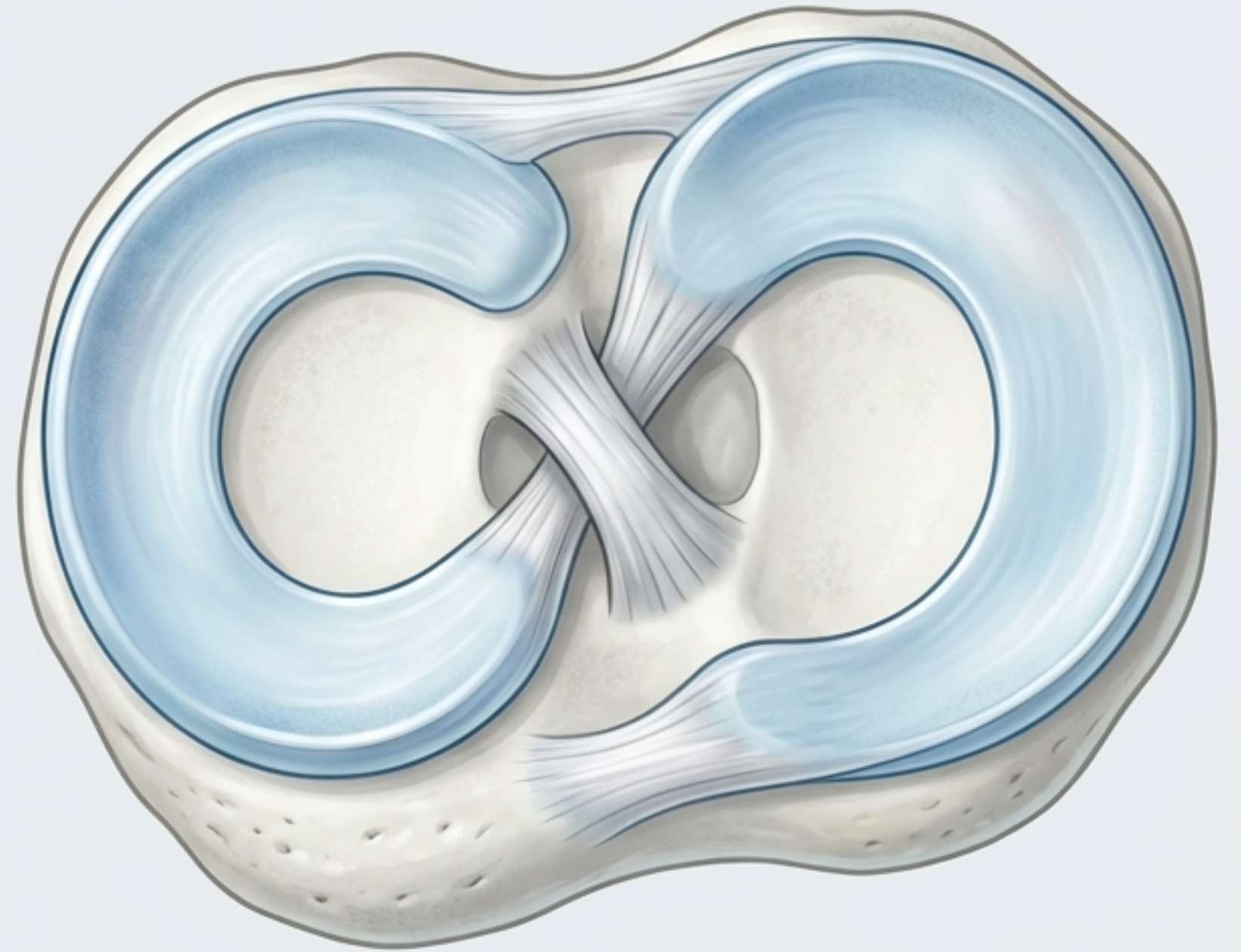


Understanding Your Meniscus Surgery

A Patient's Guide to Repair, Preservation, and Recovery.

Your meniscus is the knee's shock absorber. Our primary goal is to preserve it to protect your long-term joint health.



The Shock Absorber: Why the Meniscus Matters

Function:

