Meniscectomy

MOIRA McCARTHY MD
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

Your guide to meniscus tears, treatment options, and recovery after meniscectomy — from your first visit to your return to activity.

No. 1
HSS is ranked No. 1 in orthopedics by *U.S. News & World Report* — 17 years in a row

30–45 min
Typical surgery time

Same day
Most patients go home after surgery

~3 months
Typical return to sports and prior activity level

WHY PATIENTS CHOOSE DR. MCCARTHY

- **Personalized care:** Dr. McCarthy tailors every part of your care and spends time with you before and after surgery
- **A clear recovery roadmap** — PT begins 2 days after surgery
- **Extra infection-prevention step:** extra fluid irrigation of the knee, with every portion of surgery done under sterile conditions
- **Usually no general anesthesia** — most patients breathe on their own during surgery
- **Two office locations** — New York and Stamford, CT
- **Three surgical locations** — HSS Main Campus, HSS ASC of Manhattan, and Stamford Hospital

Schedule your consultation

CALL · NEW YORK **646-714-6360**	CALL · STAMFORD **203-705-0900**
SELF-SCHEDULE ONLINE **hss.edu**	MESSAGE US **MyChart app**
EMAIL **mccarthyoffice@hss.edu**	

UNDERSTANDING YOUR MENISCUS TEAR

WHAT IS THE MENISCUS?

- The menisci are C-shaped disks of cartilage in the knee. They protect the articular cartilage that covers the ends of the bones.
- They act as shock absorbers within the knee.
- There are two: the **medial** meniscus (inner side of the knee) and the **lateral** meniscus (outer side).

COMMON SYMPTOMS

- A “pop” or “snap” in the knee at the time of injury
- Immediate pain and swelling
- Pain that is worst with deep bending of the knee or twisting/pivoting
- If a piece of meniscus is displaced: clicking, locking, or catching — sometimes being unable to fully bend or straighten the knee
- Degenerative tears may come on gradually, without an injury

Red zone — outer edge

Has a blood supply. Tears here **can heal with repair**.

White zone — inner part

No blood supply. Tears here are **less likely to heal**.

The meniscus has a limited blood supply, only at its outer edge.

TYPES OF TEARS

Acute tears	Tend to happen with an injury. In younger patients, they may be repairable.
Degenerative tears	Tend to happen in the setting of arthritis. They are unlikely to be repairable.

YOUR TREATMENT OPTIONS

Non-surgical (conservative) treatment

- Most meniscus tears do not heal on their own, but small, non-displaced tears can stop causing symptoms.
- Anti-inflammatories for pain
- Physical therapy to strengthen the muscles around the knee

Surgery

- **Meniscus repair:** tears in young athletes and specific types of tears are potentially repairable.
- **Meniscectomy:** if the meniscus is not repairable, the torn piece is trimmed out.

Dr. McCarthy will talk through your options with you and help you decide what is right for your knee and your goals.

RISKS OF SURGERY

Every surgery has risks. Here is what to know about meniscectomy.

Bleeding	The risk of bleeding with this surgery is low. We do obtain consent for a blood transfusion in case bleeding occurs.
Infection	The risk is very low at HSS. We take extra caution to irrigate the knee and do every portion of the surgery under sterile conditions. If an infection does occur, it will likely require further surgery and IV antibiotics.
Worsening arthritis	If the meniscus tear occurs in the setting of arthritis, in rare cases the surgery can cause the arthritis to progress faster. This has less to do with the surgery and more to do with the extent and location of the arthritis.

PREPARING FOR SURGERY

BEFORE SURGERY

- If you are **40 or older**, or have any significant medical problems, you will need medical clearance, including basic lab work and clearance from your primary care doctor.

THE DAY OF SURGERY

- You will meet with Dr. McCarthy and the anesthesiologist to discuss the surgery and answer your questions.
- **Anesthesia** will likely be a spinal injection to numb your legs, plus medicine to help you sleep. Most patients do not need general anesthesia, so they breathe on their own during surgery.
- Surgery takes about **30–45 minutes**.
- You will wake up in the recovery room with bandages, but **no knee brace** unless specifically needed.
- **Most patients go home the same day**, once they have feeling in their legs, have met with the therapist, and are able to use the bathroom.
- Your medications — narcotic pain medication, an anti-inflammatory, and aspirin — are explained in your *Surgery Instructions* booklet.

YOUR RECOVERY

- **Physical therapy** begins 2 days after surgery.
- **Crutches** for a few days after surgery, until you are able to walk normally.
- **Follow-up visit 2 weeks after surgery** to remove sutures, discuss the surgery, and review images.

YOUR ROAD BACK TO ACTIVITY

General guidelines — your own timeline depends on your surgery and progress.

2 weeks
Walking normally

6 weeks
Increased strength
Gradual return of activities

3 months
Return to sports and prior activity level

Ready to take the next step? Schedule a consultation with Dr. McCarthy

CALL · NEW YORK	CALL · STAMFORD	SELF-SCHEDULE ONLINE	EMAIL
646-714-6360	**203-705-0900**	**hss.edu**	**mccarthyoffice@hss.edu**

For non-emergent questions, the most efficient way to reach us is a portal message through the **MyChart** app.

NOTES & QUESTIONS FOR DR. MCCARTHY