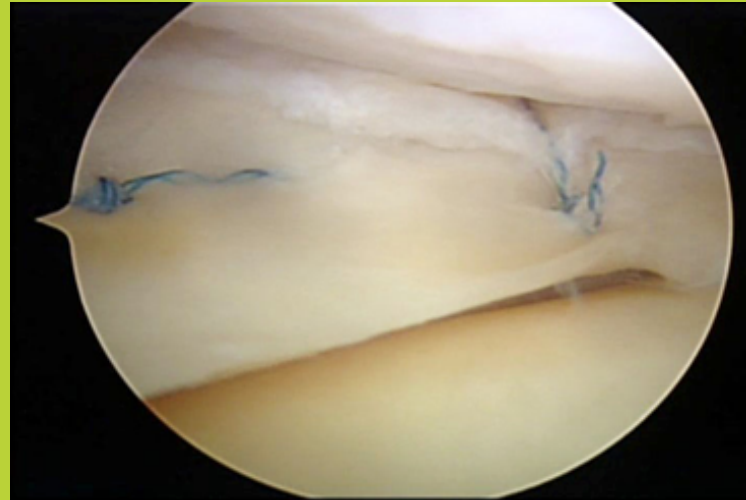
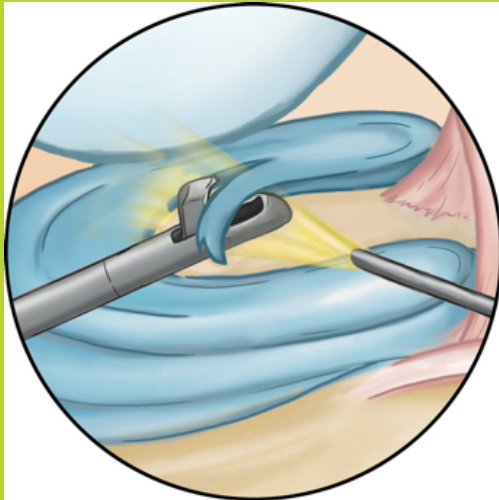


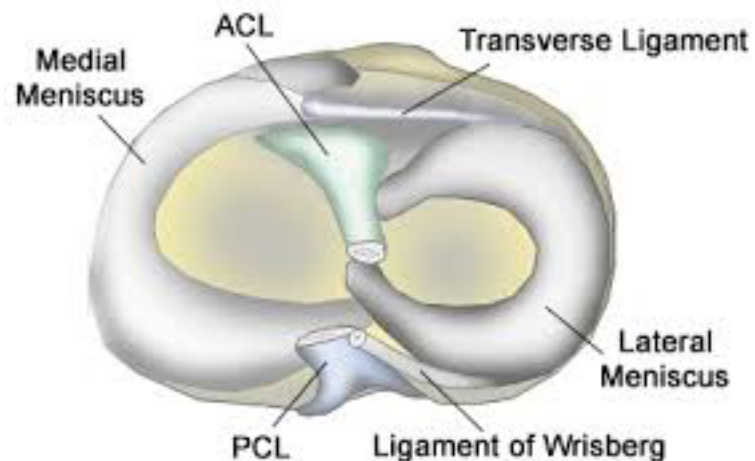
Meniscus Repair in the Pediatric and Adolescent Patient