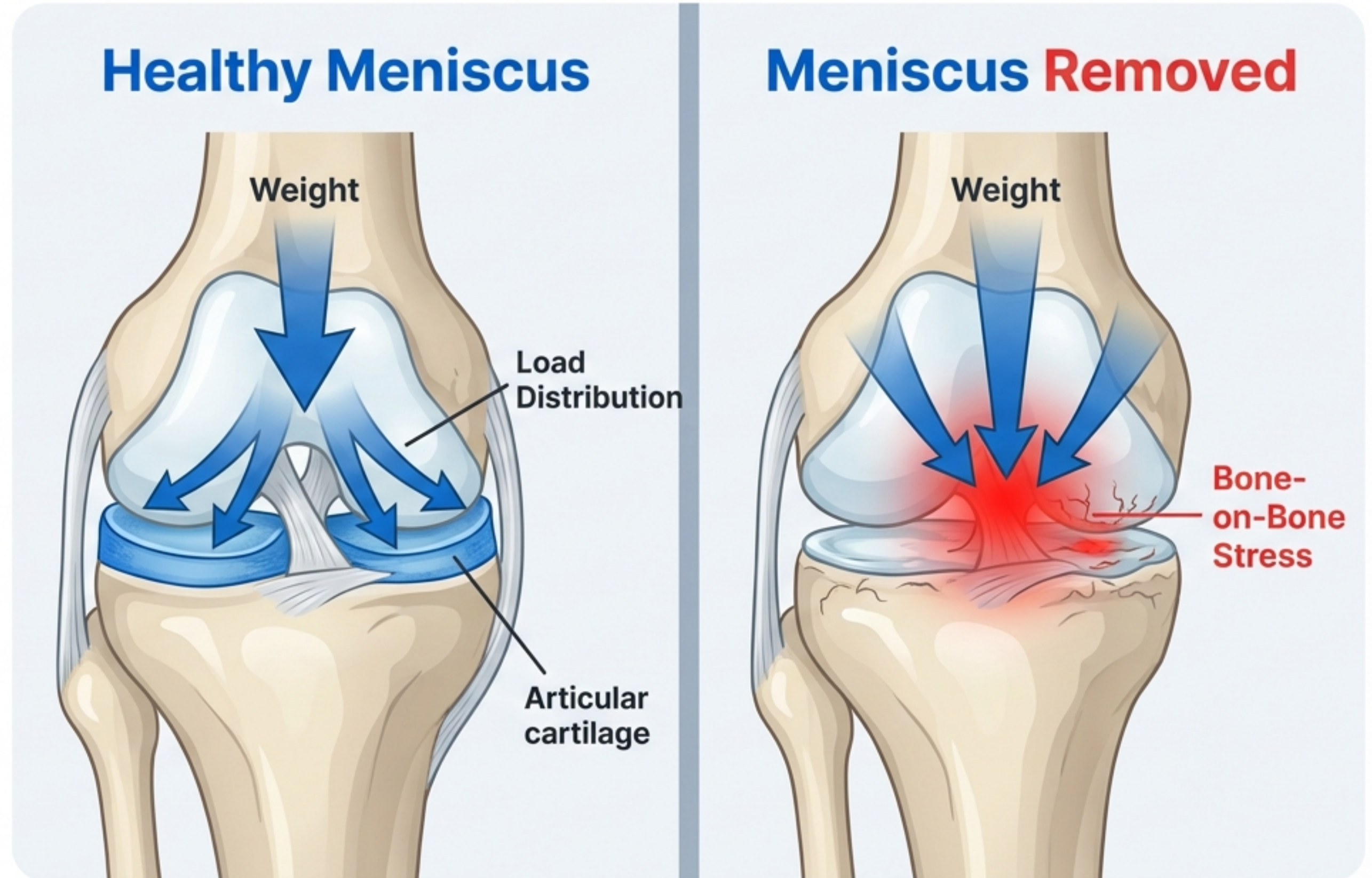
Two C-shaped wedges of fibrocartilage that act as shock absorbers.

The Stakes:

Removing the meniscus increases contact pressure on the bone by >200%.

Result:

significantly increased risk of early Osteoarthritis.



