Meniscal Surgery

Patient Information

Why this letter?

I think that having surgery is stressful. A lot of information that I may say to you is easily forgotten, especially when you get home and someone asks you “what did the doctor say?”. This may help for you to have these things in writing.

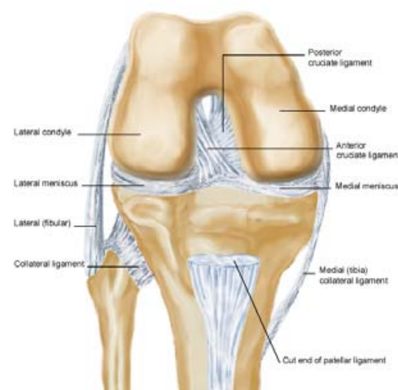
What is the meniscus?

One of the most commonly injured parts of the knee, the meniscus, is a wedge-like rubbery cushion where the major bones of your leg connect. Meniscal cartilage curves like the letter "C" at the inside and outside of each knee. A strong stabilizing tissue, the meniscus helps the knee joint carry weight, glide and turn in many directions. It also keeps your femur (thighbone) and tibia (shinbone) from grinding against each other.

Football players and others in contact sports may tear the meniscus by twisting the knee, pivoting, cutting or decelerating. In athletes, meniscal tears often happen in combination with other injuries such as a torn ACL (anterior cruciate ligament). Older people can injure the meniscus without any trauma as the cartilage weakens and wears thin over time, setting the stage for a degenerative tear.

What is wrong with your knee?

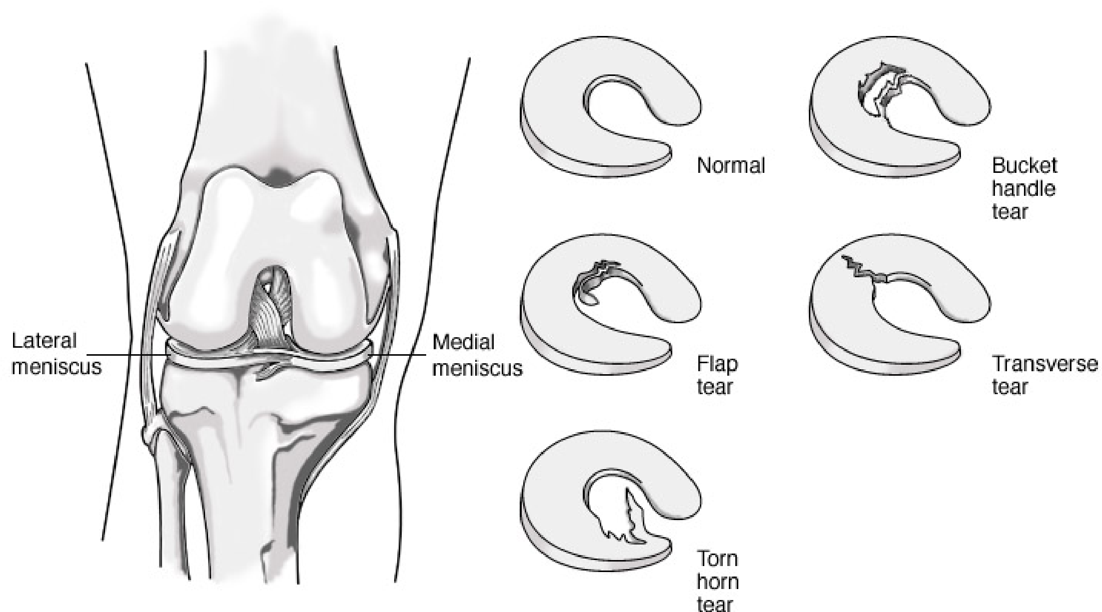
Based on clinical exam and possibly an MRI it has been determined that you have a tear in the meniscal cartilage in the knee. The knee has 2 kinds of cartilage. The cartilage that lines the ends of the bone (the articular cartilage) and the cartilage shock absorbers (the meniscal cartilage). One of the meniscal cartilages appears to be torn and that is what is causing your symptoms (pain, locking and catching). Not all people have all symptoms, but all can be associated with meniscal tears.



Are there non-surgical options to treat a meniscal tear?

Not every tear in the meniscal cartilage has to be treated surgically. As we age, so do the menisci. Non-displaced degenerative tears may cause inflammation for a while and then settle down on their own and not need to be addressed with surgery. Initial treatment of a meniscal tear follows the basic RICE formula: rest, ice, compression and elevation, combined with non-steroidal anti-inflammatory medications for pain. If your knee is stable and does not lock, this conservative treatment may be all you need. Blood vessels feed the outer edges of the meniscus, giving that part the potential to heal on its own. Small tears on the outer edges often heal themselves with rest.

The main exception to that is the symptom of LOCKING in the knee. True locking (where the knee has to be manipulated to get it to "unlock") really is best treated with surgery. Each time that the meniscus locks it can cause damage to the articular type of cartilage and cause other knee problems.