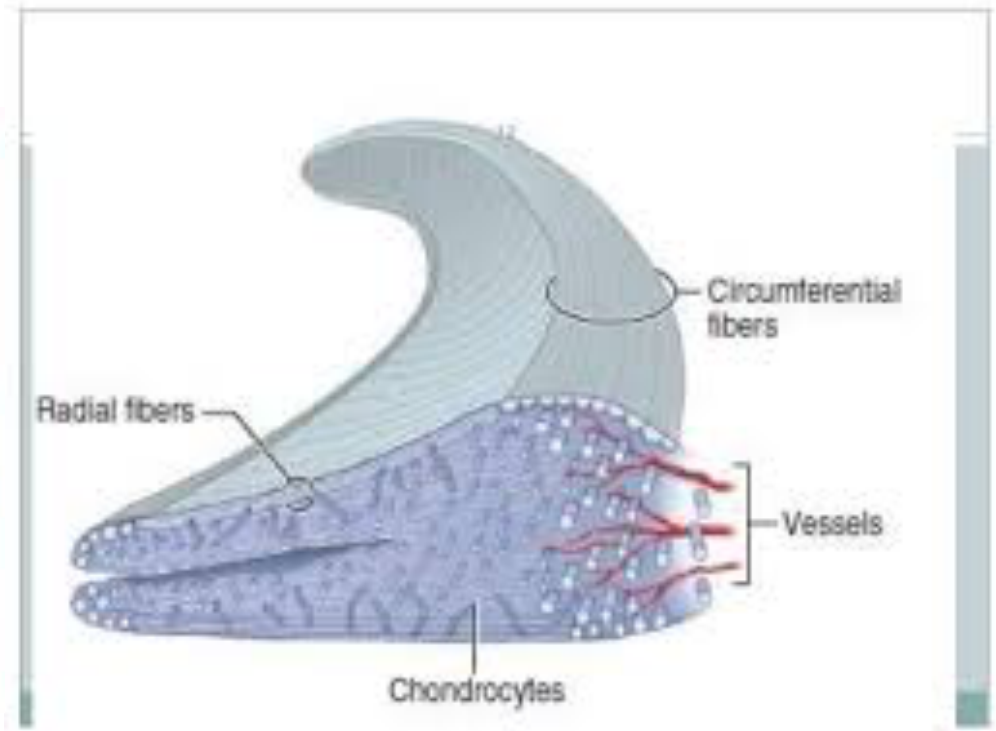
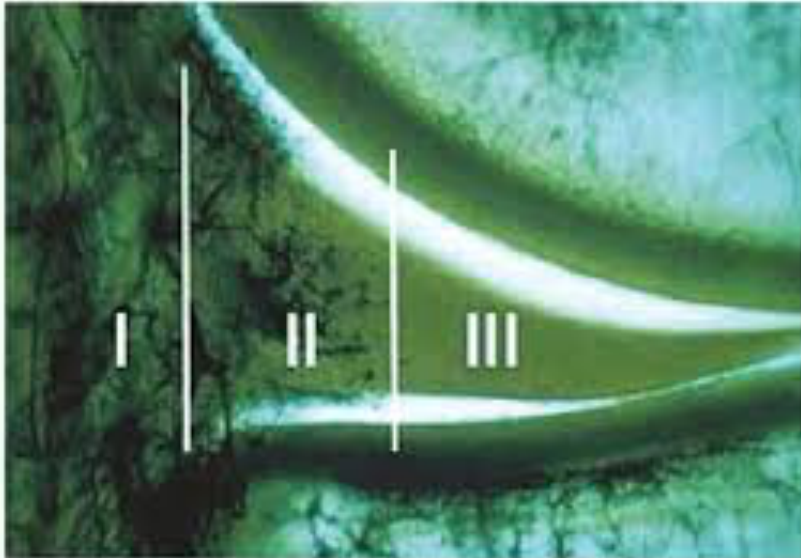
Michael Saper, DO, ATC, CSCS
Assistant Professor, Orthopedics and Sports Medicine
Updated March 1, 2020

Meniscus

- Medial and Lateral
- Function
 - Stability
 - Shock Absorption
 - Protect cartilage