The “Zones” of Healing: Blood Supply Dictates Strategy

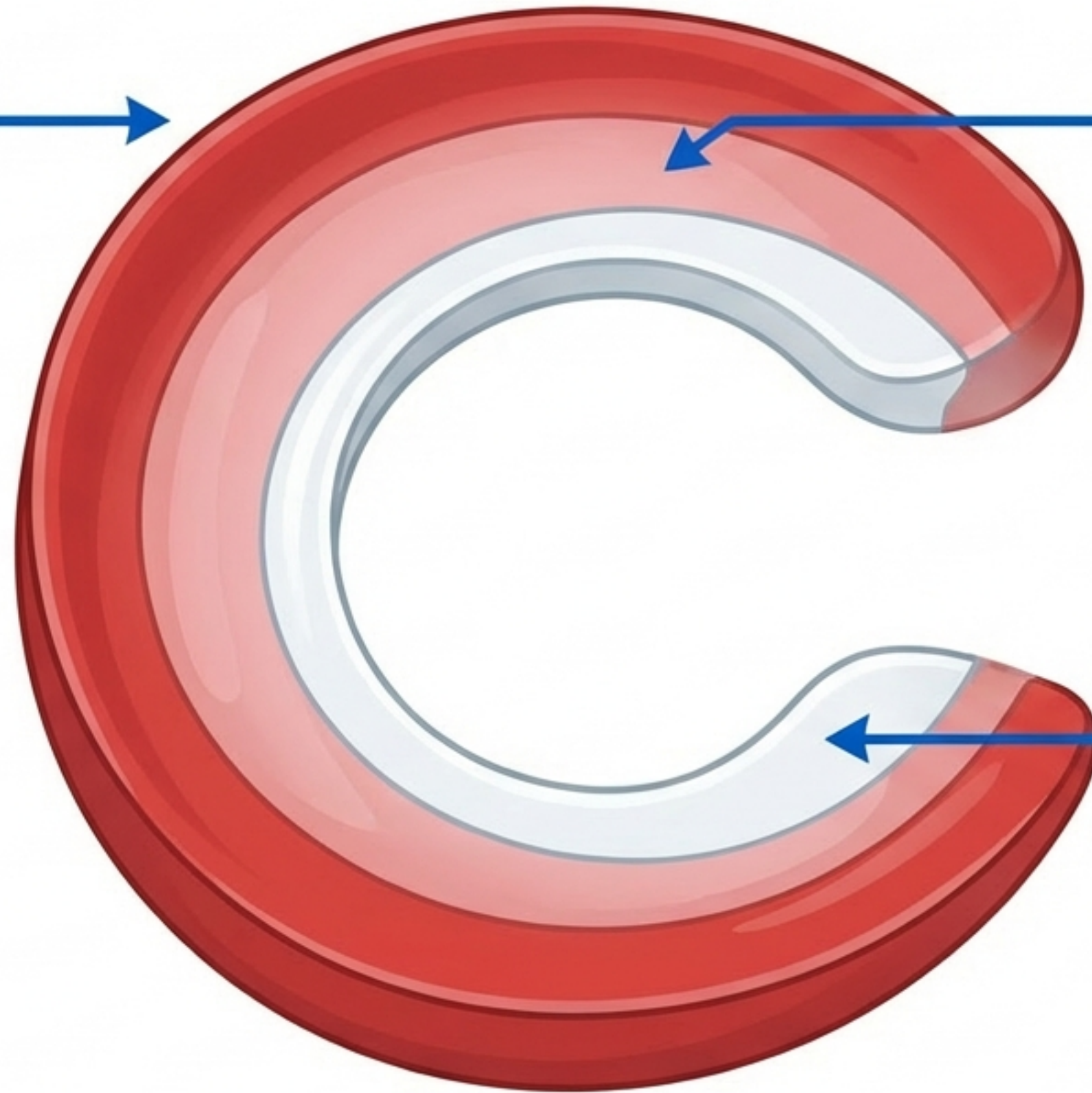
Red-Red Zone
(Good Blood Supply)

High Healing Potential.
Ideal for Repair.

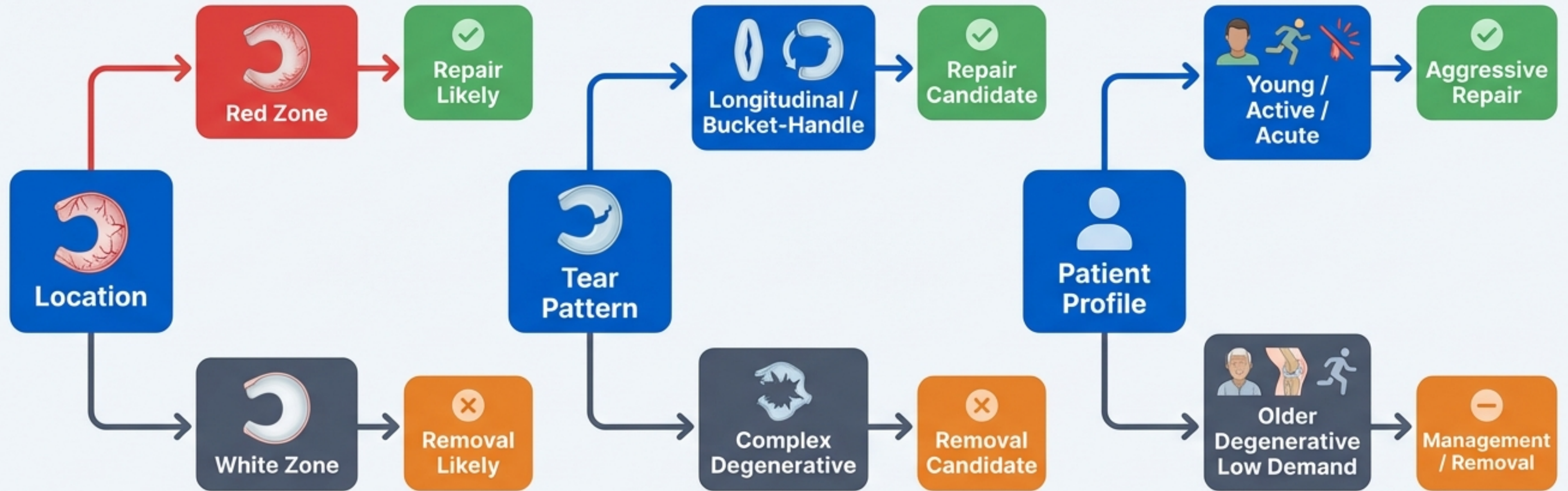
Red-White Zone
(Variable Supply)

White-White Zone
(No Blood Supply)

Avascular. Cannot
heal on its own. Often
requires trimming.



