

**STEVEN CHUDIK MD**  

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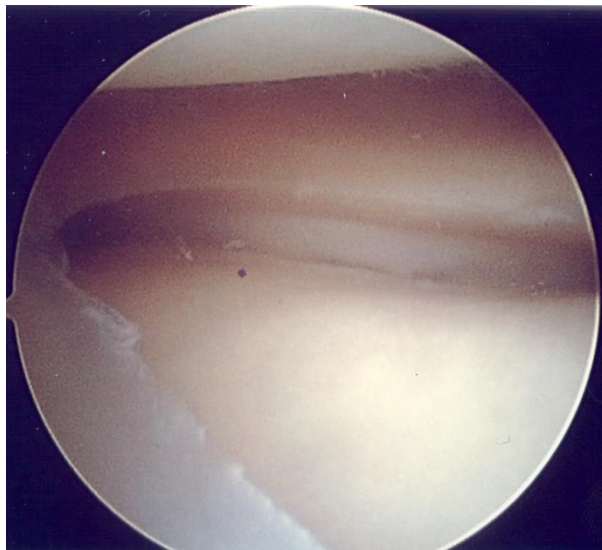
**SHOULDER, KNEE & SPORTS MEDICINE**

## Partial Menisectomy

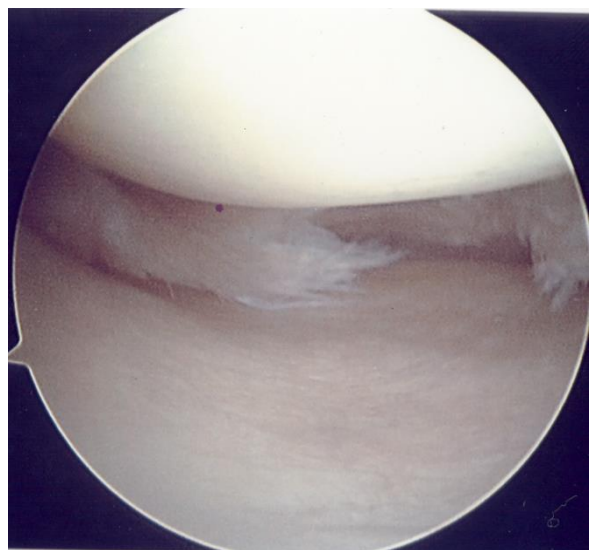
### Indications for Surgery

Surgery is indicated for people who have symptomatic tears of the meniscus. Meniscal tears can cause pain in the knee as well as mechanical symptoms including locking, catching, intermittent sharp pains, and sometimes even a sensation of giving way.

Only the outer 10 to 30 percent of the meniscus has the blood supply required to allow tissues to heal. Due to this limited blood supply and limited ability to heal and repair itself, the meniscus tends to develop degenerative tears (from “wear and tear”) over time. The majority of meniscal tears are degenerative but sometimes a single injury can suddenly extend a developing tear, causing it to become symptomatic and painful. Unfortunately, because of the instability (movement) of the torn fragment of the meniscus and its limited blood supply, meniscal tears generally do not heal or regenerate themselves. The edges of these degenerative tears tend to be fragmented and frayed without clean edges. This factor, combined with a poor blood supply, indicates that most meniscal tears cannot be effectively repaired, or sown back together. Most require arthroscopic partial menisectomy; a removal of the torn and damaged portion of the meniscus.



Arthroscopic view of normal meniscus



Arthroscopic view of degenerative meniscus tear



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As the meniscus is important in distributing forces across the knee joint, the loss of functioning meniscus (whether removed or not) is associated with increased loading of the cartilage in that same area of the knee and will lead to the early development of arthritis of the knee joint. Arthritis can be described as the wearing process of cartilage at the ends of bones. Thus, the goal of meniscal surgery is to eliminate the symptoms in the knee by removing only the torn and damaged portion of the meniscus. Arthroscopically removing the torn portion of the meniscus and contouring (smoothing) the edges of the tear can prevent the tear from becoming larger and/or displacing, which causes the painful mechanical symptoms of catching, locking or giving way. Unfortunately, these degenerative meniscus tears are also an early sign that the knee is starting to wear out and develop arthritis and some knees will continue to show progression of arthritis, regardless of whether arthroscopic surgery is performed.

### Contraindications to Surgery

- Infection of the knee
- Inability or unwillingness to complete an appropriate postoperative rehabilitation program
- Pain or symptoms not related to the meniscus
- Diffuse advanced arthritis of the knee without mechanical symptoms

### Potential Surgical Risks and Complications

- Infection
- Re-tearing of the remaining meniscus
- Knee stiffness (loss of knee motion) if proper rehabilitation is not performed
- Continued pain and progressive arthritis
- Weakness of the quadriceps muscles if proper rehabilitation is not performed
- Unexpected findings of significant areas of arthritis (wearing out of the protective cartilage surface on the ends of the bones at the knee joint) that are the cause of the symptoms and less treatable
- Persistent swelling, pain, and need for meniscus transplant or realignment procedures

### Hospitalization and Anesthesia

- Outpatient surgery (go home the same day)
- Intravenous (IV) sedation or light general anesthesia with local numbing medicine (around the knee)



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### General Surgical Technique

Dr. Chudik performs meniscal surgery with the assistance of an arthroscope, a small camera that inserts into small incisions and allows him to view the inside of the knee joint. Small shavers and cutting instruments are used to remove and contour the torn portion of meniscus that is not repairable.

### Postoperative Course

- Keep the wound clean and dry for the three days following arthroscopic surgery. Patients may shower after that time period. Do not submerge the incisions in water for at least three weeks
- Patients will use crutches for approximately three days to three weeks for a partial menisectomy depending on any other associated cartilage damage found in the surgery
- Physical therapy should begin two to three days after surgery and continue for approximately six weeks (uncomplicated meniscus tear) to a few months (with associated arthritis and other cartilage damage). The success of meniscal surgery is dependent on the post-operative rehabilitation. It is crucial to follow through and maintain a proper therapy schedule.

### Return to Activity

Patients may return to sports when there is no pain and when full knee range of motion, muscle strength/endurance and functional use has been restored. This usually requires at least six weeks or more following partial menisectomy depending on associated cartilage damage.

### Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners (aspirin, Coumadin®, Lovenox®, Xarelto®) according to the prescribing doctor's directions
- Stop anti-inflammatory medicines (ibuprofen, Advil®, Motrin®, Naprosyn®, Aleve®, etc.)
- Stop nutritional supplements and drinks (vitamin C, ginseng, ginkgo biloba, etc.)
- Stop smoking for surgery and during the first six weeks postop to allow proper healing of tissues
- **Do not eat or drink anything after midnight the evening before surgery**



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## SHOULDER, KNEE & SPORTS MEDICINE

### Scheduling Surgery

Call Dr. Chudik's surgery scheduler at 630-324-0402 or email [contactus@chudikmd.com](mailto:contactus@chudikmd.com)/ to:

- Schedule the date and location of surgery. The hospital will call the day before with the arrival time.
- Schedule an appointment with Dr. Chudik's physician assistant to complete preoperative surgical education and other requirements.
- Schedule a postoperative appointment with Dr. Chudik's team to remove sutures and review post-op instructions.

### Notify My Office If Symptoms Worsen



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