

MENISCUS TEAR & ARTHROSCOPIC MENISCECTOMY

What is wrong with your knee?

You have torn the meniscus in your knee. There are 2 meniscal cartilages in the knee, one on the inside and the other on the outside. Each is a triangular wedge that helps take weight from the thighbone to the shinbone. They are like shock absorbers. You have torn one of these cartilages. A tear is often the result of a traumatic twisting injury, but can sometimes be due to degeneration that comes with getting older. This can be an indication of early arthritis in the knee.

What I recommend

In view of your description of your problem, my physical examination and review of the scans, I believe that arthroscopic meniscectomy is indicated in your case. Indications for surgery are persistent pain from the meniscus, which is associated with mechanical symptoms, including catching, locking or swelling.

Are any other options available?

Whilst I believe that surgery is the best course of action, other treatments are available. These range from no treatment, just living with the condition to physiotherapy exercises, painkillers or anti inflammatories. While any of these may be successful in your situation, in my experience they will not work reliably. We can arrange for any or all of these options if you desire.

Generally speaking I do not recommend menisci to be repaired except in young patients or in quite specific circumstances, that promote healing of a repair. Torn degenerate meniscal tears can't be repaired.

What happens if surgery is not performed?

Whilst I do not think your condition will significantly worsen, the frequency of locking or catching can increase. With regard to future arthritis, I believe the function of the meniscus is to share weight and because it is torn the mechanical function has been compromised. Removal of the meniscus tear is aimed to relieve mechanical symptoms (catching or locking or sharp pain); it will not return the meniscus to normal.

What is the purpose of the surgery?

Surgery is done using an arthroscope (keyhole surgery). I use 2-3 small incisions (1cm). Through one incision I insert the arthroscope, which lets me look inside your knee; through the others I use special instruments to remove the torn meniscus. After the meniscus is removed we use small Band-Aids to close the wounds and with a compressive bandage to remove fluid from the joint that is used during the operation.

What kind of anaesthesia is used?

We use a combination of general and local anaesthesia. You will go to sleep (general anaesthesia), but because we also use local anaesthetic around the wounds less medicine is needed to keep you asleep and pain free and you have less pain after surgery.

What is it like when you wake up?

You will wake up in recovery room. After surgery your knee will be in a compressive bandage. We will control the pain by a combination of injections, medicines and an ice pack. You can continue to use the ice pack when you go home.

You will be given strong painkillers when you leave the hospital, like Panadeine forte and or anti-inflammatories. However almost all the post-op pain is better controlled with regular Panadol or Nurofen (every 3-4 hours), arm repositioning and cold packs.

How long will you stay in hospital?

Most patients are able to go home the same day of surgery. Patients who live far away or have medical problems may stay over night.

What about complications?

Complications after knee arthroscopy are fortunately rare. The most significant complication includes infection (less than 1 in 1000) and treatment may include extended use of oral or intravenous antibiotics with admission to hospital and even further surgery. Sometimes a clot can form in the calf or thigh veins; whilst chronic clotting can lead to ongoing problems like swelling and pain, the main concern is the clot breaking off (embolising) and becoming lodged in the lungs (pulmonary embolus). To prevent clots we fit special stockings during and after the surgery, give medicines which tend to reduce clotting and ask you to perform calf exercises. Occasionally the knee can become stiff after surgery and may require extended physical therapy or further surgery.

Finally removal of the painful meniscus may not relieve all your knee pain, this is commonly because there are associated cartilage damage in the weight bearing area and the meniscus tear is more of a degenerate wearing out problem and is the precursor of arthritis in the knee joint.

How successful is the surgery?

Depending on the cause of the meniscal tear surgery is better than 95% successful. It is less successful in relieving pain in knees, which have symptoms of early arthritis either in the meniscus itself, or the cartilage weight bearing surfaces. Generally speaking if the knee was not painful before the incident that brought on the tear then removing the torn part relieves your pain.

When can you return to routine activities?

You will be able to walk immediately after surgery. You may have a shower or bathe after surgery with a waterproof dressing. You can walk around the house, write and cook within a few days.

When can you return to work?

For most sedentary jobs I recommend taking 1 to 2 weeks off work. When you return to work you should be mostly sitting down, but can increase your activities so that you're doing light jobs within 2 to 3 weeks. Most manual labourers find they need 6 to 8 weeks off heavy type work. If there is significant other damage in the knee then some patients will find it difficult returning to heavy manual labouring type jobs and may indeed never get back to them.

How is the knee rehabilitated?

During your admission you will be taught quadriceps (straight leg raises) and calf exercises which you will do for the first 6 weeks after the operation. If you require special exercises afterwards I will refer you for physiotherapy.

When do you return to the doctor's office?

Your first visit is at 2 weeks after surgery so I can examine the surgical wounds. A further visit at 6 and 12 weeks after surgery is sometimes necessary.

What about pain medication?

You will be given strong painkillers when you leave the hospital, like Panadeine forte and or anti-inflammatories.

However almost all the post-op pain is better controlled with regular Panadol or Nurofen (every 3-4 hours), arm repositioning and cold packs.

How much does the surgery cost?

I charge AMA based fees, which are usually greater than what the Government allows the Insurance companies to fully cover. There will be a “gap”; my Assistant will provide an accurate quote for my surgery fee, the Anaesthetist’s fee and the Assistant Surgeon’s fee.

Hospital accommodation and operating theatre costs should be checked with the individual hospital.

What if you have more questions?

Please feel free to give me a call at my rooms on (02) 9409 0500 and I will call you back as soon as I can.

How do you schedule surgery?

Contact my Assistant on (02) 9409 0500.

GREGGORY BURROW