

## Meniscal Disorders

This pamphlet attempts to answer commonly asked questions about meniscus or cartilage disorders of the knee.

### **Q: What exactly is the “meniscus”?**

**A:** Between the femur and the tibia there are two “cushions” made of fibrocartilage, termed menisci. There is a medial meniscus and a lateral meniscus. These act as cushions for the ends of the bone and protect the surface coating of hyaline cartilage on the ends of the bones.

### **Q: How does one tear a meniscus?**

**A:** In younger patients, this results from a flexion (bending) rotation injury where the femur and tibia come together to “pinch” either the medial or lateral meniscus, resulting in a sharp tearing sensation with some swelling. This type of injury is often due to a sporting activity.

In some older individuals, the meniscus can tear gradually as

opposed to an acute athletic injury, and one can then gradually have increasing pain and difficulty of either the inside (medial) or the outside (lateral) portion of the knee.

### **Q: If I have a torn meniscus, what will my symptoms be?**

**A:** This primarily depends upon the size of the meniscal tear. If a large tear is present, this may actually move in the joint and produce “locking” of the joint, so that one is unable to fully straighten the knee.

If the tear is smaller, then one may simply have annoying clicking, catching pain with twisting movements, or increased pain on attempted squatting maneuvers.

### **Q: How do I tell whether my meniscus is torn?**

**A:** Menisci are not seen on plain x-rays, and therefore, MRI of the knee is often indicated.

### **Q: What is the treatment for torn cartilage?**

**A:** If a tear is seen on MRI and if the tear is producing *mechanical* symptoms in the knee (e.g., locking, clicking, swelling, catching, increased pain with twisting movements, inability

to play sports), one often must consider arthroscopic treatment of the tear.

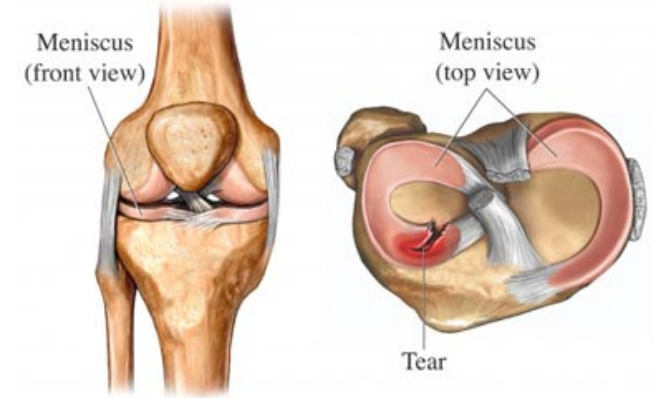
Arthroscopic treatment of the tear usually involves either *resecting* the unstable portion of the tear or repairing the tear.

### **Q: Why can’t all meniscal tears be repaired?**

**A:** The central portion of the meniscus does not have adequate blood supply, therefore unless the tear is very peripheral – away from the center of the joint – the meniscus will not heal even if it is sutured.

### **Q: Is the recovery after meniscal repair different than after meniscal resection?**

**A:** Yes. With meniscal repair, it takes four to six months for the meniscus to heal adequately to resume sports; if a meniscus is “resected”, one is usually able to play cutting sports in four to six weeks.



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