

**Meniscus Tears**  
**Common Questions**

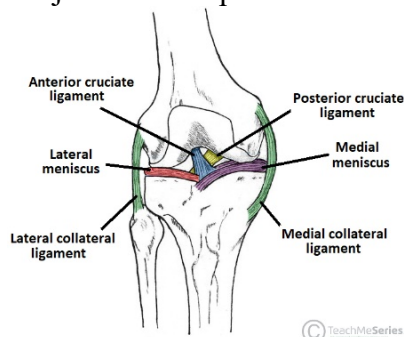


More information can be found on  
Dr. Stetson's website at [www.sportsmedicinedr.com](http://www.sportsmedicinedr.com)



**What is the meniscus?**

The meniscus is wedge-shaped piece of cartilage that acts as a “shock absorber” between your thighbone and shinbone. The knee has two of them, one on the inside called the medial meniscus and one on the outside called the lateral meniscus. They are tough and rubbery to help cushion the joint and keep it stable.



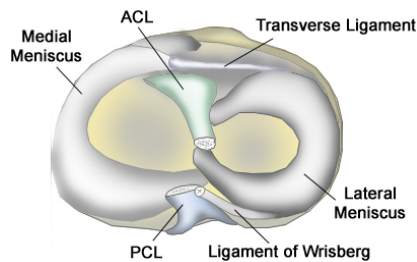
## **Meniscus Tears**

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#### **What does the meniscus do?**

The two crescent-shaped menisci in each knee absorb shock, disperse weight, and reduce friction when the knee moves. They also protect the articular cartilage of the knee joint and help prevent osteoarthritis.



#### **How common are meniscus tears?**

Meniscus tears are very common. When we are younger, meniscus tears can occur while playing sports such as soccer, basketball, football, volleyball and skiing. When we get older, the meniscus can just tear without any apparent injury or accident.

#### **What are the causes of meniscus tears?**

A torn meniscus generally results from forcefully twisting or pivoting the knee with the foot planted, such as occurs during certain sports. Tears can also result from repetitive kneeling or rising from a squatting position while lifting a load, or from wear over time as a normal consequence of aging. Older people are more likely to have degenerative meniscus tears. Cartilage weakens and wears thin over time. Aged, worn tissue is more prone to tears. Just an awkward twist when getting up from a chair may be enough to cause a tear, if the menisci have weakened with age.



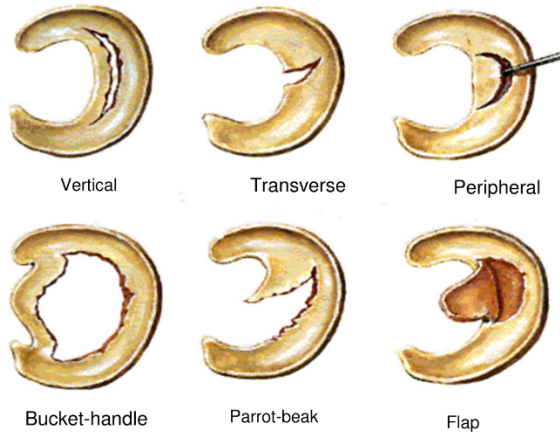
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#### Are there different types of meniscus tears?

Menisci tear in different ways. Tears are noted by how they look, as well as where the tear occurs in the meniscus. Common tears include bucket handle, flap, and radial. Sports-related meniscus tears often occur along with other knee injuries, such as anterior cruciate ligament tears.



#### What are the symptoms of a meniscus tear?

You might feel a "pop" when you tear a meniscus. Most people can still walk on their injured knee. Many athletes keep playing with a tear. Over 2 to 3 days, your knee will gradually become more stiff and swollen. The most common symptoms of meniscus tear are pain, stiffness and swelling, catching or locking of your knee and the sensation of your knee "giving way" You are not able to move your knee through its full range of motion.

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**Do radial or horizontal meniscus tears require surgery?**

Not all meniscus tears require surgery. A radial tear, similar to a horizontal tear of the meniscus, may or may not need surgery depending on the size of the tear and if it causes significant pain or locking and catching of the knee.

**What are the grades of meniscus tears?**

There are different grades of meniscus tears and they can be classified as mild, moderate or severe. A mild tear is usually what is referred to as a degenerative tear and occurs with the wear and tear of the year. These typically will feel better with time and don't necessarily need to have a surgery. Moderate and severe tears can be quite painful and cause not only pain but mechanical symptoms in your knee. These types of tears typically require arthroscopic knee surgery to get better.

**What percentage of meniscus tears require surgery?**

In general, about one half or 50% of meniscus tears are mild tears and do not require surgery. With time, the pain decreases and most people can go back to a reasonable lifestyle with no significant limitations.

