

**STEVEN CHUDIK MD**  

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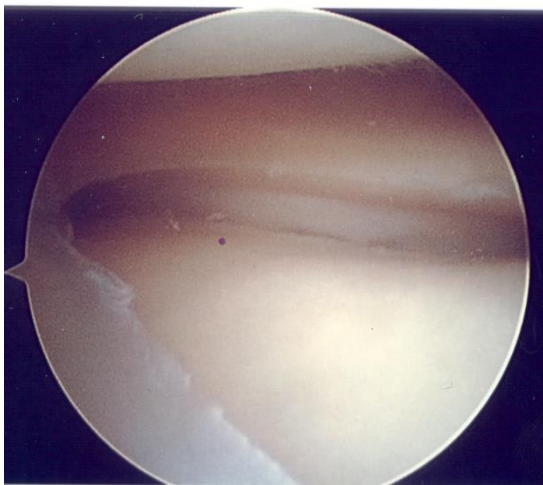
**SHOULDER, KNEE & SPORTS MEDICINE**

## Meniscus Transplant

### Indications for Surgery

The meniscus is an important structure that helps to distribute forces evenly across the knee joint. The loss of functioning meniscus is associated with increased loading of the cartilage and can lead to the early development of arthritis of the knee joint (wearing out of the cartilage surfaces on the end of the bones). Thus, the goal of meniscal transplant surgery is to eliminate the pain symptoms in the knee by replacing the damaged, non-functioning meniscus with a “new” allograft meniscus. The surgery to remove the remaining old, broken meniscus and replace it with a new, functioning meniscus via transplant can alleviate pain and, optimistically, prevent progression of arthritis and deterioration of the knee joint. Meniscal transplant surgery is indicated for people who have lost meniscus from previous injuries and/or surgery, and have pain and symptoms from the loss of meniscus. Additionally, an osteotomy may be recommended for certain patients. This procedure re-aligns the bones of the knee to better distribute weight throughout the joint.

Currently, there is not a good artificial replacement for meniscal tissue. In a meniscal transplant procedure today, the new meniscus must come from a cadaver and be transplanted. The new meniscus being transplanted must be of a similar size and shape to the native meniscus in order to work properly. This means planning surgery can be somewhat difficult. Often, patients will have to wait for some time until a meniscus match becomes available before proceeding with the surgery.



Arthroscopic view of normal meniscus

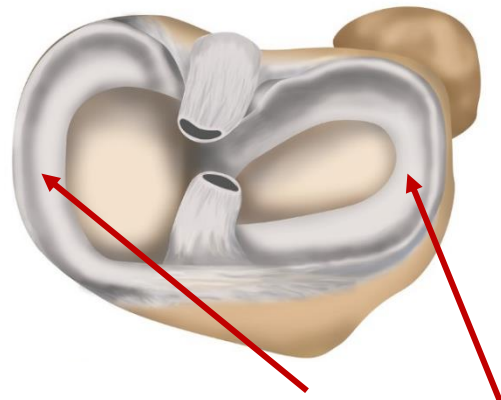


Illustration showing medial (left) and lateral (right) meniscus, which appear as rings of cartilage between the knee bones



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### Contraindications to Surgery

- Infection of the knee
- Elderly patients are better treated with joint arthroplasty
- Pain or symptoms not related to the meniscus
- Diffuse and advanced arthritis of the knee
- Inability or unwillingness to complete an appropriate postoperative rehabilitation program
- Uncorrected instability or ligament damage of the knee
- Uncorrected malalignment of the knee



X-ray indicating decreased joint space from loss of lateral meniscus

### Potential Surgical Risks and Complications

- Surgical Infection
- Transmission of disease from allograft
- Incomplete healing
- Re-tearing of the new meniscus
- Knee stiffness (loss of knee motion)
- 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 of the bones at the knee joint) that are the cause of the symptoms and less treatable
- Failure of the meniscal transplant



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## SHOULDER, KNEE & SPORTS MEDICINE

### Hospitalization and Anesthesia

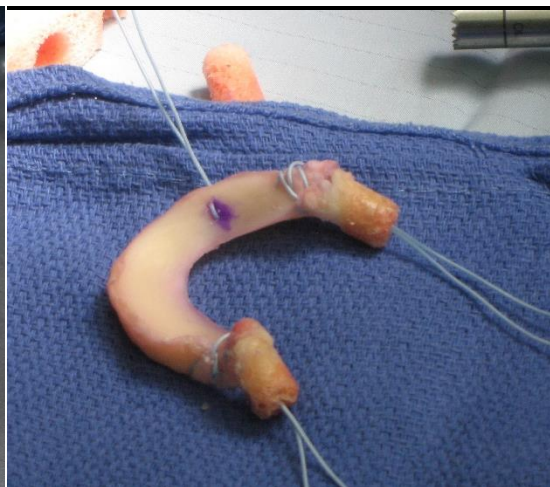
- Outpatient surgery (go home the same day)
- General anesthesia with femoral nerve block

### 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, as well as a few larger incisions to place the meniscus allograft. Small shavers and cutting instruments are used to remove the remaining portion of meniscus that is not functioning. He then prepares the allograft meniscus and implants the meniscus in the knee in place of the damaged and torn meniscus. Dr. Chudik secures the meniscus in place with sutures.



Meniscus allograft



Allograft prepared for implantation

### Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners (aspirin, Coumadin<sup>®</sup>, Lovenox<sup>®</sup>, Xarelto<sup>®</sup>) according to the prescribing doctor's directions
- Stop anti-inflammatory medicines (ibuprofen, Advil<sup>®</sup>, Motrin, Naprosyn<sup>®</sup>, Aleve<sup>®</sup>, 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

### 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
- Hinged knee brace for six weeks
- Crutches for six weeks gradually progressing to full weight bearing over four-week time period
- Physical therapy should begin two to three days after surgery and continue for approximately six months after surgery. 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 running around four months and full return to sports/activities around six months post-operatively. There needs to be no pain, full knee range of motion, muscle strength/endurance before patients can be cleared to return to activities. Permanently restricting higher-level activities such as running, jumping, and cutting sports may be appropriate.

### 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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