

Partial Medial Meniscectomy (Expectations)

Aim

The medial meniscus is the rubbery shock absorber on the inside of the knee that helps to spread the load between the thigh (Femur) and shin (Tibia) bones. Tears cause pain due to the torn flap irritating the lining of the joint. They can also cause the knee to stick (Lock) due to catching between the bones. Removing the torn part of the cartilage prevents these and stops the torn flap of cartilage damaging the knee and causing arthritis.

Physiotherapy

Before surgery it is important to help with strength and range of movement. You will also learn the exercises you will do after the surgery.

After surgery it is vital to:

- Reduce pain and swelling
- Restore full range of movement
- Restore normal muscle tone and strength
- Progress to a return to normal daily activities (often takes 8 - 12 weeks)

Crutches

These are not normally required. Exceptional cases require them for a few days.

Wounds

The large dressing should be removed after 24 hours and replaced with small sticky dressings. The stitches will be removed at 7 days. You will see Mr Lavender in clinic after 2 weeks.

Painkillers

Painkillers are put into your knee at the time of surgery and last 6 – 8 hours. Begin taking other painkillers as soon as the sensation starts to return to your knee. Continue for a few days before you should be able to gradually stop them.

Driving

Is allowed after 24 hours providing you can do an emergency stop.

Work

Rest for 1 to 2 weeks is advisable.

Kneeling

Can be done when you feel able

Flying

Should not be done for 6 weeks due to the risk of blood clots in your legs.

Sport

Impact sports are best avoided for at least 8 weeks.