

Meniscal Surgery

ROLE OF OPERATIVE & NON-OPERATIVE MANAGEMENT IN 2017

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***MENISCAL SURGERY CAN BE CONTROVERSIAL,
IS OFTEN MIS-REPRESENTED, & COMMONLY MISUNDERSTOOD***

Function: The menisci are c-shaped shock-absorbing cartilage rings of Type I fibrocartilage that help protect the Type II articular cartilage of the knee and contribute to stability and function of the knee.

BACKGROUND

Natural History:

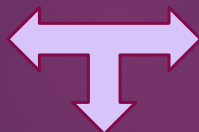
These shock-absorbing cartilage rings have poor blood supply, very limited healing potential, and tend to tear with time, life, age, and activity. By age 50, a significant number of athletic individuals will have either occult (unrecognized) traumatic or degenerative meniscal tears.

DIFFERENTIATING MENISCAL TEARS TO IDENTIFY SUBTYPES & CLINICAL RELEVANCE

Natural History:

It is critical to assess patient age, activity level, cartilage status, history of trauma, and the specific location and character of symptoms.

**TRAUMATIC
TEARS**



**DEGENERATIVE
TEARS**

**ACUTE TRAUMA
SUPERIMPOSED UPON
DEGENERATIVE TEAR**

DIFFERENTIATING SYMPTOMS TO IDENTIFY

CLINICAL RELEVANCE

Tears may occur from acute trauma, in conjunction with a knee ligament injury such as ACL. Alternatively, tears may develop from progressive degenerative changes within the menisci as a result of poor blood supply to the mensicus, age, & activity level.

As patients, we tend to feel that our knee was “fine” until a certain point, but its important to recognize that these degenerative changes in the menisci are quite common

**TRAUMATIC
TEARS**



**DEGENERATIVE
TEARS**

DIFFERENTIATING SYMPTOMS TO IDENTIFY

CLINICAL RELEVANCE

Typical degenerative changes in the knee can result in poorly localized diffuse cartilage wear, degenerate patellofemoral changes (knee cap), meniscal tears, inflammation, tight hamstrings & IT bands, and weak quadriceps muscles.

History, Physical Exam, X-Rays, and MRI are critical for the patient and surgeon to collaborate and establish the likelihood of a meniscal tear being a primary pain generator.

**TRAUMATIC
TEARS**



**DEGENERATIVE
TEARS**

CLINICAL RELEVANCE

When patients have persistent symptoms and a clear history, physical exam, and diagnostic imaging which suggests no dramatic arthritic change, then consideration of surgery is appropriate but not essential.

When mechanical symptoms such as locking, catching, motion loss, chronic swelling, and persistent pain are present or conservative management with physiotherapy and anti-inflammatory medication has not alleviated symptoms, then surgery is a logical and appropriate consideration.

SYMPTOMATIC TEAR
LIKELY PRIMARY PAIN GENERATOR



DEGENERATIVE, MINIMALLY
SYMPTOMATIC TEAR

CLINICAL EXAMPLES

SYMPTOMATIC TEAR
LIKELY PRIMARY PAIN GENERATOR

50 year-old male fitness enthusiast with specific onset of focal medial knee pain. Pain in hyper-flexion, intermittent swelling, catching, and mechanical symptoms with sharp pain.

Xrays

MRI

