CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Meniscal repair

Why this operation has been suggested

Dr Kieran Hirpara, an orthopaedic surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific knee injury. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your knee, and arrange scans if they are needed to work out what is wrong.

The meniscus is a soft pad of cartilage inside your knee that cushions and steadies the joint. A torn meniscus can cause pain, swelling, catching or locking. Meniscal repair means stitching the torn pad back together so it can heal, instead of removing the torn piece. We usually suggest this operation when a tear is unlikely to settle on its own, when the knee locks or catches, or when other treatments such as physiotherapy have not given enough improvement. Some tears, especially sudden ones with damage to a ligament, are best repaired early. Repair aims to keep your natural cushioning, ease pain, and lower the chance of wear-and-tear arthritis later on.

Before the operation

Once your operation is booked, we will give you clear instructions to follow in the days before surgery. You will need to stop eating and drinking seven hours beforehand. We ask for seven hours rather than a shorter fast so your operation can be brought forward if the theatre list runs early. If you take regular medications, bring a written list of everything you use, including any blood thinners, and we will tell you which ones to pause and when. Arrange for someone to drive you home afterwards, as you will not be able to drive on the day of surgery. Wear loose, comfortable clothing that is easy to change out of. If you have other medical conditions, you may need blood tests or a review with the anaesthetist, but most people do not.

On the day

On the day of surgery you come to the hospital's surgical admissions unit. You are checked in there and prepared for theatre. You will meet the anaesthetist, who looks after your anaesthetic and pain relief. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain

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relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

When the operation is finished, you wake up in the recovery area. Nurses watch over you there while the anaesthetic wears off. Once you are stable, you either move to a ward or go home the same day, depending on the procedure and how your recovery is going.

What the operation involves

Meniscal repair is done through keyhole surgery. Your surgeon makes two or three small cuts, about 1 cm each, around the knee. A thin camera and small instruments go through these cuts so the tear can be seen and reached from inside the joint.

The aim is to stitch the torn pad of cartilage back together so it can heal. Your surgeon places stitches across the tear to hold the edges together while they knit. Depending on where the tear sits, the stitches may be tied through a small extra cut at the side of the knee, or passed in through the keyhole cuts and tied inside the joint. Some tears near the front of the meniscus are reached with a needle passed across the tear, with the stitch tied outside the knee. Your surgeon will choose the method that suits your tear.

If you are having a ligament rebuilt at the same time, the repair is done during that same operation. Where the tear is in a patch of the meniscus with a poor blood supply, your surgeon may add small steps to encourage healing, such as gently roughening the surface or placing a clot made from your own blood into the tear.

The cuts are closed with stitches and covered with a dressing. Keep the dressing on for about 10 days, as described in the recovery section.

Afterwards, your knee will be protected while the tear heals. You will be asked not to bend your knee beyond 90 degrees at first. How much weight you can put through the leg early on depends on your tear, and your surgeon will give you clear instructions before you go home.

After the operation

When you wake up, you will be in the recovery area, and nurses will watch over you while the anaesthetic wears off. Your knee will have a dressing on it, and your leg may be supported while the repair settles. Pain relief is planned for you before you leave theatre, and the nurses can give you more if you need it. Most people stand and take a few steps with help on the same day, and putting weight through the leg depends on your tear, as described earlier. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

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Recovery

The first days are usually the hardest. Your knee will be sore and swollen, and it may feel warm. Rest, ice and the pain relief prescribed for you will ease this. The swelling settles gradually over the following weeks.

You will start gentle exercises soon after surgery, guided by your physiotherapist. These focus on moving the knee within safe limits and waking up the thigh muscles. You will be shown how much weight you can put through the leg, and this increases as the tear heals. Everyday tasks such as showering and moving around the house will take a little planning at first, but they get easier quickly.

The stitches hold the tear together while it knits, so the movements and activities your team allow are aimed at protecting the repair. You will build up bending, strength and balance as your knee settles. Once your surgeon is happy with how the knee is moving and healing, you can return to driving, work and sport in stages. Most people notice steady improvement over the first few months, and many are back to their usual activities well before a year.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you at each step.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Sometimes the repair does not hold. The tear can come apart, and you might notice the catching or locking feeling returning, or new pain and swelling in the same spot as before. If that happens, bring it up at your next review. Some repairs need a second operation to fix the tear again or to trim the damaged part.

Infection is uncommon but serious. Watch for a deep, throbbing pain that does not ease with simple painkillers, redness that spreads out from the wound, or a knee that feels hot and increasingly painful to move. You might feel feverish. If you notice any of these, call the clinic straight away, or go to the emergency department if it is after hours. An infected joint usually needs a washout in theatre and antibiotics through a drip.

The nerves around the knee sit close to where the stitches are placed. A nerve can be irritated or bruised during the operation. You might notice numbness, pins and needles, or a patch of skin that feels different, most often along the inner side of the knee for inner repairs or the outer side for outer repairs. Most of these settle on their own, but tell your surgeon at review so they can keep an eye on it.

Rarely, a reaction can happen to the small devices used to hold the stitches. This can cause swelling and tenderness inside the joint, or a clicking or grinding feeling. The devices can also rub against the smooth cartilage surface of the joint. Mention any ongoing swelling or new noises from the knee at your review.

The complications table on this page lists typical rates if you want the specifics.

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When to call us

Most recoveries go smoothly, but some symptoms need urgent attention. Call us if you have a fever, if the wound becomes more red or starts discharging fluid, or if your pain suddenly gets much worse. Go to emergency if you have swelling in your calf, or shortness of breath, as these can signal a blood clot. Call us straight away if you lose feeling in your leg or foot, or if you cannot move your leg. After hours, go to the emergency department.

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