Can It Be Repaired? The Decision Matrix



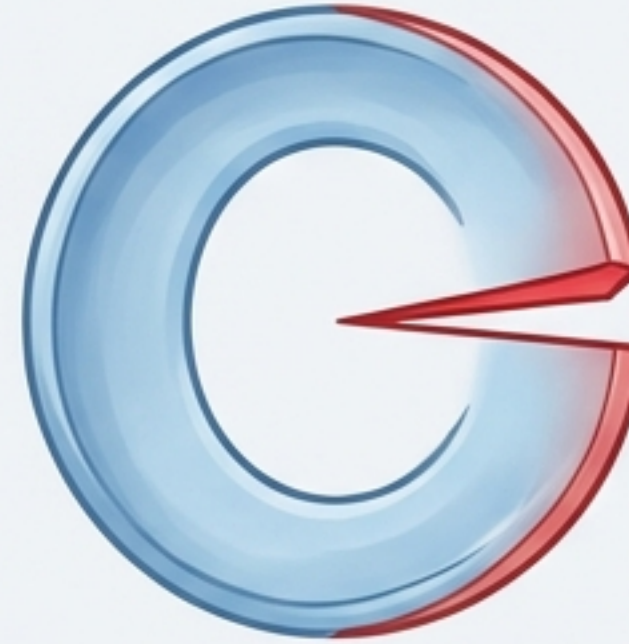
Surgeons balance these three factors to choose the path that protects your knee long-term.

Common Tear Patterns and Their Implications



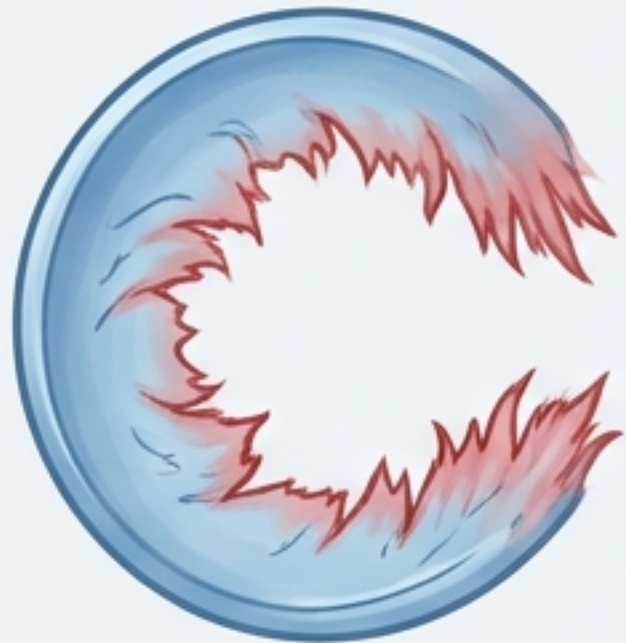
Bucket-Handle Tear

Often causes locking.
Highly Repairable.



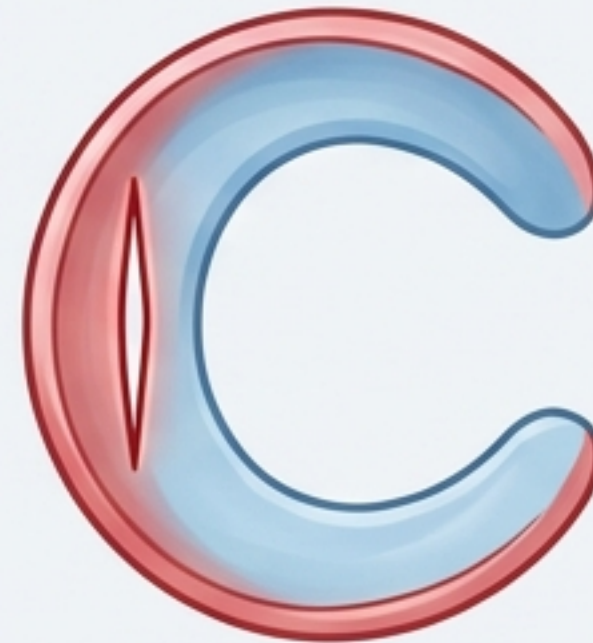
Radial / Root Tear

Disrupts stability.
Urgent Repair Required.



Degenerative / Complex

Wear and tear. Usually
Partial Meniscectomy.

