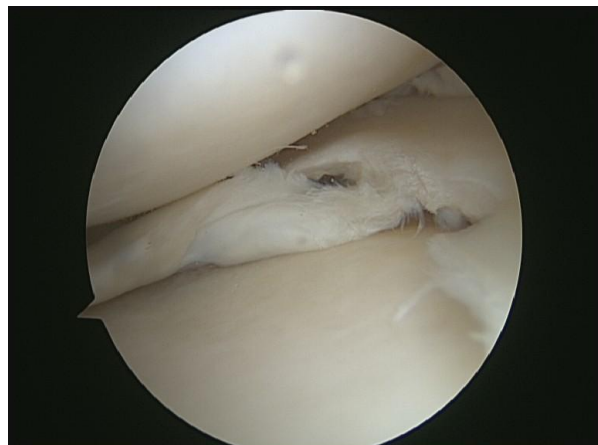


## **Torn Cartilage (Meniscus)**

The cartilages (Menisci) are the shock absorbers within the knee. They are horse-shoe shaped and attached to the top of the tibia (shin bone). They also help to share the weight between the thigh and shin bone when the knee is moving. There is one on the inside (medial) and one on the outside (lateral) of the knee.

Injury occurs when the cartilage is caught between the two bones. Twisting the knee, while it is bent with your weight on it, is all that is required to tear the cartilage. This often occurs in day to day activities and does not have to be while doing sport. The inside (medial) cartilage is injured more often than the outer (lateral), but the lateral can have more serious consequences if injured.

The knee is usually painful from the time of injury and swells overnight (an effusion). Continued pain is felt at the site of the injury, from the torn cartilage irritating the lining of the knee next to it. Large tears can get stuck between the bones and cause the knee to “lock” so that it cannot be straightened.



If the torn cartilage is left and repeatedly catches between the bones, it can damage the articular cartilage on the ends of the bones. Damage to the articular cartilage leads to arthritis.

If the knee is painful, you stop using the knee and the muscles at the front of the knee (quadriceps muscle) get smaller and weaker.

Examination of the knee shows wasting of the quadriceps muscle and tenderness next to the torn cartilage. X-rays do not reveal problems with the cartilage, but can show arthritis. A MRI scan shows tears within the cartilages.

Treatment is with an arthroscopy (telescope into the knee) as a day case.

**Cartilage removal** - The torn part of the cartilage is cut away.

**Meniscal repair** – The cartilage is repaired using stitches within the knee. This is better for the knee in the long term, but requires a brace to be worn for 2 months. Only rarely are torn cartilages suitable for this type of treatment.