



SUNSHINE COAST
ORTHOPAEDIC CLINIC

Meniscal Repair

The meniscii are the two c-shaped cartilages that sit between the femur and the tibia in the knee. They can be thought of as the shock absorbers of the knee. They also add stability to the knee and nutrition to the joint surface.

Meniscal tears are very common. A meniscal tear (cartilage tear) is the most common reason for a knee arthroscopy. Usually the meniscus tears due to an attritional injury. The meniscus is loaded time and time again with walking, twisting etc and it eventually fatigues and fails or tears.

This type of tear has a poor blood supply, it doesn't have the ability to heal and so the torn tissue is removed at the time of arthroscopy. However, if the meniscus was normal before the tear and a sudden high energy injury occurs, most commonly on the sporting field, then this tear can have a good blood supply and it may be repairable.

Quite often this is in association with a torn anterior cruciate ligament. To repair the meniscus, an arthroscopy is performed, firstly to inspect the tear and also to make sure it is appropriate to repair the meniscus. Different suture techniques are used, depending on the location of the tear.

Sometimes an implantable suture device is used, especially if the tear is very posterior. Other times an inside/out suture is used, which needs a further incision on the outside of the knee to allow the sutures to be tied over the capsule of the knee joint.

Following the meniscal repair the cruciate ligament will be reconstructed if necessary. If the meniscus is repaired on its own the success rate is about 60%. If the cruciate ligament needs reconstruction also, then the success rate is about 90%.

After the repair, a brace is worn for 6 weeks and no weight is to be taken through the knee for 6 weeks.

When you can return to work and/or sports will depend on whether an ACL reconstruction was necessary also.