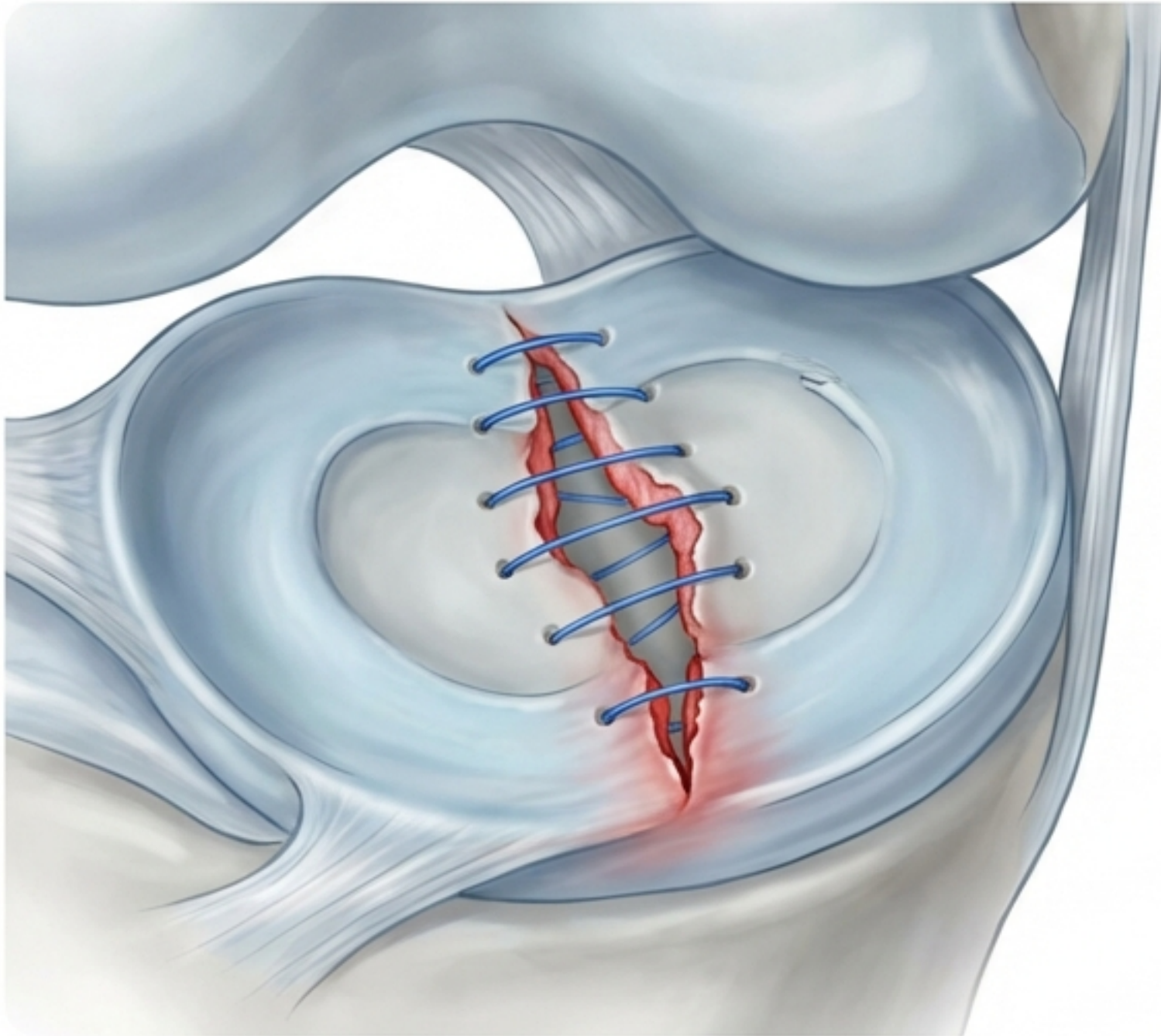


Longitudinal Tear

Ideal candidate for
Repair.

Solution A: Meniscal Repair (The Gold Standard)

Restoring Anatomy to Save the Joint



The Goal: Anatomical reduction (putting pieces back in place) and stable fixation.

The Process:

The surgeon places sutures to hold the tissue together while biology heals it.

Why choose this?

