



Understanding Meniscectomy Surgery

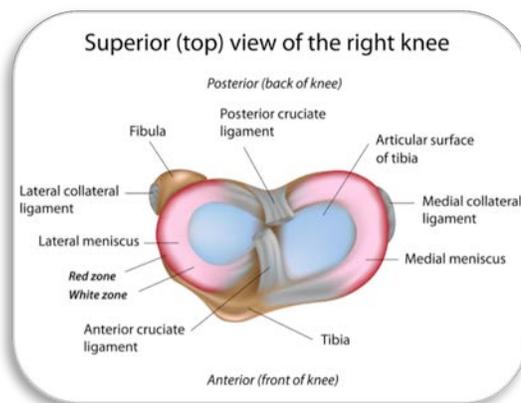


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Our goal at The Orthopedic Institute of Wisconsin is to provide high quality care, both non-surgical and surgical. This approach allows our patients to regain lost function and experience pain relief that will hopefully result in the improvement of their quality of life. If you have any additional questions, please call: (414) 325-4320

Understanding Knee Anatomy

The knee joint joins the thigh bone (femur) to the shin bone (tibia). Tendons connect the bones of the knee to the muscles in the leg that move the knee joint. Ligaments in the knee join bones and provide stability. The meniscus (plural, menisci), a C-shaped piece of cartilage, sits between the femur and the tibia. Its function is to cushion and stabilize the knee joint. Each knee has two menisci, one on the outside (lateral) edge of the knee, and one on the inside (medial).



Who Needs Meniscus Surgery?

As we age, the meniscus can become worn down, making it more vulnerable to a tear. Acute tears can also occur due to sudden injury. In moderate tears, patients often experience pain and swelling of the knee, accompanied by stiffness, locking, and clicking. Sharp pain is often felt when twisting or squatting. In severe tears, the knee may feel “wobbly” and weak as well as painful and inflamed.

Causes of Meniscus Tears

The two most common causes of a meniscus tear are:

- *Traumatic injury* – often seen in athletes. This is most likely to occur when the knee is bent and then twisted
- *Degenerative tears* – often seen in patients who have brittle cartilage due to normal wearing processes.



William T. Pennington M.D. “Knee Arthroscopy: Meniscectomy.”

The Surgery

In order to relieve pain, a partial meniscectomy can be performed. This surgery is performed arthroscopically, meaning that 3 small incisions are made on the knee so that a small camera can be inserted to observe and repair the damage. Fluid is pumped into the knee through one incision, allowing Dr. Pennington to have a clear view of the joint and the third is used to insert instruments that perform the meniscectomy. The injured cartilage is identified, and using a small shaver, the damaged cartilage is removed; the remaining edge of the meniscus is smoothed, leaving healthy tissue behind.



William T. Pennington M.D. "Knee Arthroscopy: Meniscectomy."

Typical Schedule of Follow-up Visits

One-week assessment

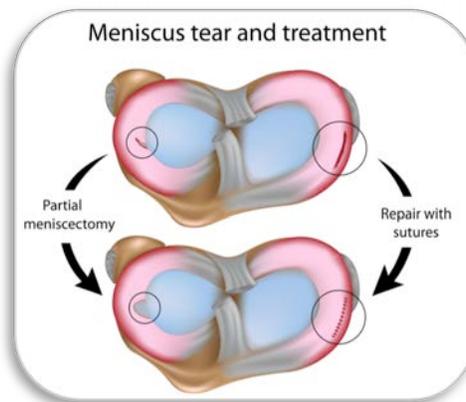
- Suture removal
- Physical therapy referral

Five-to-seven week assessment

- Range of motion check
- Return to light activity/sport

Future

- Strength and range of motion check
- Higher level activity check
- Discuss return to activity/sport



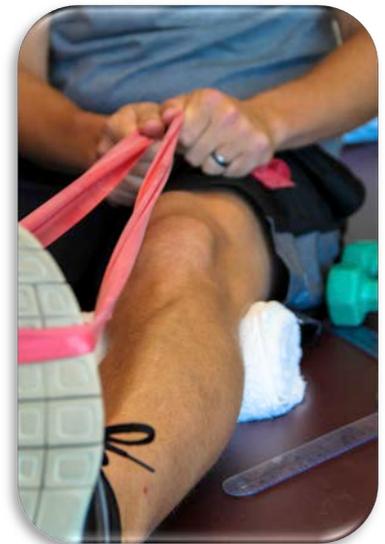
Post-Op Expectations

Following the surgery, you will need to keep the dressings clean and dry. A small amount of drainage or bleeding is normal. You will need to ice your knee as frequently as possible with the polar ice pack in order to reduce pain and swelling. Crutches are to be used for comfort for up to 1 week and until you are able to walk with a normal gait. If you walk

abnormally due to the pain following surgery, it is possible to hurt your back or hip.

Physical Therapy

You will be referred to a physical therapist following your surgery. Typically, physical therapy begins 1 week following your surgery. It is very important to attend therapy sessions, as they allow your knee to heal properly, giving you the best chance at a full recovery with good range of motion and function.



Possible Complications

Because one large function of the meniscus is to distribute the forces acting upon the knee joint, it is possible that arthritic conditions could worsen following surgery. To minimize this risk, only the injured cartilage is removed.



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