



Orthopaedic Surgery & Sports Medicine

Meniscus tear

Description

The meniscus is a C-shaped cartilage structure in the knee that sits on top of the lower leg bone (tibia). Each knee has two menisci, an inner and outer meniscus. The meniscus functions as a shock absorber between the rounded thigh bone (femur) and tibia. The meniscus is rubbery tissue that loses its elasticity with age. Meniscus tears are very common, occurring in up to one third of all sports injuries.

Common signs and symptoms

- Pain, especially with standing on the affected leg and squatting
- Swelling of the affected knee, usually starting 1 to 2 days after the injury
- Locking or catching of the knee joint, causing an inability to straighten the knee
- Giving way or buckling of the knee

Causes

- Direct blow, injury to the knee with twisting, pivoting or cutting
- Continual kneeling or squatting
- Without injury, due to aging

Risk of further injury

- Contact sports, such as football or soccer
- Sports that involve cutting or pivoting, such as basketball, racquetball
- Associated knee injury, particularly ligament injuries
- Poor physical conditioning (strength and flexibility)

Meniscus tear non-operative instructions

Initial treatment:

- Use crutches until you can walk without a limp. You may put full weight on injured leg.
- Range-of-motion, stretching and strengthening exercises may be carried out at home.
- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen, or other minor pain relievers such as acetaminophen, are recommended. Take these as directed by your physician.
- Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms.
- Wear your brace if the physician recommends one to protect the joint.

If symptoms resolve with initial treatment, surgery will not be necessary.

Meniscus tear pre-operative instructions

Initial treatment

Keep your leg elevated above the level of your heart as much as possible to prevent further swelling. Continue to use your crutches until you can walk without a limp.

Brace

Your physician may recommend a knee brace, especially if other ligaments are injured along. Wear the brace as instructed by the physician or athletic trainer.

Pain control

Nonsteroidal anti-inflammatory medications such as aspirin, naproxen sodium and ibuprofen (**do not take within 7 days before surgery**), or other minor pain relievers such as Tylenol/acetaminophen are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.

Swelling control

Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain, and immediately after any activity that aggravates your symptoms. Use ice packs, frozen vegetables or an ice massage. Cold compression may be helpful.

Rehab/exercises:

Rehabilitation of meniscus injuries usually focuses on reducing knee swelling, regaining knee range of motion, regaining muscle control and strength. Avoid activities or sports that require pivoting, cutting, changing direction or jump landing. Range of motion, stretching, and strengthening exercises may be carried out at home, although referral to a physical therapist or athletic trainer is recommended.

Meniscus tear post-operative instructions

Diet

Start out with liquids and progress to your regular diet as tolerated.

Activity

Keep your leg elevated above the level of your heart as much as possible after surgery. Continue to use crutches until you can walk without a limp. Don't plan any strenuous activity until you have been cleared to do so by your surgeon.

Dressing

The Ace bandage dressing on your knee may be taken off 48 hours after surgery. The Band-aid/Steri-strips covering your wounds should be left in place and may be removed

in clinic or left to fall off on their own. Some bloody drainage on the dressing and/or bruising and swelling around your wound which may track down the leg is not unusual and is not a reason to be alarmed.

Showering

After the Ace bandage has been removed, you may shower. Wrap some Saran wrap around the knee for showering the first two weeks after surgery. Do not spend a long time in the shower. No submerging the knee in a bathtub or hot tub until instructed. Your brace may come off for showers. Walk with a straight “peg-leg” while out of the brace.

Weight bearing

Unless instructed otherwise, you may put full weight on your leg immediately after surgery. The crutches are used as training wheels. When you can walk without a limp, the crutches may be discontinued. This usually takes approximately 10-14 days.

Brace

When up and walking, the brace should be **locked in extension (straight)**, walking with a “peg-leg”. When sitting or in bed, the brace may be unlocked.

Pain control

You are given a prescription for a narcotic pain medicine. This may be required to provide adequate pain control.

PLEASE NOTE: NO PAIN MEDICINE PRESCRIPTIONS WILL BE CALLED IN AFTER BUSINESS HOURS (8:00 AM - 5:00PM).

For the best possible pain control, recommendations are as follows:

- Anti-inflammatory medicine as directed on the bottle. Examples are Ibuprofen, Motrin, Aleve, Celebrex.
- Tylenol/Acetaminophen every 4-6 hours as needed
- Pain medicine as directed on the bottle
- Attempt anti-inflammatory and Tylenol first
- Add pain medicine as needed. Most pain medicines have Tylenol in them, therefore, do not take Tylenol while taking pain medicine
- The anti-inflammatory and pain medicine may be taken together without adverse effects

Use caution when taking narcotic pain medicine because they affect your ability to drive and concentrate.

Swelling control

Decreasing post-operative swelling will greatly improve pain control and accelerate rehabilitation. For the first 72 hours, keep the leg elevated above the level of the heart as much as possible. Use the Cryo-Cuff as often as possible, making sure you add ice every

hour to keep the water cold. Do not have the Cryo-Cuff on while walking, as this leads to walking with a bent knee. You may sleep with the Cryo-Cuff on if this is comfortable.

Rehab/exercises

For the first week after surgery, performing daily rehab is **VERY** important. Focus on getting the swelling down with the Cryo-cuff. Begin working on range of motion **focusing on getting the knee all the way straight as soon as possible.**

Begin quad sets/straight leg raises as explained by the athletic trainer/physical therapist. If a significant effort is made with daily rehab exercises during the first 3-4 weeks, your knee will recover with better results. Out-patient physical therapy will be required with usually 2-3 visits a week. This can be performed with a physical therapist in your area. Knee rehabilitation requires effort and discipline.

Please call **859-323-5533** with questions or for more information.