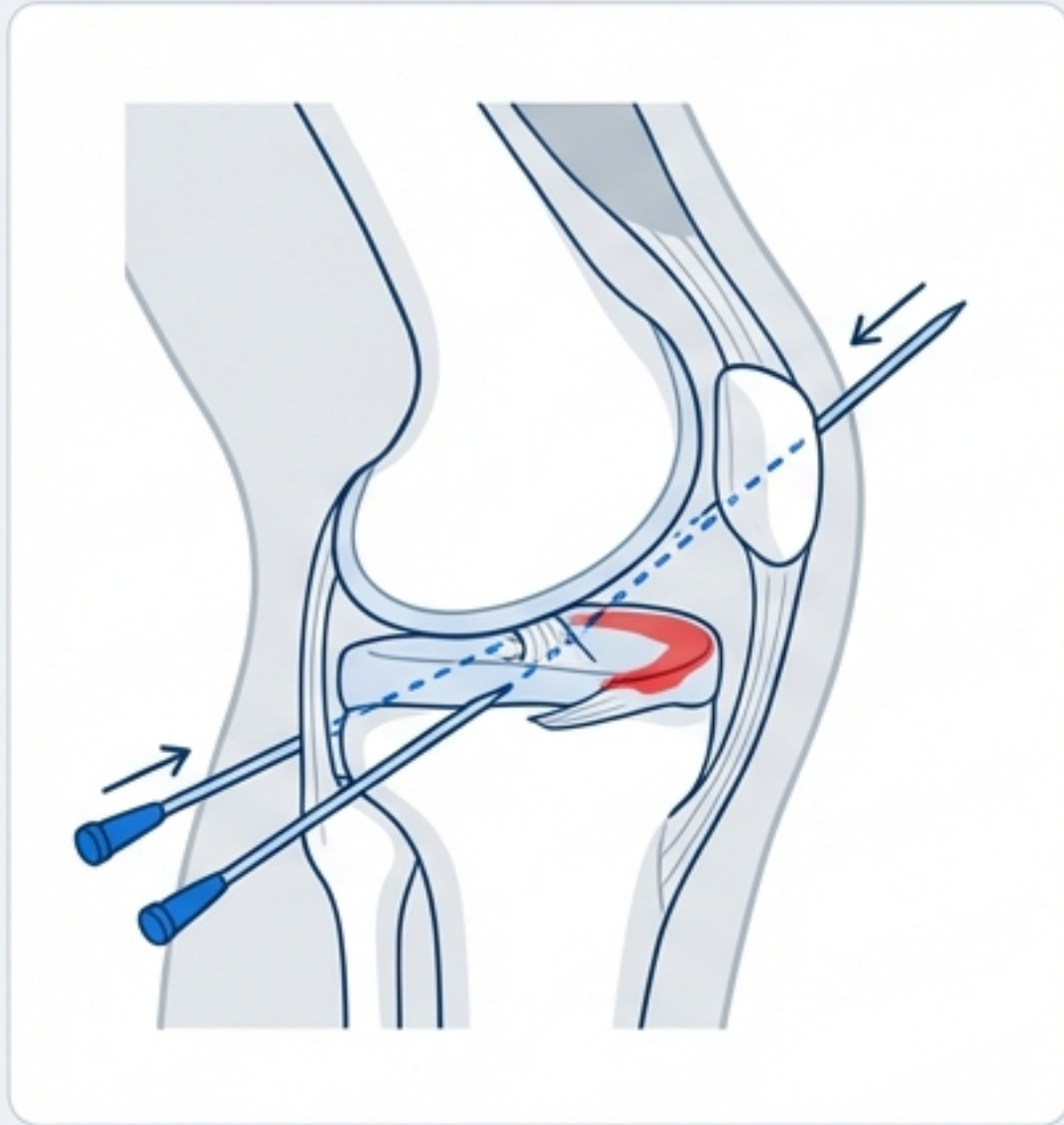
Best long-term health.

Significantly lowers arthritis risk.

Restores shock absorption.

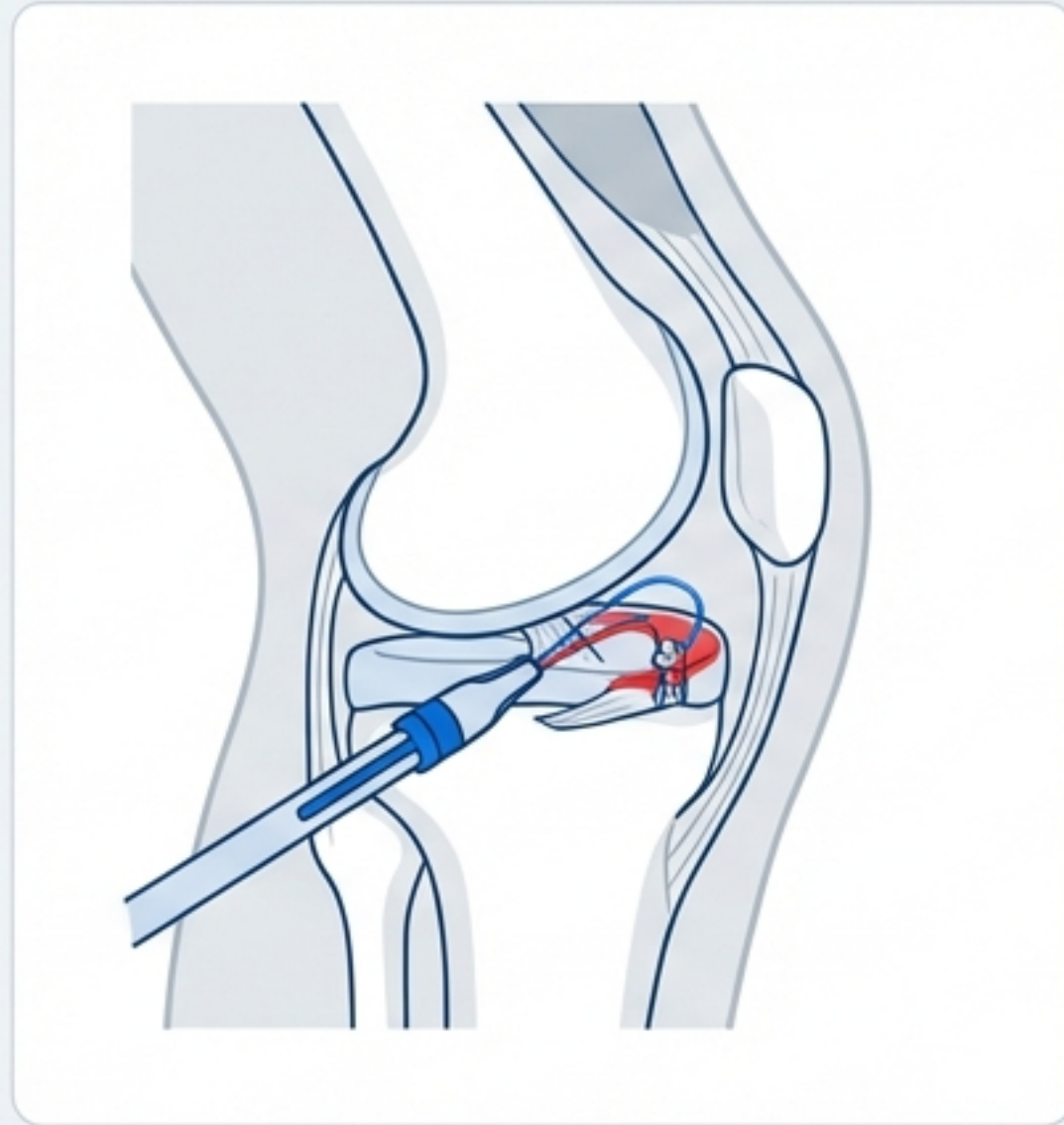
Note: Biological healing takes time (longer recovery).

