

Knee Arthroscopy with Meniscus Repair

WHAT TO EXPECT BEFORE DURING AND AFTER SURGERY

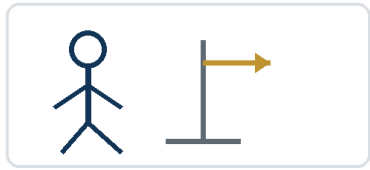
This guide explains the usual surgical journey for arthroscopic meniscus repair. Recovery depends on the tear pattern, location and repair method, and whether ligament reconstruction or another procedure is performed at the same time.



BEFORE SURGERY



DURING SURGERY



AFTER SURGERY

WHY SURGERY MAY BE RECOMMENDED

The menisci are shock-absorbing cartilage structures that help distribute load and stabilise the knee. A repair may be recommended when a tear has reasonable healing potential and preserving the meniscus is preferable to removing damaged tissue.

PREPARING FOR SURGERY

- Reduce swelling and regain comfortable knee movement and quadriceps control.
- Tell the team about medicines, supplements, allergies and medical conditions.
- Follow the hospital's fasting and medication instructions.
- Arrange transport and help at home; prepare for crutches and possibly a brace.
- Discuss work, stairs and home access because bending and weight bearing may be restricted.

WHAT HAPPENS DURING SURGERY

- A camera is inserted through small incisions to inspect the knee and confirm the tear.
- The torn edges are prepared and secured with sutures or specialised repair devices.
- The surgeon aims to preserve as much healthy meniscus as possible.
- If a tear cannot be repaired safely, unstable tissue may need limited trimming.
- Most procedures are completed as day surgery under anaesthesia.

YOUR EXPECTED RECOVERY

FIRST 2 WEEKS

Control pain and swelling, protect the wounds and use the brace or crutches as directed. Weight bearing and knee bending may be limited.

2 TO 6 WEEKS

Movement and muscle control progress without stressing the repair. Deep squatting, twisting and loaded knee flexion remain restricted.

6 TO 12 WEEKS

Walking and strengthening progress when healing milestones are met. The brace and crutches are reduced only with clearance.

3 TO 6 MONTHS OR LONGER

Running, pivoting and sport-specific training are introduced gradually. Complex or root repairs may require a slower return.

COMMON RISKS TO UNDERSTAND

Infection, blood clots, stiffness, nerve or vessel injury, persistent pain, failure of the meniscus to heal, re-tear and the need for further arthroscopy are recognised risks.

SEEK URGENT MEDICAL ADVICE FOR

Fever or wound discharge; increasing redness or uncontrolled pain; new calf swelling or pain; chest pain or breathlessness; a locked knee, sudden large swelling or a significant twist or fall.

Important: This general information does not replace your consultation, consent discussion or individual surgical instructions. Your surgeon's directions take priority.

EVIDENCE BASE

AAOS OrthoInfo. Meniscus Tears and Knee Arthroscopy. • Kise NJ et al. Management of traumatic meniscus tears: the 2019 ESSKA meniscus consensus. Knee Surg Sports Traumatol Arthrosc. 2020;28:1177-1194. • Logerstedt DS et al. Knee Pain and Mobility Impairments: Meniscal and Articular Cartilage Lesions Revision 2018. J Orthop Sports Phys Ther. 2018;48:A1-A50.

