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Why consider meniscus repair in the knee?

Meniscal repair aims to achieve meniscal healing, and avoid the adverse effects of meniscectomy, particularly that of accelerated arthritis. Successful meniscal repair depends on a healing process, which is based on two fundamental principles: solid primary fixation, and biological healing.

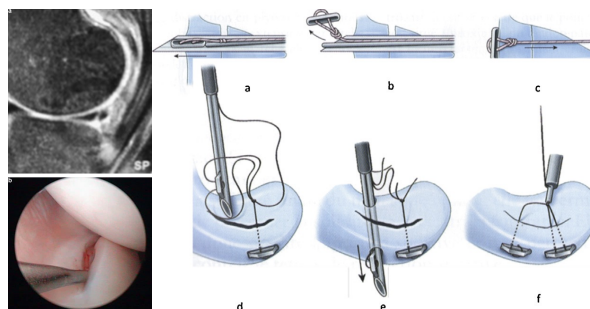
Meniscal repair is a well-established procedure, with respect to both technique and outcome. If your tear is suitable for repair then the risk of failure is worth taking, and repair should be suggested whenever possible. Functional results are good, and correlate with complete or partial meniscal healing. They are better in the lateral meniscus. Any associated ACL tear should usually be treated by reconstruction. Meniscal repair helps ensure long-term cartilage protection.

Whether a meniscal tear is recommended for repair is largely dependent on the characteristics of the tear. The main considerations include;

- Pattern of tear (longitudinal, horizontal radial, root)
- Location of tear (peripheral 1/3 represents vascular zone)
- Chronicity of tear and whether the meniscal tissue has macroscopically remodelled or not
- Age of patient

There are two principal techniques for meniscal repair:

1. 'all-inside' for posterior tears
2. 'outside-in' for more anterior locations.



Peripheral longitudinal tear on MRI, arthroscopy, and repair technique with 'all inside' suture anchor.



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Rehabilitation following meniscal repair is more prolonged than if meniscal debridement/resection is performed. The program is guided mainly by tear pattern;

- repair of peripheral longitudinal vertical lesions is followed by partial or full weight-bearing and immediate passive mobilization, except where the repair is under strong tension
- repair of tears breaking the meniscal belt (radial, root) is followed by 4–6 weeks non-weight-bearing, to limit extrusion forces.
- repair of horizontal cleavage can be followed by full weight-bearing, but with 4 weeks immobilization;
- in all cases, resumption of pivot sport is not allowed before 6 months.

Meniscal repair is a well-established procedure, mainly concerning peripheral longitudinal vertical tears in vascularized zones. More modern repair techniques have improved the outcomes following meniscal repair, which are good in terms of healing, function and cartilage protection, and with a low rate of secondary meniscectomy.



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