**What type of meniscus tears require surgery?**

Moderate or severe tears of the meniscus can cause significant pain with mechanical like symptoms of locking and catching. These types of tear usually do not get better with time and require arthroscopic knee surgery to get better.

**What happens to my knee if I do not have surgery?**

Nonsurgical treatment may be effective for patients who are older, elderly, modify their activities or have a very low activity level. If the overall stability of the knee is intact, your doctor may recommend simple, nonsurgical options. As the swelling goes down, a careful rehabilitation

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program is started including a formal physical therapy program. Specific exercises will restore function to your knee and strengthen the leg muscles that support it.



#### **Will the meniscus heal on its own?**

No, a meniscus tear does not heal on its own. However, the swelling and pain will subside after one to two weeks and walking may become easier.

#### **What types of meniscus tears require surgery?**

Not all meniscus tears require surgery. Some people are able to live with meniscus tears if they are small or what we say “degenerative” secondary to wear and tear over the years. If the meniscus is large, it may cause significant pain or locking or catching of the knee. A bucket handle tear is a large tear that causes locking of the knee that almost always requires surgery.

#### **What types of meniscus tears can be repaired?**

Only certain types of meniscus tears can be repaired. These tears occur mostly in younger people and are located on the very outside or periphery of the meniscus in an area with good blood supply. This area is referred to as the “red-red” zone and have a greater ability to heal. Those tears in the “white” zone do not have a good blood supply and are not able to be repaired.

#### **What will the doctor do during my first examination?**

During your first visit, your doctor will talk to you about your symptoms and medical history. He will also ask you questions about your activity level and what activities you enjoy doing and what activities are important to you. During the physical examination, your doctor will check all the structures of your injured knee, and compare them to your non-injured knee.

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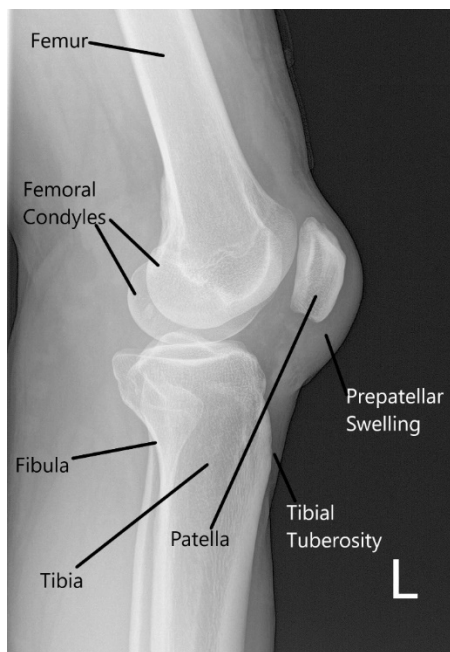
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### Do I need an x-ray of my knee?

Although an x-ray will not show any injury to your meniscus, x-rays can show whether the injury is associated with a broken bone. It can also show your alignment of your bones which can be important if surgery is done in the future and also if you have any arthritis in your knee. Also, if you are younger and still growing, your growth plates may be open and this can also be seen by x-ray.



### Do I need an MRI of my knee for a meniscus tear?

A magnetic resonance imaging or MRI scan creates better images of soft tissues like the meniscus and the ligaments of the knee. It is very helpful in helping to diagnose a meniscus tear. The meniscus is wedge-shaped piece of cartilage that acts as a “shock absorber” between your thighbone and shinbone. The knee has two of them, one on the inside called the medial meniscus and one on the outside called the lateral meniscus. The MRI is able to determine a meniscus tear with over 90% accuracy.

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**What are my non-surgical options for a meniscus?**

A torn meniscus usually will not heal without surgery. But nonsurgical treatment may be effective for patients who are older, can modify their activities or have a very low activity level. If the overall stability of the knee is intact, your doctor may recommend simple, nonsurgical options. This may include rest, restriction of activities and a physical therapy program. Specific exercises will restore function to your knee and strengthen the leg muscles that support it. Knee braces can also be helpful to give more support for your knee during activities.



**Do anti-inflammatories help with meniscus tears?**

Anti-inflammatories do not help heal a meniscus tear but can help with the pain and inflammation that occurs with a meniscus tear. These medications can be bought without a prescription or your doctor can prescribe them for you. However, be careful, taking these types of medications for too long can have significant side effects so make sure you discuss this with your doctor.



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**How do physiotherapists treat meniscus tears?**

Physical therapy can be an important part of treating meniscus tears whether you have surgery or not. Physical therapy can help reduce knee swelling, regaining full range of motion of the knee, as well as strengthening the quadriceps and hamstring muscles.

