

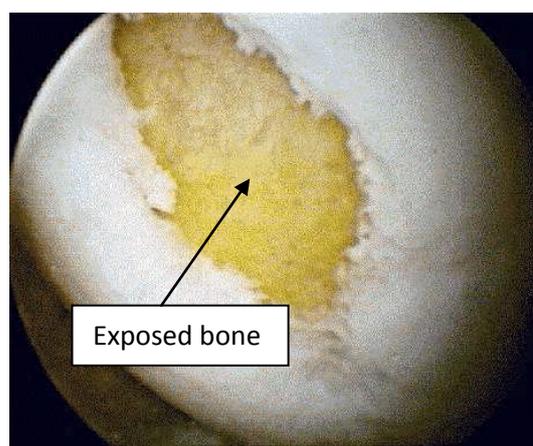
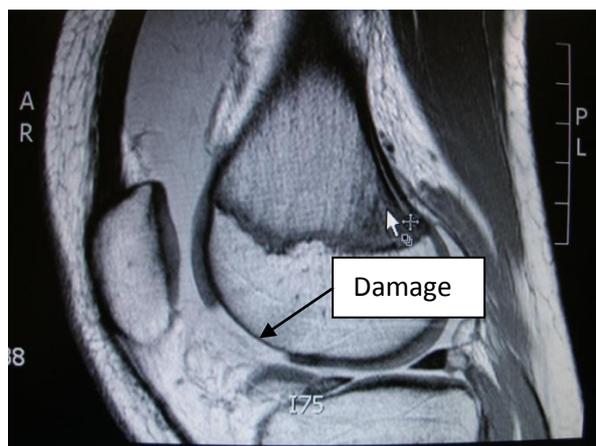
## Articular Cartilage Damage

Articular cartilage covers the end of the thigh bone (femur) and shin bone (Tibia) where they make the knee joint. It helps the bones slide easily and painlessly over each other as the joint moves. It is helped in doing this by the small amount of thick fluid within the joint.

Articular cartilage grows with you as you grow in childhood. It has the ability to repair the damage that it suffers on a daily basis. It does not have the power to replace itself if large pieces are lost due to an injury.

Articular cartilage can be damaged when you do a big injury to your knee. It usually causes the knee to swell. The swelling is slow to settle and the knee is painful. The knee may also lock (stick and not be able to straighten) if the loose piece gets caught between the bones.

Diagnosis is often difficult as the problems are similar to those of a torn cartilage (meniscus). X-rays do not show any problems with the knee. The damage can usually, but not always, be seen on a MRI scan.



Sometimes the damage only becomes apparent when an arthroscopy (keyhole surgery) is performed on your knee.

### Treatment

This needs an assessment of the alignment of your leg to see where the weight passes through the knee as you walk. Too much weight through the damaged part of the knee will stop new cartilage from being formed. To correct this may need an operation to re-align the leg (High Tibial Osteotomy)

Surgery to stimulate new articular cartilage depends upon the size of the hole

### Truefit Plugs

These are used for small holes in the articular cartilage. It is performed through a small cut in your knee. The rehabilitation means that you will be on crutches for 4 weeks.

### Microfracture

This is used for large holes in the articular cartilage. It is performed at an arthroscopy (keyhole surgery). The rehabilitation is long. A machine moves the knee for 8 hours a day for the first 8 weeks. You will be on crutches for 3 months.