

Overview

Meniscus tears are common in my practice. They boil down to two groups. The first is in acute sports injuries in younger people. The second is in people over about 40 years of age who have tears with more minor injuries such as twisting whilst standing up, deep bending, or jogging.

In the younger patient, symptoms of knee locking, swelling and pain come on acutely and tend to be more dramatic and sudden onset.

In the older patient, symptoms may come on over a longer period, and be a lot less dramatic. However, in both groups, if symptoms persist, surgery is often required.

Why do we get Meniscal Tears?

The two menisci in each of our knees, sit between the femur and tibia around the edge of the joint, sharing load, and providing support for the bones of the knee. Their blood supply is relatively poor. Therefore, if they are torn, there is little or no bleeding, and scar tissue cannot form. The upshot is that the torn piece moves around the knee, usually attached to the rest of the normal meniscus. The abnormal movement gives rise to local irritation in the joint and pain.

Do I need a Meniscus operation?

Tears in young athletes often do not heal and therefore will require surgery to deal with the pain, locking, clicking etc. In older patients, many tears do settle after a few weeks. These do not need surgery. Some of course, do not settle so these will need surgery.

In either case, if it were possible to repair the meniscus, I would recommend this. This is because if your meniscus is removed, you are weakening the supports for the knee, and increasing the risk of arthritis in the long term. However, many meniscal tears are not repairable because it looks like the cartilage had been bitten by a dog. The ends are too tatty to repair, so pieces of meniscus are removed. I would try to leave any piece of meniscus if I felt I could, because I know removing it speculatively can lead to problems later on. That therefore means that some cartilage is left behind, and this may be vulnerable to further tear.

This is balance I try to get right, and be as conservative as I reasonably can be, to try to protect your knee for the long run. This leaves a slight risk of further meniscal tear, but I think the risk is small, and on balance, worth taking.

If you would like to arrange a consultation or just need an informal chat, please contact me at:

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