**Is ice or heat better for a torn meniscus?**

After a knee injury and possibly tearing your meniscus, it is always best to first ice your knee for the first two to three days after the injury to help reduce swelling and pain. You should not ice for more than 15 to 20 minutes at one time and it is ok to ice do it every few hours. Remember not to put ice packs or cooling devices directly on your skin as they can burn the skin causing significant pain and damage to the skin.

**Do steroid injections help with a torn meniscus?**

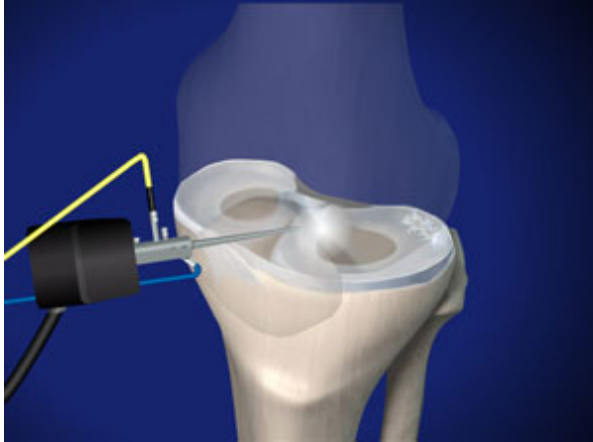
Steroid injections can be very useful if used properly. It will not heal the meniscus but it can make the knee feel better and allow you to do more with your knee include physical therapy and rehabilitation of the knee after an injury. Steroid injections usually last four to six weeks. If the pain does return, repeat injections are usually not recommended and you may need to consider surgery.

**What are my surgical options for my knee with a torn meniscus?**

Arthroscopic knee surgery is done with two small incisions with a small camera inserted inside of your knee. The surgeon can then look inside of your knee and see the meniscus and the other structures inside the knee and see the extent of the damage. Most meniscus tears cannot be sutured or stitched back together. How your orthopaedic surgeon treats your tear will depend on the type of tear you have, its size, and location. The outside one-third of the meniscus has a rich blood supply. A tear in this "red" zone may sometimes heal on its own, or can often be repaired with surgery. A longitudinal tear is an example of this kind of tear. In contrast, the inner two-thirds of the meniscus lacks a blood supply. Without nutrients from blood, tears in this "white" zone cannot heal. These complex tears are often in thin, worn cartilage. Because the pieces cannot grow back together, tears in this zone are usually surgically trimmed away. Along with the type of tear you have, your age, activity level, and any related injuries will factor into your treatment plan.



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**What can I do before surgery for my meniscus?**

Before any surgical treatment for a torn meniscus, the patient is usually sent to physical therapy. Patients who have a stiff, swollen knee lacking full range of motion at the time of surgery may have significant problems regaining motion after surgery.



**How is meniscus surgery done?**

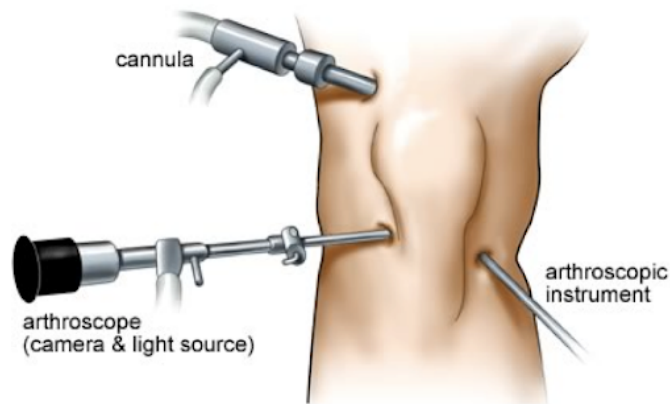
The surgery is done with knee arthroscopy which is one of the most commonly performed surgical procedures. In it, a miniature camera is inserted through a small incision called a portal. This provides a clear view of the inside of the knee. Your orthopaedic surgeon inserts miniature surgical instruments through other portals to trim or repair the tear. If it cannot be repaired, a partial meniscectomy is performed. In this procedure, the damaged meniscus tissue is trimmed away.

Some meniscus tears can be repaired by suturing or stitching the torn pieces together. Whether a tear can be successfully treated with repair depends upon the type of tear, as well as the overall condition of the injured meniscus. Because the meniscus must heal back together, recovery time for a repair is much longer than from a meniscectomy.

