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The Effect of Partial Meniscectomy on Future Knee Function

Meniscal tears are the most common injury to the knee joint and meniscectomy is one of the most commonly performed orthopedic procedures in the United States. In years past, the meniscus was thought to be unnecessary and was completely removed in patients who injured this cushioning cartilage. However, it was found that complete removal of the meniscus resulted in significant arthritic change.

Since the development of arthroscopy, small instruments can now be introduced through tiny incisions which allow for a partial removal of the meniscus (cushioning) cartilage.

Multiple studies have shown that patients do not experience significant knee problems for up to 15 years following a partial meniscal cartilage removal of the knee. Several studies have shown that very mild evidence of early arthritic change can be seen on x-rays 12 to 15 years after partial meniscus removal, but that patients do not tend to have disabling knee symptoms.

(Reference: Journal of the American Academy of Orthopedic Surgeons, 2007; 15: 64 to 653. Surgical outcomes after arthroscopic partial meniscectomy.)

In patients with normal ligaments, subjective results following partial medial meniscectomy in stable knees have been consistently favorable ranging from 88 to 95% good to excellent results in multiple high-quality studies. (This means they had little or no problems with their knee and did not have to take prescription medicine to be comfortable).

Even patients with early signs of arthritis at the time of surgery were found to have good long-term outcomes following partial removal of the cushioning cartilage.

It is unusual for patients to require repeat surgery after a partial removal of the cushioning cartilage (meniscus). The need for repeat surgery for a new tear or for incomplete removal of the original tear varies between 2 and 4%. The frequency of re-operation is affected by whether the meniscus is found to be normal at the time of original surgery or if there are signs of more extensive degeneration of the meniscus at the time of original surgery.

Overall Conclusion

Partial removal of torn meniscal (cushioning) cartilages in the knee is associated with good long-term results in 80 to 95% of cases. Although x-rays may show some mild changes of arthritis 12 to 15 years later, patients generally do not experience any persistent or increased symptoms in their knee. Arthroscopic meniscectomy is very reliable, but there is a 2 to 4% chance of the need for repeat surgery that has been shown in the orthopedic literature.

(Reference: Journal of the American Academy of Orthopedic Surgeons 2007; 15: 519 to 524)

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