Overview: Based on the type and location of the meniscus tear, the torn meniscus can either be repaired or resected. At the time of surgery, the surgeon will use an arthroscope or small camera to look inside the knee and inspect the meniscus. Based on these findings along with magnetic imaging studies (MRI) a decision will be made as to which option is optimal based on your specific injury and presentation. Injuries to the meniscus commonly occur in conjunction with other injuries to the knee and these can also be addressed as the time of surgery. Meniscus repair as compared to meniscus resection have differing pros and cons as well as different surgical techniques and rehabilitation programs. Before surgery it is important to understand these difference to be prepared for the possible surgical outcomes. Most importantly, the end goal for each patient after meniscus surgery, regardless of type, is a functioning and stable meniscus.

Knee Arthroscopy: Both a meniscus repair and resection are performed using a minimally invasive technique known as arthroscopy. Arthroscopy is a surgical procedure that allows for the examination of the inside of the knee joint with an instrument called an arthroscope. Surgical management with knee arthroscopy involves making 2-3 small incisions around the knee joint where the arthroscope and other small surgical instruments can be inserted. The surgeon can then view the inside of the knee to be able to identify and repair any damage with specialized instruments.

Repair: Meniscal repair depends largely on the extent and location of the tear. If there is blood supply to the region of the meniscus that is torn, then there is a greater likelihood that a repair can heal. Surgeons will almost always prefer a meniscal repair if possible because it lowers the risk of developing arthritis in the long term. A meniscus repair is performed both arthroscopically and open using a technique known as the inside-out method. Sutures are used to sew the torn parts of the meniscus back together so that they can have a chance to heal. Success rates of meniscal repairs approach 80% and are most favorable in patients with a meniscal tear that is closer to the peripheral edge, or a repair performed in conjunction with an ACL reconstruction. While a meniscus repair is both more painful initially and has a much more substantial rehabilitation, it is the optimal choice in terms of preventing osteoarthritis and degeneration of the knee in the future. The goal of this procedure is for the patient to successfully return to full athletic activity at 3 – 6 months.

Resection: Meniscal resection or partial meniscectomy is an arthroscopic procedure to remove the torn portion of the meniscus. Resection can vary in scope and size but involves trimming away damaged parts of the meniscus. Resection is performed as opposed to a repair when the meniscus tear is chronic and degenerative or is in a location that has inferior blood supply. Meniscus resection has excellent short term results with minimal complications but can lead to the earlier development of arthritis in some patients. When there is a loss of part of the meniscus, there is increased pressure and force on the articular cartilage of the knee due to the ability of the meniscus to cushion the load on your knee. However, meniscus resection can still be an optimal and practical option for patients to quickly return to full-functioning activity. Resection is a more common option as opposed to repair. The goal of this procedure is for the patient to successfully return to full athletic activity at 4 – 6 weeks. A general guideline for knee arthroscopy rehabilitation can be found within the Rehabilitation Protocols.

For more information, visit my website at drk.com or email us at DrK.MA@wosm.com.