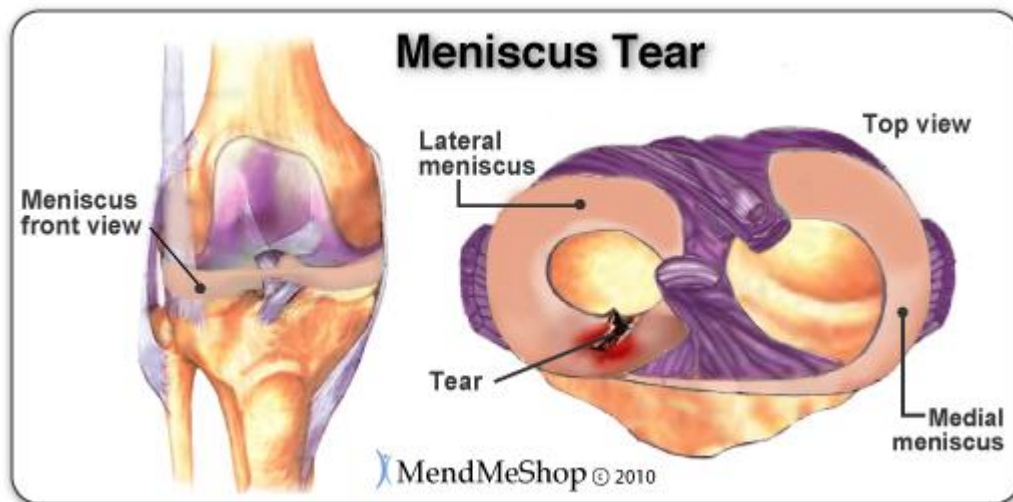


Meniscus FAQ

Robert T. Bents, MD



Q. What is a “meniscus”?

A. The meniscus is a “C” shaped shock absorber in your knee joint. The meniscus is made of cartilage similar to your earlobe. The meniscus has several different functions—shock absorption, joint stabilization, and joint instability. A healthy meniscus is important to protect against arthritis.

Q. What does it mean to “tear” a meniscus?

A. You can tear a meniscus in many different ways. As we get older the water content of the meniscus decreases and becomes more brittle. With twisting, squatting, or sporting activities the meniscus can be pinched between the femur and tibia causing it to fray, tear, or split. The tear may occur with injury or simply fray with aging.

Q. What are some of the symptoms of a torn meniscus?

A. Patients may have pain associated with twisting activities. The pain is usually localized along the inside (medial) or outside (lateral) part of the knee. Swelling of the joint is another common complaint. Sometimes patients will feel like something is catching or pinching in the joint. Occasionally the knee will “lock” in a certain position. Most of these symptoms are reproducible by the doctor’s examination.

Q. Will an X-ray detect a meniscal tear?

A. No. The purpose of the X-ray is to make certain that you do not have any underlying arthritis in your knee. Also a loose bone chips or “loose body” may mimic a meniscal tear. The X-ray gives your doctor information about the “bony” anatomy of a joint. An MRI gives more information about the soft tissues (meniscus, cartilage, ligaments) of the knee.

Q. Does every patient require an MRI?

A. No. Sometimes patients have such classic symptoms (distinct swelling, popping, etc) that the diagnosis can easily be made without the MRI. In most cases, however, we do utilize MRI to confirm the presence or absence of the meniscal tears and/or other conditions.

Q. When can I expect to see a difference in my preoperative pain?

A. Many patients feel a reduction in their meniscus pain within one week postoperatively. The surgical pain usually lasts about 3-4 weeks.

Q. When can I return to sports?

A. Most athletes are returning to sport after a simple meniscectomy in 3 to 6 weeks. If you have a meniscal repair the rehabilitation period is longer, 3 to 4 months.

Q. What risks are associated with arthroscopic surgery?

A. In general the risks are extremely low. The major concerns of infection, blood clot, or pulmonary embolus are a less than a 1% chance. You will sign a surgical consent form that lists many of the other RARE complications reported in association with knee arthroscopy. It is important for you to realize that although arthroscopy is a highly successful procedure, if you have associated "wear" or early arthritis you may have incomplete relief of pain after surgery. Fewer than 2% of patients re-tear the meniscus within one year after surgery.

Q. How quickly can I fly after surgery?

A. We generally recommend that patients not fly on an airplane for at least one week after surgery because of the concerns of leg swelling and blood clots.

Q. What is the difference between meniscus repair and meniscus trimming or shaving?

A. When the meniscus tears in a certain pattern near the outer edge, it may be repairable. The blood vessels only penetrate the outer 25% and blood is necessary for healing. Once the meniscus is repaired with special anchors or sutures, you will be required to protect the repair for several months to prevent a re-tear.

It is much more common to have a non-repairable tear, especially over the age of 35. In this case we will trim the torn portion away and smooth the remaining rough edges with special equipment.

Q. How many meniscus surgeries has Dr Bents performed?

A. Dr Bents has been performing knee arthroscopy for over 20 years. He has performed thousands of successful meniscus surgeries. He is Board Certified in Sports Medicine and is a member of the prestigious Arthroscopy Association of North America.

Q. Any other information available?

A. You may find useful information at orthoinfo.AAOS.org, www.Paragonortho.net, ortho.ucla.edu