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### **Will I need general anesthesia for the surgery on my meniscus?**

The patient, the surgeon, and the anesthesiologist will select the best anesthesia option used for surgery. Nowadays, most patients elect to have a general anesthesia which is extremely safe. The knee joint and surrounding tissues are also injected with local pain medicine at the end of surgery which may last up to twelve to eighteen hours after surgery. Patients may also benefit from an anesthetic block of the nerves of the leg to decrease postoperative pain.



### **How long does the arthroscopic knee surgery take?**

The surgery typically takes less than one hour. You will then be in the recovery room for at least one hour after surgery. Once you are comfortable, you will be discharged home.

### **How much pain will I have after arthroscopic knee surgery?**

At the end of surgery, the surgeon will inject your knee with local pain medicine so most patients will only have a little pain after knee arthroscopy. Once the pain medicine wears off after about 12 hours you may have some discomfort. This is a natural part of the healing process. Our doctor and nurses will work to reduce your pain, which can help you recover from surgery faster. Medications are

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often prescribed for short-term pain relief after surgery. Many types of medicines are available to help manage pain, including opioids, non-steroidal anti-inflammatory drugs, and local anesthetics. It is recommended that if you have any pain, you take a non-steroidal anti-inflammatory medication like ibuprofen, Advil, Motrin, or Aleve or some other similar medication for the pain. If that is not enough, you can then take the narcotic medication that was prescribed such as Norco, Vicodin or hydrocodone. Be aware that although narcotics help relieve pain after surgery, they can be addictive. Opioid dependency and overdose has become a critical public health issue in the U.S. It is important to use opioids only as directed by your doctor. As soon as your pain begins to improve, stop taking the opioids.



**Do I go home the same day after arthroscopic knee surgery?**

Yes, arthroscopic knee surgery is done on an out-patient basis meaning that you will go home the same day of surgery.

**What are the risks of arthroscopic knee surgery?**

With any surgery, there are always risks. However, the surgical risks are very rare but do include a small risk of infection, bleeding, blood vessel or nerve damage, and the risk of general anesthesia and local anesthesia. Again, these risks are very small but they do exist. You can always discuss these risks with your surgeon before surgery.

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**Will I go home with crutches after arthroscopic knee surgery?**

Yes. You will go home with crutches after the surgery. It is ok to put weight on your leg after surgery unless you are instructed not to.



**How much does arthroscopic knee surgery cost?**

The cost of the procedure includes the surgeon's fee, the anesthesiologist's fee, the facility fee and the use of the operating room and the equipment. Depending on your insurance, everyone's cost will be different. You should discuss this with our staff before surgery and they can let you know approximately what your cost will be.

**When can I go back to work after arthroscopic knee surgery?**

Depending on what you do for a living, most patients who have desk jobs go back to work within one week after their surgery. If you have a physical job, it may take four to six weeks before you can return to work.

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**When can I drive after arthroscopic knee surgery?**

You can usually drive within one week after your surgery.

**When can I return to normal activities after arthroscopic knee surgery?**

Most patients return to normal activities of daily living within two weeks after their surgery.



**What about physical therapy after arthroscopic knee surgery?**

Physical therapy can be an important part of your recovery after surgery, with exercises beginning immediately after the surgery. You will start physical therapy within one week of your surgery. The goals for rehabilitation after knee arthroscopy include reducing knee swelling, regaining full range of motion of the knee, as well as strengthening the quadriceps and hamstring muscles.



**Will I need a brace after arthroscopic knee surgery?**

No, you will not typically need a brace after surgery.



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**When can I go back to sports after my knee arthroscopy surgery?**

You may return to sports when there is no longer pain or swelling, when full knee range of motion has been achieved, and when muscle strength, endurance and functional use of the leg have been fully restored. This usually takes four to six weeks after surgery.



**Are there specialists who deal with tears of the meniscus?**

Yes, there are specialists who deal with meniscus tears. They are orthopaedic surgeons who have done additional training or what is called a fellowship in sports medicine or arthroscopy.

**Is Dr. Stetson a knee specialist?**

Yes, Dr. Stetson is a knee specialist and he is fellowship trained in sports medicine which includes knee meniscus surgery. Dr. Stetson has been an orthopaedic surgeon since 1995 and has done over five thousand knee meniscus surgeries in his surgical career. He has over 25 years of experience in arthroscopic knee surgery and sports medicine. He is pictured here with one of his patients, United States Olympic Volleyball Player Donald Suxho. Dr. Stetson is one of the team physicians for the US Olympic Volleyball Teams!

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**What if I have any other questions?**

If you have any other questions, more information can be found on Dr. Stetson's website at [www.sportsmedicinedr.com](http://www.sportsmedicinedr.com) or just call Dr. Stetson's office, we are always happy to answer any questions you may have.

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