

Background

The menisci (cartilages) of the knee may be damaged during knee injuries. Repairing the meniscus if possible preserves this important structure. This information sheet outlines the procedure and post-operative rehabilitation.

Indications for meniscal repair

A tear of the meniscus in the area where there is a good blood supply.

Techniques

The procedure is performed within the knee using the arthroscope (telescope). Sutures or darts are generally inserted. Occasionally additional incisions are required around the knee to aid the repair.

Risks and benefits

If the meniscus can be repaired then the risks of developing early osteoarthritis in the knee may be reduced through maintenance of normal knee anatomy.

If the repair does not heal then further arthroscopic surgery may need to be performed in order to remove the torn fragment.

Removing the torn meniscal fragment (menisectomy) will result in a faster recovery and quicker return to work than repair which requires more extensive rehabilitation.

As with any knee arthroscopic procedure there is a risk of bleeding, infection, swelling, stiffness, thrombosis, blood clots, and medical complications.

Post-operative protocol

Hinged knee brace 0-60° for 6 weeks to prevent deep knee flexion.

Full weightbearing as tolerated.

Review at 2 weeks for wound check.

Avoid impact squatting and twisting activities for 8-12 weeks.

Return to full sport 4-6 months.

MENISCAL REPAIR

Information Sheet & Guidelines

Knee Team

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