

Stephen R. Viess, MD

Webster Orthopedics

Appointments (800) 943-8099

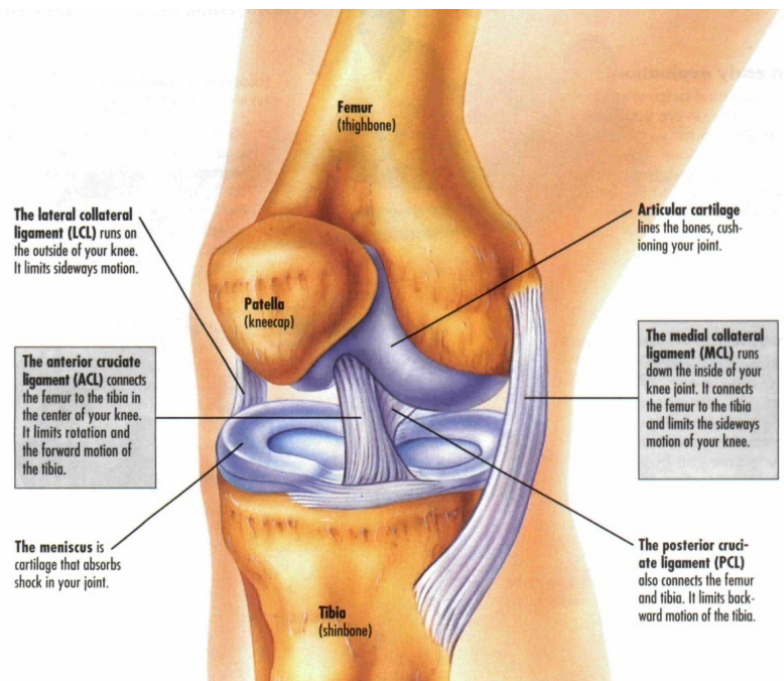
Laurie (925) 556-7343

Meniscal Surgery

The meniscus is one of two horseshoe-shaped, fibrocartilage discs within the knee joint. The menisci act as a shock absorber within the knee, while also serving to provide rotational stability to the knee.

Meniscal tears can occur in people of any age and from a variety of mechanisms. In the younger population, they typically occur from a twisting injury with the knee slightly flexed. In older adults, tears can occur without a traumatic episode and may be due to natural degeneration that comes with age. Because the meniscus has limited blood supply, most meniscal tears do not heal. For this same reason, most meniscal tears cannot be repaired. Meniscal tears that are symptomatic (causing pain with daily activities or mechanical symptoms such as popping or locking) typically must be addressed with arthroscopic surgery. Arthroscopic surgery is minimally invasive and is performed through two ½ inch incisions. The procedure usually involves removing the torn fragment and contouring the remaining meniscus, although roughly 5% of tears can be repaired.

Rehabilitation after surgery varies, depending on whether the meniscus was repaired or partially removed. If removed, there are few postoperative restrictions and weight bearing is permitted as soon as the patient is comfortable walking without crutches. If the meniscus is repaired, weight-bearing will be restricted and crutches possibly required for 4-6 weeks. Return to full athletic activity is usually 6-8 weeks after meniscal excision and 3-4 months after a repair, although patients return to daily activities much sooner.



Prior to surgery:

You will be seen for a pre-operative visit 1-2 weeks before surgery. During this visit, your knee will be reexamined. You will have the opportunity to ask any questions you may have. You will also receive your prescription for postoperative pain medication. We will order any necessary pre-operative tests and make sure we have received medical clearance from your primary physician (often not required).

Day of Surgery:

1. Arrive 1-2 hours before scheduled surgery start time.
2. Meet with anesthesiologist to discuss anesthetic options.
3. You will wake up from surgery with a bandage on and an ice cuff in place.
4. Crutches will be provided.
5. You are typically released from the recovery room 45-60 minutes after surgery.

Post-operative:

1. Ice and elevation
2. Take pain medication as instructed.
3. Remove bandages 48 hours after surgery.
4. You may get knee wet in the shower once dressing has been removed. You may not submerge the knee in water (bath tub, hot tub, swimming pool) for three weeks.
5. Early knee range of motion exercises are encouraged.
6. Follow up 7-10 days after surgery to have sutures removed.
7. At three weeks after surgery, low impact exercises, such as a stationary bike or an elliptical machine, are encouraged.
8. The usual return to full activity occurs at 6-8 weeks after surgery.
9. Physical therapy may be prescribed at any point during your recovery, if needed.