

Meniscal Repair

Procedure Summary

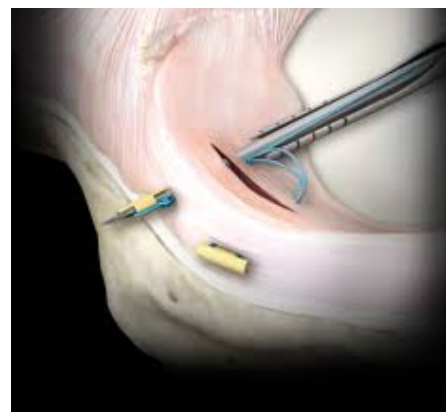
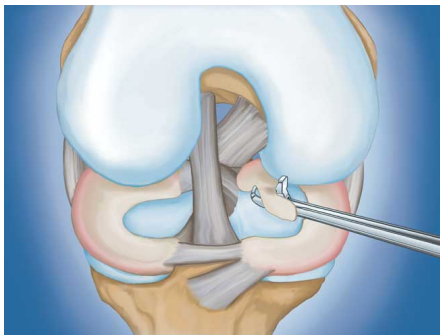
Meniscal injury is currently a well-recognized source of knee dysfunction, and its arthroscopic treatment has become one of the most commonly performed orthopaedic procedures. The meniscus withstands different forces, including shear, tension, and compression, and plays a crucial role in load-bearing, load transmission, and shock absorption.

Meniscal tears often present with pain and swelling of the knee joint and associated “mechanical” knee symptoms of locking and instability.

A meniscal injury can result in reduced contact areas of the knee joint surface which can directly impact and accelerate the development of arthritis. Meniscal repair is often completed through key hole surgery using a combination of suturing techniques as a day case procedure.

Repair is preferred where possible, but in certain circumstances it may not be possible to repair the meniscus. In these instances, the meniscal tissue is debrided to a stable edge.

Outcomes of meniscal repair surgery is dependent upon multiple factors to include; anatomy of tear, chronicity of symptoms, Patient age and associated injuries.



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Post operative Rehab

Day 1 to 6 weeks

- Pain Control- ensure adequate pain relief
- Decrease swelling – Regular ice Therapy
- FWB for routine meniscal repairs – crutch use indicated initially. If a root tear, NWB/PWB for 6/52.
- Brace will be indicated on op note but is likely to be required.
- ROM : 0-90° for 6/52.
- Quads exercises to be progressed as able.
- Circulatory exercises and maintenance exercises for the ankle
- **No deep squats for 4/12.**

6-12 weeks:

- Progress ROM as able
- Progress exercises without restriction to range.
- Progress quads exercises as able.
- Progress gait with changes to WBS.

12 weeks

- Progress resistance strength training
- Balance and proprioception exercises
- Returning to sports and unrestricted activities at 4-6 months.

Return to Work

On average, patients can get back to office based work at 2 weeks and manual work by 6 weeks following their meniscal repair.

Driving

Driving is not possible for 4-6 weeks following surgery. This is dependent on patient function and safety and specific post op instructions (affected mostly by bracing and WBS). Patients should always check with the DVLA and insurance company.



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