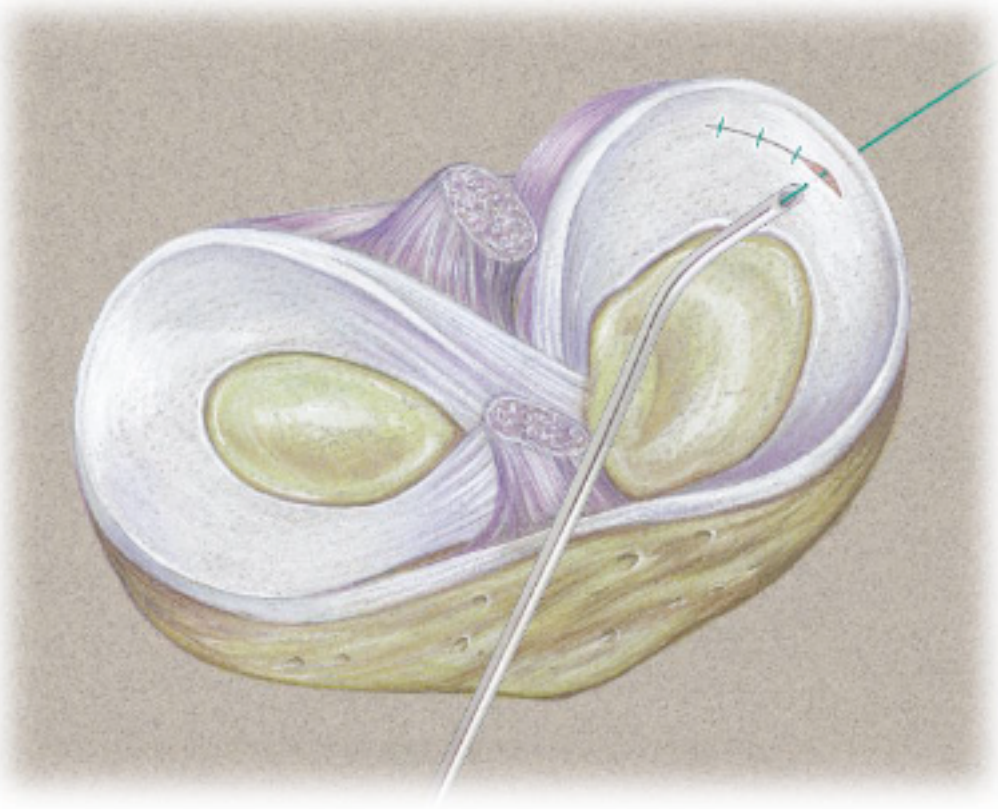

Fig 1: Diagram of the top surface of the tibial showing a tear in the medial meniscus (inner footballers cartilage) Sutures are passed through the tear, or alternatively, fixation pins and devices can be used.