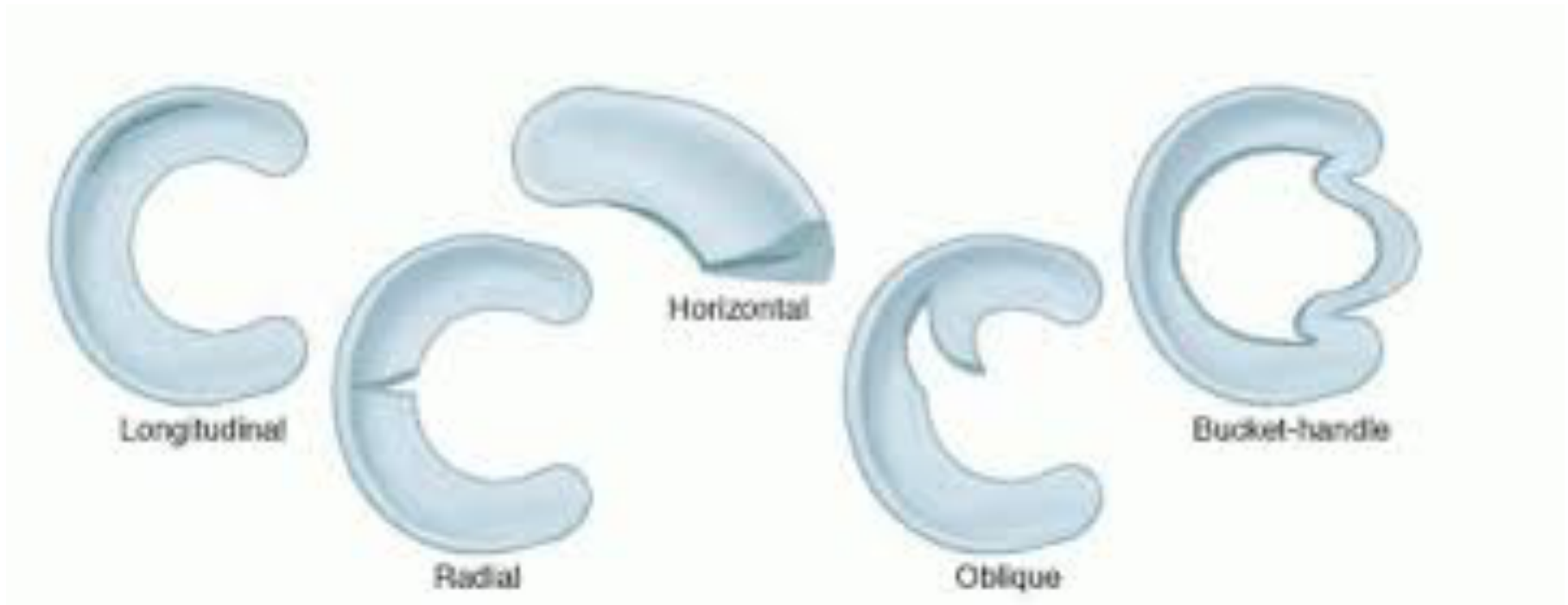


Meniscus Blood Supply



Outer 1/3 has best blood supply

Meniscus Tear Patterns



Without surgery....

- Meniscus **won't heal**
- Meniscus might become irreparable
- Persistent **instability**
- **Poor** long term **function**
- **Increased arthritis**
- **Decreased return to sport**



Main Goals for Surgery

Repair Meniscus

Restore Stability
Decrease arthritis
Improve function

Return to Sport



Knee arthroscopy

Outpatient surgery (go home same day)

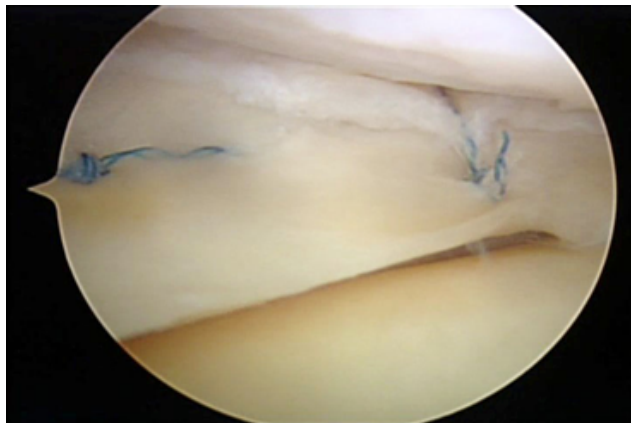
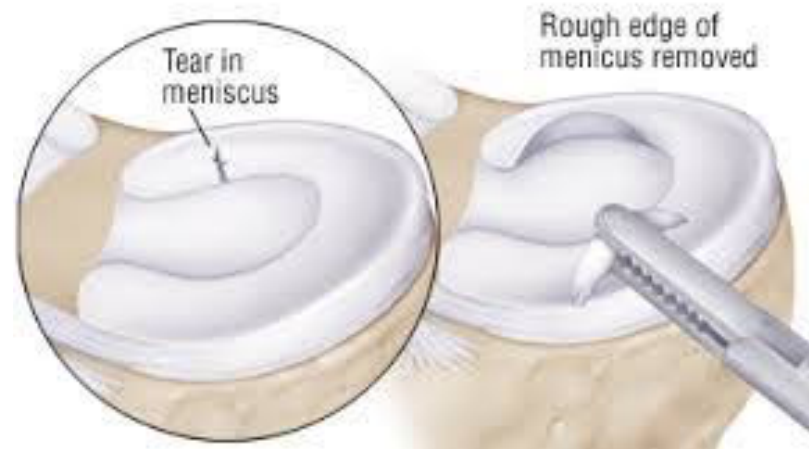
General anesthesia (asleep the whole surgery and won't feel anything)

Arthroscopic surgery with small incisions

Meniscus tear repaired with suture or removed



Meniscus Repair vs. Partial Meniscectomy (Trim)



Complications and Considerations

Anesthesia

Bleeding

Nerve injury

Infection (<1%)

Stiffness (<3%)

Reoperation

Repair (~30%*)

Partial Meniscectomy (~5%*)

Most result within 1 year

**Return to pre-injury level of sport
after repair (~80%)**

*** Averages in Adolescent Population**

Rehabilitation

Repair

**Weight-bearing depends on
tear size/location and repair**
Knee brace up to 6 weeks
Healing takes ~3 months
Return to sport 6+ months

Partial Meniscectomy

Weight-bearing as tolerated
Crutches 3-7 days
Return to sport 6-8 weeks*
longer with lateral tears

Physical therapy starts 3-4 days after surgery

Conclusions

Goals = preserve meniscus (if possible)

Repair depends on type/location of tear and quality of tissue

Decision made at time of surgery

Very different rehabilitation

Thank you for your attention!



Contact:
[@DrMichaelSaper](#)

