

PATIENT INFORMATION LEAFLET

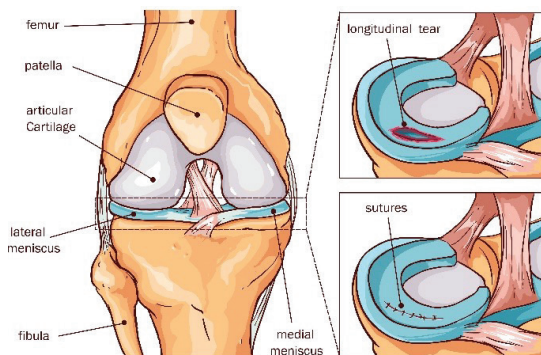
# Meniscal Tear



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Your meniscus is a C-shaped fibrocartilage that sits between your thigh bone (femur) and shin bone (tibia). There are two menisci (plural) within each knee, one on the inner side (medial meniscus) and one on the outer side (lateral meniscus). The menisci act as shock-absorbers and help cushion weight from your femur to the tibia as well as act as knee stabilisers (Figure 1). The menisci are different to the other cartilage in your knee that wraps over the end of your femur and top of your tibia – this is known as the articular cartilage. In fact, another function of the menisci is to protect the articular cartilage from stresses. A meniscus can be torn through injury or when a knee develops osteoarthritis.



**Figure 1**

An illustration outlining the menisci relative to the articular cartilage (left) in a right knee, and a tear in the meniscus (right top) that has been repaired (right bottom).

## Causes

This is a very common problem that affects those of all ages. Possible reasons include:

### ▣ Injury

This tends to occur in those under the age of 40 following forceful twisting of the knee especially when weight has been put through a slightly bent knee whilst doing so.

### ▣ Degenerative

Your menisci wears with ageing and in the middle-aged and older population, a degenerative meniscal tear is very common. It is often a consequence of general wear within your knee (e.g. osteoarthritis) but being over-weight can also contribute to this.

### ▣ Discoid meniscus

Very occasionally, the meniscus may not develop normally during its development. It can end up being thicker, oval or disc-shaped instead of the normal C-shape. This makes it more prone to tears.

## Symptoms

It is important to understand that not all meniscal tears cause pain and tears are often found incidentally. You may experience the following:

- ▣ If it is due to an injury, you may feel a pop in your knee at the time. This may or may not prevent you from carrying on your activities at the time but over the following 24 hours, you may develop pain and swelling. As the acute pain and swelling settles, you will be left with focal joint line pain (space in between your thigh and shin bones, on the side of which the meniscus is torn) and/or mechanical symptoms.
- ▣ Mechanical symptoms due to torn piece of meniscus getting trapped in your knee – you may find that you are unable to fully straighten your knee, have a feeling of something catching within your knee, or experience locking of your knee.
- ▣ **Swelling** – this may be more pronounced at the time of injury but may continue to affect your knee depending on what activities you carry out.

## Diagnosis

The diagnosis of this condition is made with a magnetic resonance imaging (MRI) scan, following a clinical assessment.

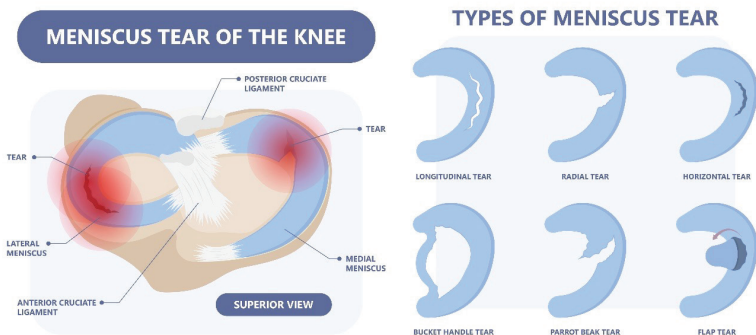


Figure 2

A birds eye view of the top of a shin bone with the menisci sitting on top (left). The lateral (outer) and medial (inner) meniscus both have tears within it (red zone). The different types of meniscal tears are illustrated (right).

## Treatment

Specific treatment will depend on a number of factors including your age, your overall health, time since your injury, severity and location of your meniscal tear and your views on the treatment options (Figure 2). The pain from smaller tears may settle as the tear heals. Some tears may not heal but once your initial pain and swelling settles, you may find that you have mild, intermittent or even no symptoms at all. A tear on the background of an arthritic knee tends to involve treatment of the arthritis rather than the tear.

### ▣ Rest and activity modification

Stop aggravating activity and consider alternative forms of exercises that are lower impact for your knee e.g. swimming, cycling. Consider increasing intensity of activity on a more graduated basis and carrying out warm-up stretches for your quadriceps and hamstrings prior to activity.

### ▣ Ice Packs

Apply several times daily for a period of 15 minutes each time if swelling is an issue.

### ▣ Compression

Consider an elastic bandage to provide some compression for the swelling.

### ▣ Anti-inflammatory medication

If oral preparations do not help, consider topical formulations to rub onto the painful area. Anti-inflammatories may have adverse side-effects if you have certain medical conditions or take certain medications so please consult with your GP prior to commencing.

### ▣ Weight loss

(If appropriate) to minimise stress on your menisci.

### ▣ Key-hole surgery (Arthroscopy)

If your symptoms do not settle despite the above measures, you may wish to consider the option of key-hole surgery (Figure 3). This will be aimed at taking out the torn section of your meniscus (partial meniscectomy) or to stitch the tear back together (meniscal repair). For further information, please refer to

[Mr Kosuge's Patient Information Booklet – Knee Arthroscopy](#).

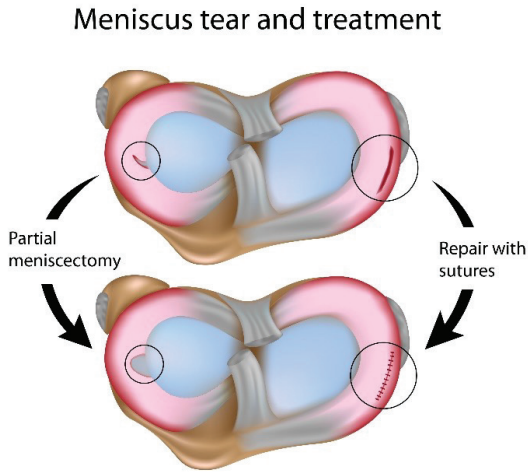


Figure 3

The two main treatment options for a meniscal tear are either to resect the torn section (left) or to repair it (right).

## Outcome

Recovery time differs depending on the extent of your injury but with small tears, it may recover over 2 to 3 months. If you have surgery, your recovery will depend on the extent of your tear and what type of operation is performed.



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