

Meniscal surgery

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This is performed arthroscopically, commonly using two portals, usually as a day case under general anaesthetic. The meniscus is inspected to define the configuration of the tear and whether it is in a part of the meniscus with sufficient blood supply to allow healing. If the tear is not amenable to repair, a combination of punches and arthroscopic shavers are used to remove any unstable or unhealthy meniscus, back to a healthy stable rim. Attempts should be made to repair meniscal tears in the young, and if the tear is repairable; commonly these will be circumferential or 'bucket-handle' tears. Repair includes freshening the repair site and then fixation with a combination of inside-out, outside-in or all-inside sutures or meniscal repair devices. Postoperative protection of the repair usually includes restriction of weight-bearing and use of a brace for between 6 weeks and 3 months.

TABLE 40.1 Indications for knee arthroscopy. Torn meniscus resection or repair Anterior/posterior cruciate ligament reconstruction Loose body removal Cartilage regeneration techniques, including microfracture Septic arthritis washout Inflammatory arthritis and pigmented villonodular synovitis (PVNS) – synovectomy Diagnosis of unexplained knee pain Tibial plateau fractures – allows intraoperative assessment and reduction of the articular surface

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