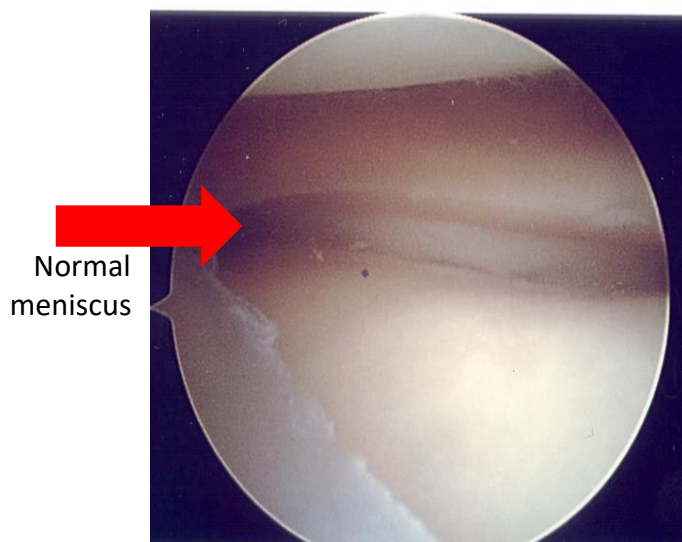


Meniscus Transplant

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 in 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 your knee by replacing the damaged, non-functioning meniscus with a “new” allograft meniscus. Removing the remaining old meniscus and replacing it with a new, functioning meniscus can prevent progression of the arthritis and deterioration of the knee joint. Meniscal transplant surgery is indicated for people who have lost meniscus from previous injuries or meniscectomies and have severe pain and symptoms from the loss of meniscus. Additionally, an osteotomy (re-aligning of the bones of the knee, for better weight distribution throughout the joint) may be recommended for certain patients.



Because there is not a good artificial replacement for meniscal tissue, the new meniscus must come from a donor that has passed away. The new transplant meniscus allograft must also be of a similar size and shape to the native meniscus. This means planning this surgery can sometimes be difficult and can require time to find a match.



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Contraindications to Surgery

- Infection of the knee
- Minimal loss of meniscus
- Elderly patients
- Pain or symptoms not related to the meniscus
- Diffuse and advanced arthritis of the knee
- Inability to be flexible with the timing of the surgery
- Inability or unwillingness to complete an appropriate postoperative rehabilitation program

Potential Surgical Risks and Complications

- Surgical Infection
- Transmission of disease from allograft
- Incomplete healing or failure of the transplanted meniscus
- 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

Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- General anesthesia with femoral nerve block (see *Your Surgical Experience* booklet)

General Surgical Technique

Dr. Chudik performs the meniscal transplant surgery with the assistance of an arthroscope (small camera that allows you look inside the knee through small incisions) as well a few larger incisions to place the meniscus. 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 where the previous meniscus was. He then takes sutures and ties the meniscus down to secure it in place.

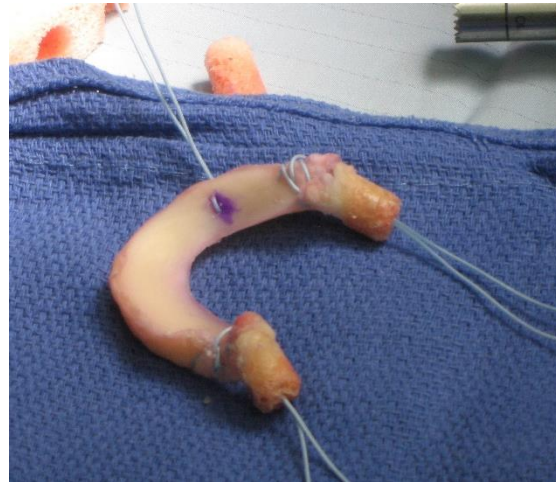


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A meniscus allograft



A meniscus allograft prepared for implantation

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®] according to the prescribing doctor's directions
Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Aleve[®], 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

Post-operative Course

- Keep the wound clean and dry for the 14 days following arthroscopic surgery then you may shower but not submerge the wounds for three weeks
- Hinged knee brace for six weeks
- Crutches for six weeks gradually progressing to full weight bearing after four weeks
- 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 on and maintain a proper therapy schedule.



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Return to Activity

You may return to running around four months and full return to sports around six months. There needs to be no pain, full knee range of motion, muscle strength and endurance.

Scheduling Surgery

Call Dr. Chudik's surgery scheduler at 630-324-0402, or email 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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