



Information for
patients and
carers

Meniscal Repair Surgery

This leaflet aims to explain your operation and how to take care of your repaired knee correctly after the procedure. The surgery involved will be specific to you and it is important that you follow the care and instructions of your healthcare professional. The information below is therefore only provided for general guidance.

How does the knee work?

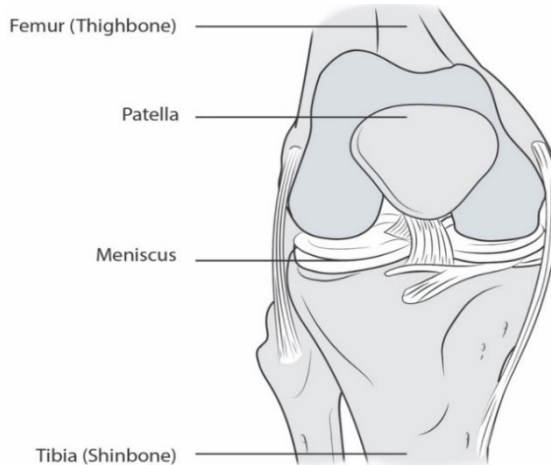
The diagram below shows several structures within the knee which helps to support the weight of your body. It consists of two joints; one joint connects the thigh bone (femur) to the shin bone (tibia), and the other the knee cap (patella) to a groove within the lower aspect of the thigh bone. The main movements of the knee are bending and straightening but it also provides a small amount of rotation.

Bones which support the knee.

Muscles which create movement at the knee.

Ligaments which help to stabilise the knee.

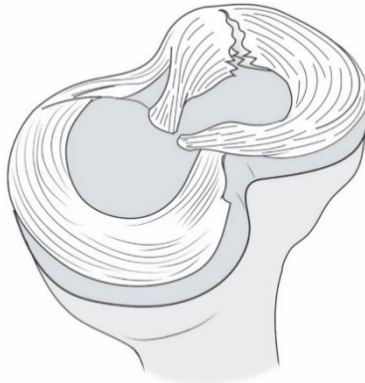
Cartilage which protects the bones and allows for smooth movements of the knee.



What is the meniscus and a meniscal tear?

Bending, standing, walking, running or jumping places lots of stress on the knee. To protect the thigh bone (femur) and shin bone (tibia) two C-shaped cartilages that sit on the top of the tibia. These are the menisci. They can tear as a result of injury or through long-term degeneration.

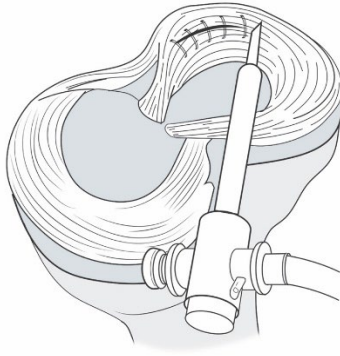
If you feel as though your knee is locked, gives way when standing or walking, is uncomfortable when twisting or straightening, has a reduced range of movement caused by stiffness, these are all symptoms of a possible tear. If they persist, surgery may be indicated.



What does a meniscal repair involve?

Surgery may be needed for those who have unsuccessfully tried to manage their symptoms but not experienced any significant improvement. The procedure usually involves an arthroscopy where a tiny probe-like camera is inserted into your knee so that the surgeon can fully examine the affected area before repairing the damaged tissue.

The procedure is usually completed under general or spinal anaesthetic. The operation usually takes up to an hour, but you should expect to be on the ward for at least half a day. You will need to arrange transport to and from the hospital.



Complications

All operations have potential risks and you need to be aware of them. Whilst the surgical team will do their utmost to prevent complications, the following risks are associated with this procedure:

Blood clots

Clots can form in the lower leg (DVT) following surgery and carry the risk of travelling through the blood stream to the lungs (PE). You will need to seek urgent medical attention if you develop calf pain and swelling, chest pain, difficulty breathing or coughing up blood.

Numbness

You may notice some numbness around the front of your knee. This should resolve with time but may continue long term.

Stiffness

It is important that you follow your surgeon and physiotherapist's advice to help reduce the chance of stiffness occurring.

Bleeding

Bleeding during and after surgery can occur and you may experience some blood collecting in the knee joint however in most cases this will be absorbed by your body.

Infection

There is a risk of infection after any surgery. If you experience raised temperature, pus in your surgical wound, feeling unwell, or if your wound becomes increasingly red, sore and painful, it is important that you consult a healthcare professional. Treatment will usually be antibiotic medications, rarely, further surgery to clean out any infected tissues may be required.

Unsightly scarring

Scars usually heal into a thin pale line within a year. If you are concerned about the appearance of your scar, your surgeon or physiotherapist can discuss treatments to help the healing process.

Anaesthetic

Feeling sick or nauseous are common post-surgery. Complications relating to your heart, lungs or neurological issues are low.

Repair failure

Up to a fifth of surgical repairs fail. The risk is higher for those that do

not follow the post-operative advice and rehabilitation.

Pain

Pain thresholds and pain levels vary from person to person, and you will be prescribed painkillers to help reduce any discomfort. Using your medication correctly to keep your pain under control in the early phases of your rehabilitation is important. It will particularly help you to perform the exercises prescribed by your physiotherapist. You will need to consult your own GP (doctor) for further pain medication should this be needed.

Post operative rehabilitation

Following discharge from hospital, you will be referred to your local outpatient physiotherapy department to continue your care.

Under their care and guidance, you will follow a rehabilitation programme of progressive exercises tailored toward your individual needs.

You will be required to wear a hinged knee brace for six weeks. This provides protection to the knee joint during the early rehabilitation period.

Depending on the types of activity or sport that you aim to resume, full rehabilitation can take several months. This requires great commitment. Attending physiotherapy appointments/classes regularly is key to ensuring that you reach your full potential following the operation.

Initial exercises will be designed to improve your range of movement, initiate muscle activity and control pain and swelling. Later, exercises will involve increased intensity, and a focus on improving strength, endurance and stability.

During your rehabilitation, you will be asked to complete some physical tests as well as questionnaires to measure your progress. These enable

your physiotherapist to assess when you are ready to safely progress to each stage of rehabilitation and ultimately when you are ready to return to sport. It is very important to follow the physiotherapist's guidance in order to avoid the risk of further injury and be able to resume your planned activities or sports as quickly as possible.

Contact details

Should you require further advice or information please contact:

Leyland Ward—Chorley & South Ribble Hospital:	01257245747
Chorley Physiotherapy Outpatients Department:	01257245755
Royal Preston Physiotherapy Outpatients Department:	01772522376

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

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