Rehabilitation (Guided by Surgeon/Physiotherapist):

Post-op – Week 4: You should mobilise touch weight bearing with two crutches. Your knee can move up to 90 degrees in a brace, which should be worn at all times.

Week 4-6: You can now fully weight bear and should wean off crutches. The brace can be removed and gradually increase the bend in your knee. Be cautious squatting through your operated knee.

Week 6-12: You can progress to straight line (i.e. no twisting or turning) running, as long as you have no pain or knee swelling.

Return to sport: At 16 weeks you can start twisting exercises and at 20 weeks return to all sport (providing you have no pain or knee swelling).

Orthopaedic out-patient follow-up:
You will be seen at six and 12 weeks after your surgery.

If you have any queries or concerns, please telephone the **Fracture Clinic on 01270 612244**

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Reviewed by Readers' Panel.

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Knee Meniscal Repair

Information for patients

This information is available in audio, Braille, large print and other languages. To request a copy, please ask a member of staff.

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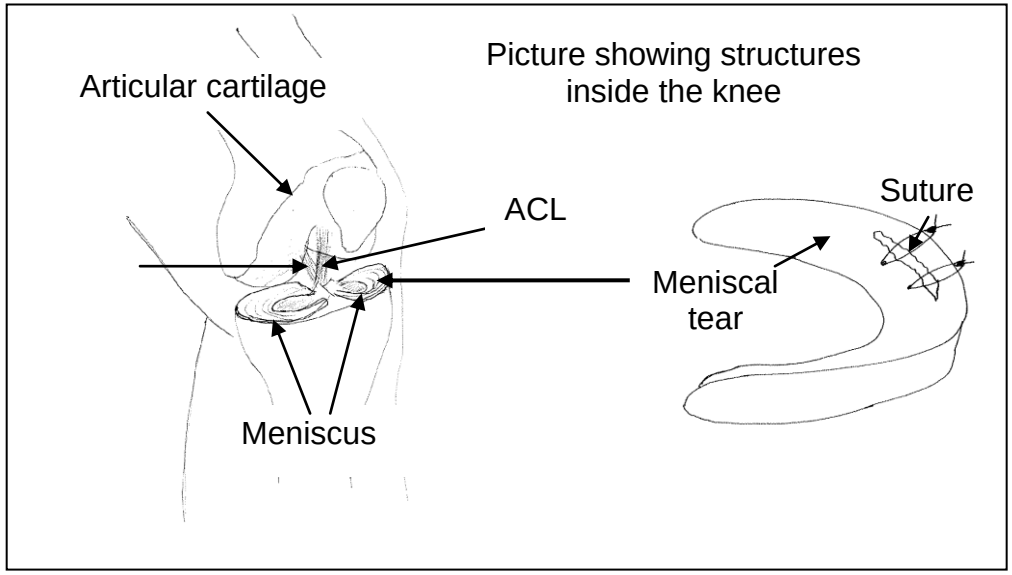
What are the structures inside the knee?
The knee is a hinge joint made up of many structures including:

Ligaments – There are two main ligaments inside the knee which provide support. These are the Anterior Cruciate Ligament (ACL) and Posterior Cruciate Ligament (PCL).

Cartilage – The knee is coated in a smooth surface (articular cartilage) to allow it to glide easily.

Meniscus – Consisting of the medial (inner) and lateral (outer) meniscus these structures help the knee bend and rotate, as well as acting as shock absorbers (see picture below).



How does the meniscus get injured?
Usually this is caused by a twisting injury. Sometimes it results from a more complex injury where other structures are damaged.

How can you tell if I have sustained a tear?
The type of injury and symptoms may suggest a tear. You may experience sharp pain on either side of the knee, feel clicking or catching and sometimes the knee can lock. Clinical examination may reproduce this, but in some cases a MRI scan is needed to confirm the diagnosis.

How is it treated?
If your symptoms fail to settle with other measures (for example physiotherapy, then key-hole surgery (arthroscopy) may be performed.

During surgery the meniscus is examined and where a tear is found it will be treated by either trimming the torn portion or a suture (stitch) repair.

Can all tears be repaired?
The meniscus has poor healing qualities, therefore only tears close to the blood supply can be repaired.

How is a tear repaired?
Through the keyhole incisions made in your knee, very fine sutures are passed across the tear and a knot tied (see picture opposite). There is a risk that the repair may fail. This is dependent on the type and location of the tear. On average the success rate is between 60% – 70%.

Are there any specific complications?
During the surgery there is a risk of the fine suture injuring a nerve or vessel around the knee. This is uncommon, but may require further surgery.

What can I do after surgery?
To help protect the meniscal repair it is important you do not put undue force through the sutures. You should refrain from bending the knee beyond 90 degrees, (i.e. more than a right angle) for six weeks following surgery. Twisting activities and contact sports need to be avoided for five months. You will be provided with the rehabilitation regime used at Mid Cheshire Hospitals. An overview can be found on the back page of this leaflet.

How will I know if the repair has failed?
It can take several years for a meniscal repair to fail. If your symptoms recur or you experience increased pain, then contact your GP who may refer you back to your surgical team.