Surgical Techniques: How We Repair It



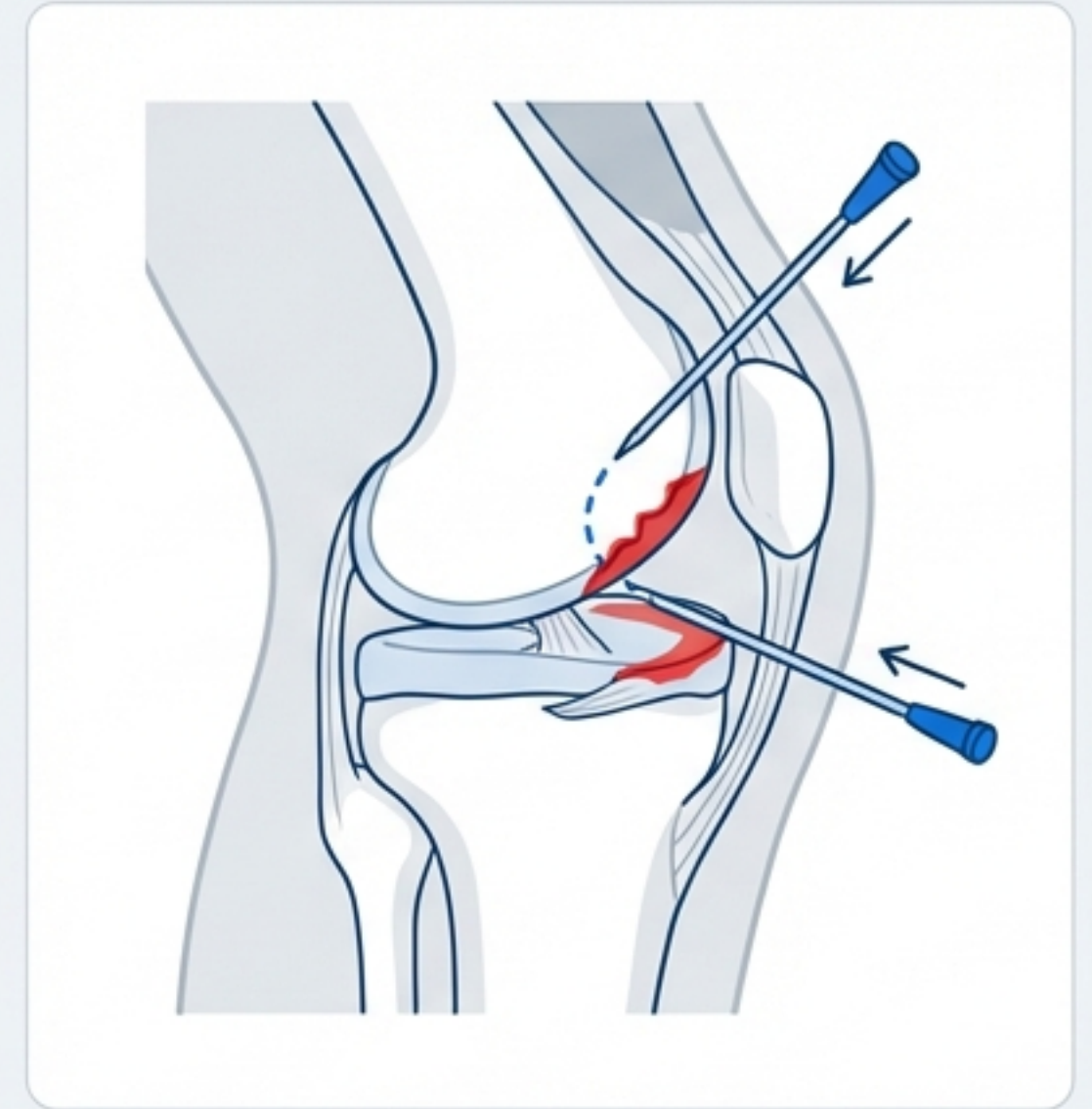
Inside-Out

Gold Standard for large tears.
High precision.



