

ONE-PAGE PATIENT SUMMARY

Meniscal Root Repair

Knee preservation through repair of the meniscal anchor

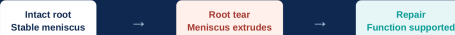
What it means

A meniscal root tear is where the meniscus pulls away from its attachment on the shin bone. Repair usually uses keyhole surgery to reattach it to its normal bony footprint, supporting its load-sharing role.

Symptoms and suitability

- Pain along the inner or outer knee joint line.
- Swelling, fullness or pain with stairs, squatting or standing.
- A sudden painful pop can follow a minor movement.
- Repair may suit a symptomatic, repairable tear with adequate tissue.
- Advanced widespread arthritis or severe uncorrected malalignment may limit repair.

Why the root matters



Source booklet graphic: intact root, root tear with meniscal extrusion, and repair supporting function.

Treatment pathway

1 Assess

History, examination, weight-bearing X-rays and MRI assess the tear, cartilage, alignment and associated injury. The final pattern and tissue quality may be confirmed during arthroscopy.

2 Consider options

Your team balances symptoms, activity goals, cartilage, alignment, health and ability to protect the repair. Alternatives may be appropriate if repair is unsuitable.

3 Repair

Usually under general anaesthetic, a camera confirms the tear. Sutures pass through healthy meniscus and a small upper-tibia tunnel draws the root to its anatomical footprint.

4 Plan recovery

A nurse or physiotherapist explains crutches, brace settings, exercises, wound care and medicines. Follow-up adapts rehabilitation to your progress.

Recovery and aftercare

1 Early protection

Use the prescribed brace and crutches. Weight bearing and knee bending are commonly restricted; control swelling and perform only agreed exercises.

2 Controlled rehabilitation

Progress movement, strength and balance under physiotherapy supervision. Avoid deep bending, pivoting and loaded twisting until your team allows them.

3 Return by milestones

Impact, jumping, pivoting sport and heavy work need surgeon and physiotherapist clearance, based on healing, strength, movement quality and symptoms.

Protect the repair

The root must heal back to bone. Early excessive loading, twisting or deep flexion can stress the sutures and repair site. Do not change your brace, crutch, weight-bearing or exercise routine without your surgical team's advice.

When to seek urgent help

Contact your surgical team or NHS 111 for increasing wound redness, heat, swelling or discharge; fever or feeling very unwell; worsening pain; persistent vomiting; new calf pain or swelling; sudden loss of movement; a new knee injury; or concerns about brace, circulation or sensation. Call 999 or attend A&E for severe breathlessness, chest pain, coughing blood, collapse, severe allergic reaction, uncontrolled bleeding, or a cold, pale foot with rapidly worsening numbness or weakness.

Important limitations

A repair is designed to support meniscal function, but healing, pain relief and prevention of future arthritis cannot be guaranteed. Existing cartilage wear cannot be reversed, extrusion may persist and further treatment may be needed. Results depend on the injury, cartilage, alignment, healing biology, rehabilitation and activity demands. Your individual plan may differ; follow your surgical team's instructions. If unexpectedly irreparable, Mr Dehne will use the safest appropriate alternative agreed during consent.

Need advice tailored to you? This poster supports, but does not replace, individual assessment or consent.

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