

Arthroscopic Assisted Meniscal Surgery

Introduction

Arthroscopy is an established method in orthopedic surgery. Its use include diagnostic as well as for therapeutic purposes for many conditions of the joints. The advantages of arthroscopic assisted meniscal surgery are safe and accurate diagnosis, low morbidity, smaller wound and quicker recovery.

In the human knee, the menisci consist of fibrocartilage. It is important because it enhances static joint stability, absorb shock and load bearing. Unfortunately, menisci can be injured (by grinding force, twisting injury in sport). The torn portion may displace and become jammed in the knee joint blocking knee extension. The tear may also extend. The peripheral vascular portions are repairable. The inner parts are avascular and may need to be trimmed, removed or contoured.

Indication

- The knee joint is locked
- The torn portion of the meniscus can jammed in the knee joint. Full extension is impossible. To extend the knee will provoke pain
- Recurrent symptom of pain along the joint line

The Procedure

- Under anesthesia, skin incisions will be made.
- Arthroscope inserted.

Risk and Complication

1. Anaesthetic

- Anaesthetic risks. Please talk to your anaesthetist for further questions

2. General

- Wound infection, swelling and bleeding
- Wound breakdown, pain and keloid formation
- Flare up of preexisting illness e.g. Hypertension, diabetes

3. Specific

- Knee flexion contracture and reduce range of movement
- Knee effusion
- Venous thrombosis
- Recurrent tear of meniscus which may require further surgery
- Major blood vessel or nerve injury, and may lead to loss of limbs

Before the Procedure

- Blood tests, X ray
- Correct and optimizing existing illness. e.g. diabetes, asthma

- Anaesthetic assessment
- Fasting for 8 hours before surgery

After the Procedure

- Diet as tolerated when fully conscious, usually normal diet by 24 hours
- Oral, intravenous or intramuscular analgesic as require. Pains usually settle down quickly after 1 to 3 days
- Cryotherapy and elevation to control swelling
- If there is a drain, it will usually be removed after 1 to 3 days
- Most patients can weight bear with or without support immediate post operation. Most patients can be discharged home after 1 to 2 days. Braces are occasionally prescribed

Possible Additional Procedures

- Infection. It may require arthroscopic lavage, debridement and/or removal of implant
- Stiffness. It may require manipulation under anaesthetic.
- Re-tear of repair, requiring revision

Alternative Treatment

Conservative treatments

This can include muscle training exercise or bracing. Patient can also adjust their lifestyle to decrease their high demanding sport activities. The obvious disadvantage of conservative treatment is the uncertain diagnosis and the possibility that the meniscal tear can extend further leading to more knee joint damage.

Follow Up

- You should keep your wound clean and dry, see the doctor as scheduled
- If you have any excessive bleeding, collapse, severe pain or signs of infection at your wound site such as redness, swelling or fever, see your doctor immediately or attend the nearby Accident and Emergency Department

Remarks

The information contained is very general, the list of complications is not exhaustive and other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.