Meniscectomy

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ORTHOPAEDIC SURGERY & SPORTS MEDICINE

Surgical Locations:

HSS Main Campus - Main Hospital
535 East 70th Street
New York, NY 10021

HSS ASC of Manhattan
1233 2nd Avenue (bwt. 64th and 65th St.)
New York, NY 10065

HSS Orthopaedics at Stamford Hospital
Tully Health Center
32 Strawberry Hill Ct
Stamford, CT 06902

Basic Information

- Menisci are C-shaped disks of cartilage within the knee that provide protection for the articular cartilage which covers the bones
- Act as shock absorbers within the knee
- Two menisci
  - Medial: along the inner portion of the knee
  - Lateral: along the outer portion of the knee
- Have limited blood supply only to the outer edge of the meniscus
  - Tears in this area or the “red zone” can heal with repair
  - Tears in the area without blood supply or “white zone” are less likely to heal
- Meniscus tears can be either acute or degenerative
  - Acute tears: tend to occur with an injury, in younger patients may be repairable
  - Degenerative tears: tend to occur in the setting of arthritis, unlikely to be repairable

Symptoms

- Patients commonly hear a “pop or snap” in the knee at the time of the injury
- Frequently associated with immediate pain and swelling
- Pain is usually worst with deep flexion of the knee or twisting/pivoting movements
- If there is a displaced piece of meniscus, you may feel clicking, locking or catching in the knee. This can even cause people to be unable to fully bend or straighten the knee
- Degenerative tears may present with more gradual onset of symptoms and no injury

Treatment Options

- **Conservative vs Surgical**
  - **Conservative**
    - Most meniscus tears do not heal on their own
    - However, they can become asymptomatic if they are small and non-displaced
    - Conservative treatment would include anti-inflammatories for pain and PT to strengthen the muscles surrounding the knee
  - **Surgical**
    - Tears in young athletes and specific types of meniscus tears are potentially repairable
    - If the meniscus is not deemed repairable, the surgery is a meniscectomy where the torn piece of meniscus is trimmed out

Risks of Surgery

- **Blood loss**
  - Low risk of bleeding with this surgery
  - We do obtain consent for a blood transfusion if bleeding was to occur

- **Infection**
  - Very low risk at HSS: We take extra caution to irrigate the knee and do every portion of the surgery under sterile conditions
  - If infection does occur, likely requires further surgery and IV antibiotics

- **Risk of worsening arthritis**
  - If the meniscus tear is in the setting of arthritis, in rare cases, the surgery can cause the arthritis to progress fast. This is less about the surgery and more about the extent and location of the arthritis.

Surgical Details

- **Pre-Operatively**
  - If you are over 40 years of age or have any significant medical problems, you will require basic lab work and a clearance from your primary care doctor

- **Day of Surgery**
  - You will meet with Dr. McCarthy and the anesthesiologist to discuss the surgery and answer any questions
  - Anesthesia will likely involve a spinal injection to numb the legs and sleeping medicine
    - Most patients do not require general anesthesia so they will be breathing on their own during surgery
  - Surgery takes roughly 30-45 min
  - You will wake up in the recovery room with bandages but no knee brace unless specifically indicated

- Most patients will go home following the surgery once they have sensation, have met with the therapist and are able to go to the bathroom
- Medications: narcotic pain medication, anti-inflammatories, aspirin

Surgical Recovery

- **Begin PT 2 days following the surgery**
- **Walk with crutches for a few days after surgery until you are able to walk normally**
- **Follow up 2 weeks after surgery for removal of suture and to discuss the surgery/view images**
- **General progression guidelines**
  - **2 weeks**
    - Walking normally
  - **6 weeks**
    - Increased strength, gradual re-introduction of activities
  - **3 months**
    - Returning to sports, prior activity level

NOTES