All-Inside

Minimally invasive. Best for
posterior tears.



Outside-In

Used for anterior (front) tears.

Solution B: Partial Meniscectomy (Trimming)

Removing the Problem when Repair Isn't Possible



Indication: Tears in the “White Zone” (no blood supply) or shredded degenerative tissue.

Technique: We remove only the unstable fragments that cause pain/locking.

Principle: “Less is More.” We preserve as much healthy rim as possible to maintain function.

Special Considerations: Age and Degeneration

Under 40 / Athletes



Aggressive Repair.

Goal: Lifelong joint preservation
Prevent future arthritis.

Over 50 / Degenerative









Management Strategy.

Tears may be “wrinkles on the inside.”
Surgery reserved for mechanical symptoms
(locking/catching).
Physical Therapy is often the first line.

Age is not a strict limit. Tissue quality is the deciding factor.

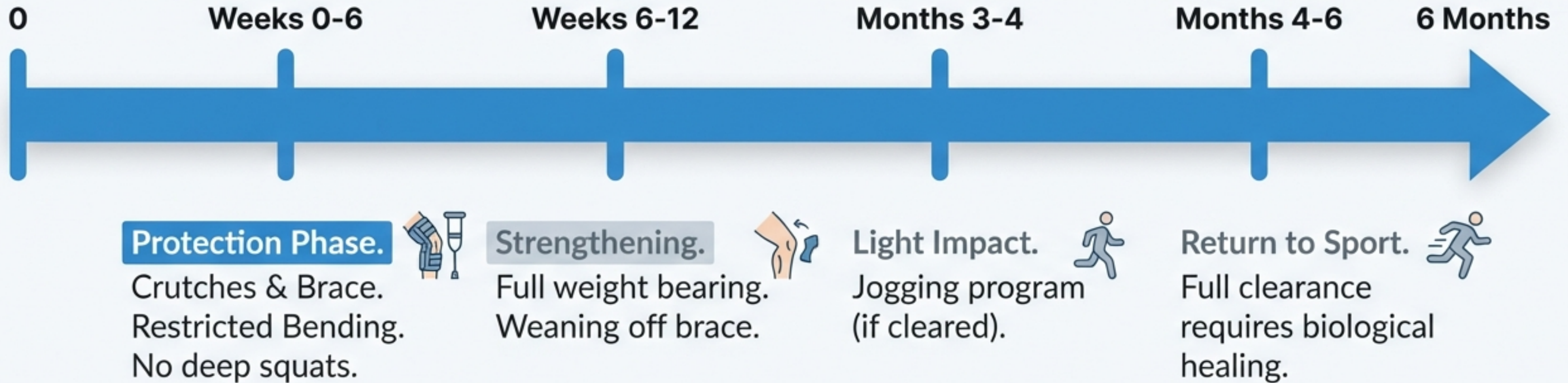
The Trade-Off: Repair vs. Removal

	Meniscal Repair (Invest in the Future)	Partial Meniscectomy (Quick Fix)
Recovery	Slower. Crutches/Brace for 4-6 weeks. 	Fast. Walk immediately. Sports in 6 weeks. 
Motion	Restricted bending early on. 	Immediate range of motion. 
Long-term	Best protection against arthritis. 	Higher risk of joint wear and arthritis. 

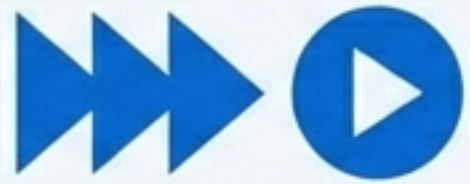
Recovery Timeline: Meniscal Repair



Patience
Required



Recovery Timeline: Partial Meniscectomy



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Days 1-7

Weeks 2-4

Weeks 4-6

Symptom Management.

Walk immediately
(Weight bearing as tolerated). No brace.



Motion & Strength.

Restore range of motion.
Quad strengthening.



Return to Activity.

Return to sports/work
as pain allows.



Summary & Surgeon's Philosophy

- ✓ **Philosophy: Save the Meniscus.** We prioritize repair whenever biologically possible.
- ✓ **The Decision:** MRI is a map, but the final decision is made during surgery based on tissue quality.
- ✓ **Success Factors:** Biology (Healing) + Surgery (Technique) + You (Rehab Compliance).
- ✓ **The Goal:** A pain-free, stable knee that lasts a lifetime.

We treat the patient, not just the MRI.

References

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5. Bucket-handle Tear of the Meniscus. Radsource.
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