

THE RYU HURVITZ ORTHOPAEDIC CLINIC

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MENISCAL REPAIR SURGERY

Because you have a torn cartilage (meniscus) which may heal, your torn cartilage may be repaired rather than partially or completely removed. Ultimately, this may help lower the risk of developing arthritic because your cartilage has been spared rather than removed. Arthroscopic meniscal repair is not experimental. The results in our studies indicate a healing rate of up to 90%. In order to achieve this success rate, careful postoperative protection and rehabilitation of the knee is necessary.

After the cartilage (meniscus) has been sewn back into a revascularized bed, it requires a period of protection for at least 3-4 weeks during the initial phase of healing. A knee immobilizer will be applied to your knee and will remain on for approximately 3-4 weeks depending on the type of tear seen and repaired. Crutches are used during this phase and progressive weight bearing is permitted. At approximately 1-2 weeks, motion is initiated and gradually increased. By 4-5 weeks following surgery, crutches can usually be discarded. Despite the longer rehabilitation, the operation is performed on an outpatient basis and patients are allowed to return home the day of surgery.

Rehabilitation exercises continue to strengthen the joint and to improve flexibility until normal joint function returns. Because re-tears of meniscal repairs can occur if patients resume activities too quickly, protection from running and jumping sports is continued for a period of 3 months, from the date of surgery. At that point, the meniscus is thought to have regained significant strength.

POTENTIAL PROBLEMS

1. One must become accustomed to wearing a knee immobilizer for several weeks. Tightening the immobilizer too much or keeping it too loose can cause problems. If the foot begins to swell, consider loosening the straps. Elevation with the head down and foot up is very helpful for the first 2-3 days.
2. Following meniscal repair, there is frequently a pinching sensation at the jointline for several days following surgery. This is common and thought to be a normal part of the healing phase. If such a sensation persists or increases in discomfort, please report this to your surgeon.
3. Any persistent fever, pain which increases instead of decreases on a daily basis, significant calf or ankle swelling should be reported to your surgeon.

4. After a period of immobilization, there will be a certain amount of muscular atrophy. Although this is normal and expected, it usually requires formal physical therapy to regain normal flexibility and muscle strength.

WOUND CARE

Wound care will be provided by your surgeon. At your first postoperative visit usually within 2-3 days of surgery, the wounds are inspected and the dressing is changed. Further wound care instructions are given at that time.

EXERCISES

Because of the need for immobilization for the first 1-2 weeks, isometric exercises are initiated however range of motion exercises are deferred during the initial phase following meniscal repair. Following this, specific exercises and physical therapy will be prescribed.

RETURN APPOINTMENT

Your surgeon will wish to check your knee in approximately 2-3 days from the date of surgery. This appointment will be arranged for you at the time you leave the outpatient facility. If you lose your appointment card, please call the office at (805) 963-2729 to confirm your appointment.