

**STEVEN CHUDIK MD**  

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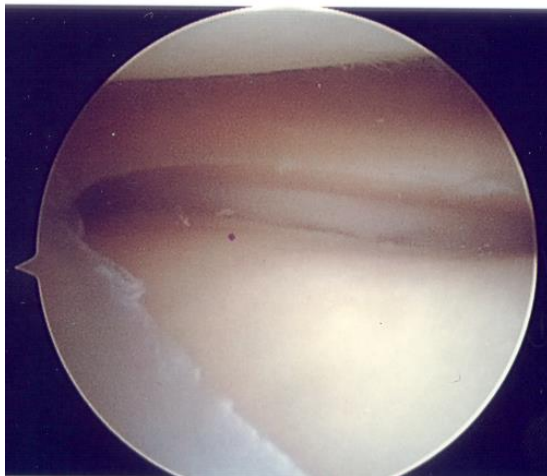
**SHOULDER, KNEE & SPORTS MEDICINE**

## **Partial Meniscectomy**

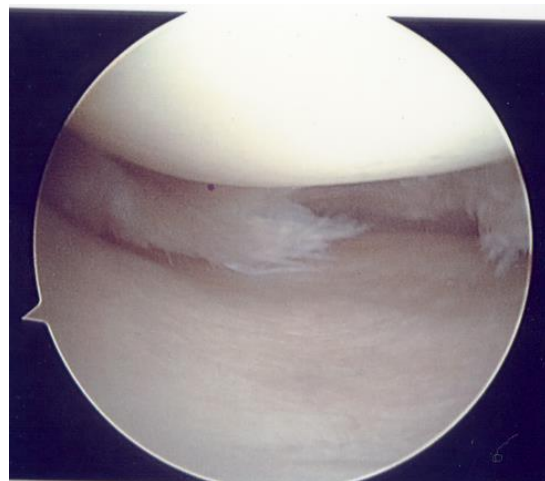
### **Indications for Surgery**

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 giving way.

Only the outer 10 to 30 percent of the meniscus has a blood supply that is required to allow tissues to heal. Because of 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 generally degenerative but sometimes a single injury can suddenly extend a developing tear, causing it to become symptomatic (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. Also, because of this limited blood supply and the fact that a majority of tears are degenerative in nature (“beat-up” without clean edges that can be sewn together), most meniscal tears cannot be repaired and require arthroscopic partial meniscectomy (removal of the torn and damaged portion of the meniscus).



Arthroscopic view of a normal meniscus



Arthroscopic view of a degenerative meniscus tear

Because the meniscus is important to help distribute 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 (wearing out of the cartilage surfaces on the end of the bones of the knee joint).



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Thus, the goal of meniscal surgery is to eliminate the symptoms in your 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 progression of the tear (increasing in size) and displacement of the tear 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 (partial meniscectomy or not) will continue to show progression of arthritis.

### 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, as we try to save as much of it as possible
- Knee stiffness (loss of knee motion) if proper rehabilitation is not performed
- Stress injury to the tibia (shin bone) or femur (thigh bone) at the knee joint
- 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 (you go home the same day)
- Light general anesthesia with local numbing medicine (around the knee)

### General Surgical Technique

Dr. Chudik performs meniscal surgery with the assistance of an arthroscope (small camera that allows you look inside the knee through small incisions). Small shavers and cutting instruments are used to remove and contour the torn portion of meniscus that is not repairable.

### Post-Operative Course

- Keep the wound clean and dry for the three days following arthroscopic surgery then you may shower but not submerge the wounds for three weeks
- You will use crutches for approximately three days to three weeks for a partial meniscectomy depending on any other associated cartilage damage



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- 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) for a partial menisectomy. The success of meniscal surgery is dependent on the post-operative rehabilitation. It is crucial to follow through on and maintain a proper therapy schedule.

### Return to Activity

You may return to sports when there is no pain and when full knee range of motion, muscle strength and endurance, and functional use has been restored. This usually requires at least 6 weeks following partial menisectomy or more depending on other cartilage damage.

### Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin<sup>®</sup>, Lovenox<sup>®</sup>, Xarelto<sup>®</sup> according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil<sup>®</sup>, Motrin<sup>®</sup>, Naprosyn<sup>®</sup>, Alleve<sup>®</sup>, etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

**Do not eat or drink anything from midnight, the evening before surgery**

### 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
- Schedule an appointment with Dr. Chudik's PA to complete pre-operative surgical education and other requirements
- Schedule a post-operative appointment with Dr. Chudik's team to remove sutures and review post-op instructions

**Notify My Office if Symptoms Worsen**



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Schedule online now