Can a meniscus be repaired?

The blood supply to allow healing to the meniscus goes from the periphery to central. Tears that are in the periphery in young people can sometimes be repaired. At the time of surgery is when this determination can be made.

What happens if the meniscus can not be repaired?

The torn part of the meniscus is addressed with an arthroscopic surgery. Arthroscopy allows an orthopedic surgeon to diagnose and treat knee disorders by providing a clear view of the inside of the knee with small incisions, utilizing a pencil-sized instrument called an arthroscope. The scope contains optic fibers that transmit an image of your knee through a small camera to a television monitor. The TV image allows the surgeon to thoroughly examine the interior of your knee and determine the source of your problem. During the procedure, the surgeon also can insert surgical instruments through other small incisions in your knee to remove or repair damaged tissues.

In a meniscal tear that cannot be repaired, the torn portion is removed (a meniscectomy). That piece that is torn can move around in the knee and not only cause pain, but damage to the articular cartilage and lead to arthritis down the road. That means that that portion of the shock absorber is gone for good and that is why we try to remove as little as possible to get a good outcome and protect the knee long term.

What else may be wrong or done at the time of surgery?

There are 2 things in the knee that mimic meniscal tear. The first is arthritis. It may be that you have arthritis that we know about (can see it on the X-Ray we took in the office), and you are well aware that some of your pain may simply be coming from arthritis and some from the meniscal tear. In that case, all of your pain may not be resolved with this surgery. It may be that I think there will be a meniscal tear and am surprised that there is some arthritis at the time of the surgery that we did not know about (can not yet see changes on the X-Ray). The same holds true.

The second mimicker is isolated damage to the articular cartilage. In these cases sometime I can do a procedure called “micro-fracture”. What happens is that I place small holes in the bone where the damage is to allow bleeding. With this bleeding, new cells come and can allow scar cartilage to form to fill in where the damage is done. This scar cartilage is not as good as your regular cartilage, but is better than nothing. If this is done, you may be instructed to be “non-weight bearing” or use the crutches for 6 weeks and that will be indicated on your going home instructions.

What are the risks of surgery?

Some of the risks include: numbness in the surgical scar area, infection in the surgical incisions, damage to structures, nerves, or blood vessels around and in the knee and blood clots in the leg. Because it is arthroscopic and a short surgery, the risks are quite low but all are POSSIBLE.

What kind of anesthesia is used?

Patients usually undergo *general anesthesia*. This means that you are put to sleep for surgery and a breathing tube is placed during the surgery to breathe for you while the

work is done. This is the best way to allow me to work on the knee. There are other choices, such as a spinal anesthesia, and you may discuss that with the anesthesiologist.

When can I return to sports?

The resumption of vigorous athletic activities does not occur for usually about 8-12 weeks after surgery.

Will I stay in the hospital?

No, this is a day surgery and you are released to go home several hours after the surgery.

Will I need crutches?

Yes, you will need crutches (or a walker) to get around for the first few days after surgery. If you have had a meniscectomy (portion removed) then you can start to walk without the crutches as soon as it is comfortable with you.

If you have a meniscal repair you will be not allowed to put weight on that leg for 6 weeks.

Your paperwork at the time of discharge will indicate your “weight bearing status” (can your put weight on your leg or not)

When can you return to work?

For most sedentary jobs, you should probably take 3-5 days off. For more demanding work that requires that you be on your feet all day it will be closer to 1-2 weeks.

What is rehabilitation like?

You can start bending your knee immediately after surgery and that is encouraged. If your feel that you need to see a therapist (every patient is different) we will arrange that at your first appointment after surgery.

What will I do for pain control?

I will give you a prescription for pain medication. You make take it as directed on the bottle and that may vary depending on allergies or other medications. In addition, icing the knee is very helpful in controlling the pain.

I request that you call for pain medication refills Monday through Friday from 8am to 5 pm. Remember that I am in the operating room several days a week, so please do not be surprised if you have to wait a few hours to get the message handled and called in. I need to approve each request personally.

What about surgical costs?

Because medical insurances can be quite complex, there are not fixed rules. You may need to check with your insurer in regards to your obligations such as co-pays or deductibles. We will bill the surgeon's fees from this office. The code that we use is *29881 (there may be additional codes depending on what I find).* In addition, there are a lot of fees not directly associated with my office. These include, but may not be limited to anesthesia, and hospital costs.

I will do everything that I can to answer your questions and make you feel at ease with the decision that you have made to undergo surgery. Please remember that I am your advocate and I appreciate that you need to feel comfortable. There will be a number of times that you will get to see me face to face and feel free to use those times for questions. Otherwise you can consider my staff an extension of me and you may leave messages and I will do my best to get those answered as quickly as possible.

Carmelita A Teeter, MD
Rio Grande Orthopedic Center
1601 Treasure Hills Blvd
Harlingen, Texas 78550
956-421-2663
OrthoDoc.aaos.org/CATeeterMD
or www.rgoc.net