


**Orthopaedic and Sports Injuries Services "OASIS"**

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Consultant Trauma & Orthopaedic Surgeon

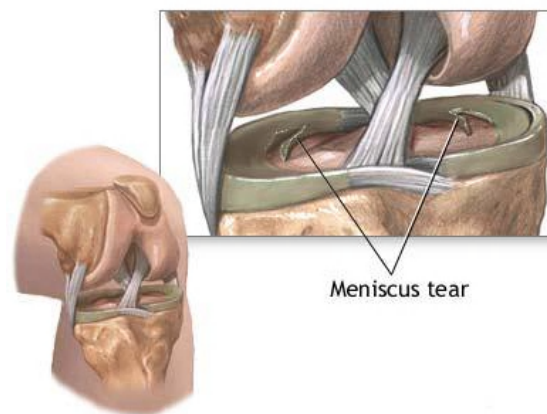
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## Meniscal Injury

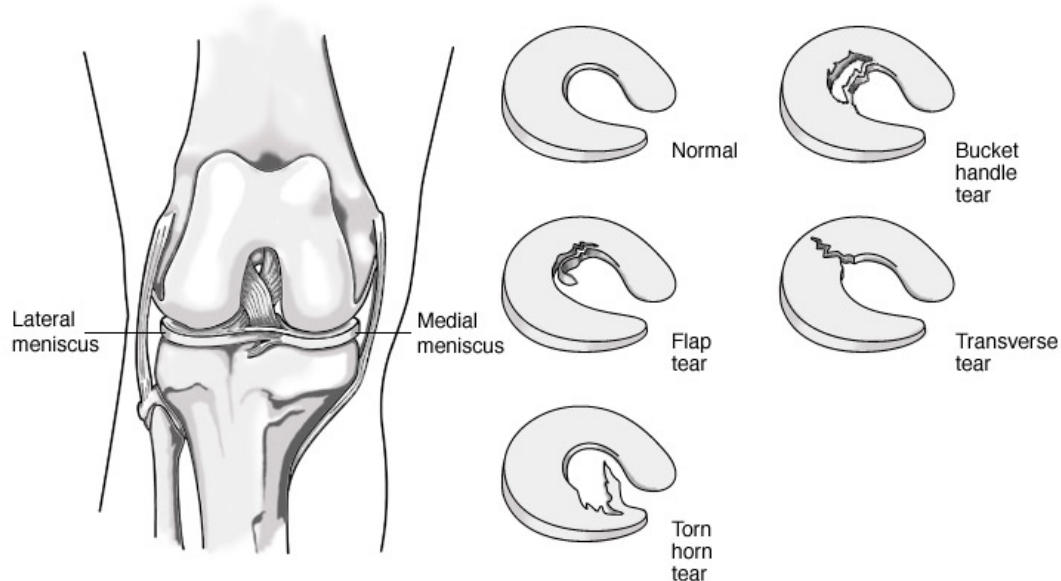
One of the most commonly injured parts of the knee, the meniscus is a wedge-like piece of cartilage where the femur and tibia connect. Meniscal cartilage curves like the letter "C" at the inside and outside of each knee. A strong stabilizing tissue, the meniscus helps the knee joint carry weight, glide and turn in many directions. It also keeps your femur and tibia from grinding against each other.



In young athletes, most injuries to the meniscus are the result of trauma from high impact sports such as football, basketball, and soccer. In older athletes, many Meniscal tears can result from twisting the knee, squatting, or through repetitive activities like running, which stresses the knee joint. Often times in contact sports, a violent twisting of the knee, pivoting, tears the meniscus cutting or decelerating. In many instances, the meniscus is torn as well as the ACL and even another additional ligament.

The two common Meniscal tears in athletes are "bucket handle" tears or "parrot beak" tears. A bucket handle tear is a longitudinal tear that is created if the femur and tibia trap the meniscus when the knee turns. The parrot beak tear is a radial tear that forms

when the meniscus splits in two directions due to repetitive stress activities such as running.



In athletes, the best solution to a Meniscal tear is surgery. There is no known medicine or therapy that will heal or fix a torn meniscus. It is a mechanical problem that often requires a mechanical solution. This usually means either partial excision, a meniscectomy, or repair of the tear. Both procedures are performed by arthroscopy.

In repairing the meniscus, the surgeon simply sutures the torn region together. If the tear is a vertical tear at the peripheral rim of the meniscus, which is confined to the zone of Meniscal blood supply, it is possible to repair the meniscus. This technique could not be used to repair bucket handle or parrot beak tears, which are the most common in athletes.

I use Meniscal darts with an all inside repair in my practise with excellent results.



If the tear can't be repaired, the portion of cartilage around it must be excised and smoothed out. This process is referred to as a meniscectomy. For athletes, a meniscectomy is thought to be favourable because there is less of a chance of failure. In all, there is around a 20% failure rate of the meniscus healing in which case a

second surgery would be performed. In addition to this, it's been found that an isolated Meniscal repair doesn't really show good results in athletes and does not prevent increasing osteoarthritic changes in athletes.

For a meniscectomy, the athlete may begin therapy to return to their respective sport right after the surgery. For Meniscal repair surgery, the athlete must wear a knee brace for 6-8 weeks after the surgery. After this time, they can begin their rehabilitation process and return to their respective sport as soon as possible. The time for rehabilitation for meniscus repair surgery is much longer than that for excision therapy.

The downside of the excision therapy is that in most cases, arthritis develops in the knee many years after surgery. Though this is usually not a problem for the athlete while they are competing, it is why the surgeon first attempts to repair the cartilage and then excises it.

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