Meniscus Root Repair

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 root tears, root repair surgery, and recovery — from your first visit to your return to sport.

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

~1 hour
Typical surgery time

Same day
Most patients go home after surgery

6 months
Typical return to sport

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** with weight-bearing, brace, and crutch guidance at every stage
- **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 ROOT 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

What makes a root tear different?

The **root** is where the meniscus attaches to the bone. When the root tears, the meniscus comes loose from its anchor and can no longer work as a shock absorber. The knee then behaves much as if the meniscus were missing, which increases pressure on the cartilage and can speed up the development of arthritis.

Root repair reattaches the meniscus root to the bone, to restore the meniscus’s ability to protect the knee.

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

Meniscus root repair surgery

- **Recommended for** athletes and young patients whose tear has a good chance of healing.
- Helps prevent further damage to the meniscus and cartilage.

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 meniscus root repair.

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.
Repair not healing	If the repair does not heal, you may need another surgery, either to attempt a re-repair or to remove the torn piece of meniscus.

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 **1 hour**.
- You will wake up in the recovery room in a **locked knee brace**.
- **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, aspirin, and anti-nausea medication — are explained in your *Surgery Instructions* booklet.

YOUR RECOVERY

Protecting your root repair

- **No weight on the leg for 4 weeks.** You will be non-weight bearing (or toe-touch only) with crutches for the first 4 weeks after surgery, to let the repaired root heal to the bone.
- **No deep squatting for 4 months.** Avoid deep squats and loaded knee bending past 90° for 4 months after surgery.

THE FIRST WEEKS

- Use crutches with the brace locked straight when walking.
- Knee motion is guided by your physical therapist.
- **Follow-up visit 2 weeks after surgery** to remove sutures, discuss the surgery, and review images.

BRACE & CRUTCHES

- **Brace:** wear it when walking and sleeping. You may unlock it once your quadriceps is strong enough. We will discuss stopping the brace at your 6-week visit, depending on your progress.
- **Crutches:** required for at least the first 4 weeks. You may stop once the brace is unlocked and you are walking normally.

YOUR ROAD BACK TO SPORT

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

4 weeks

Begin putting weight on the leg

6 weeks

Walking normally without the brace

4 months

Begin running progression

Deep squatting allowed

6 months

Agility, jumping and landing, sport-specific activities

Return to sport

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

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

NOTES & QUESTIONS FOR DR. MCCARTHY