KEY PROCEDURES

MEDIAL AND LATERAL MENISCAL
INSIDE-OUT REPAIRS

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Abstract

Meniscal tears differ in terms of pattern and location. If left untreated, a meniscal tear can lead to the development of osteoarthritis and increased pain, swelling, and functional limitations. Tears in the vascularized outer two-thirds of the meniscus can often be successfully repaired with use of an inside-out technique. Vertical mattress sutures stabilize the meniscal tear in place, allowing for proper healing.

The principal steps in the procedure include (1) assessing the location and pattern of the tear arthroscopically, (2) performing a medial or lateral meniscal repair incision in the proper anatomic location, (3) passing the sutures in a vertical mattress pattern through the torn meniscus, and (4) tying the sutures while verifying sufficient reduction of the tear arthroscopically.

Postoperatively, patients remain non-weight-bearing for the course of six weeks. Passive knee flexion from 0° to 90° is allowed for the first two weeks. After two weeks, motion is increased as tolerated. At six weeks postoperatively, patients are allowed to progress to weight-bearing as tolerated and initiate the use of a stationary bicycle. They should avoid squatting, sitting cross-legged, and squatting and lifting for four months postoperatively to avoid substantial stress on the healing meniscus. After four months, sports-specific activities are initiated. Patients are expected to return to normal physical activity within four to six months postoperatively.

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