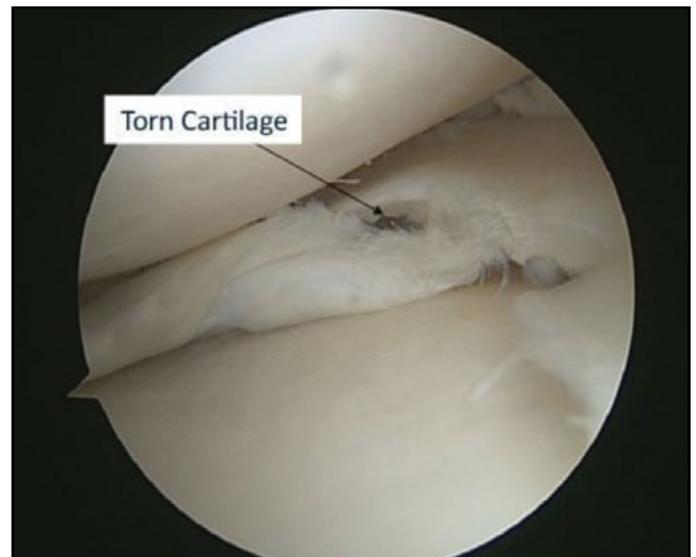


MENISCAL TEAR IN THE OLDER PATIENT

- ▶ **SJOG WEXFORD MEDICAL CENTRE**
Suite 15, 3 Barry Marshall Parade,
Murdoch WA 6150
- ▶ **MURDOCH SQUARE**
Suite 205, 44 Barry Marshall Parade,
Murdoch WA 6150
- ▶ **SJOG MT LAWLEY MEDICAL CENTRE**
Suite 113, Ellesmere Road,
Mt Lawley WA 6050

NON-OPERATIVE MANAGEMENT FOR MENISCAL TEAR IN THE OLDER PATIENT

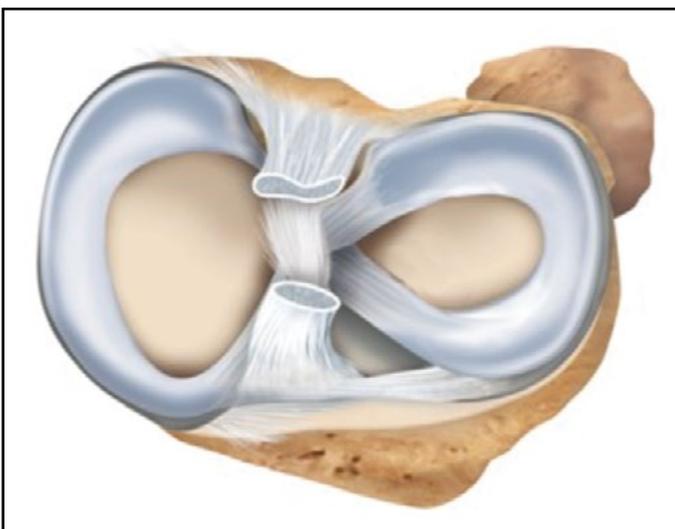
Meniscal tears are a common injury of the knee often treated with arthroscopic or "Keyhole" surgery. However, in patients over 50 years old arthroscopic surgery often does poorly compared to younger patients, particularly when the knee has some osteoarthritis (degenerative change). Keyhole surgery in older patients may often make the pain worse and may often lead to further more significant surgery such as knee replacement. Hence, non-operative management should be tried before surgery is contemplated.



Torn cartilage

MANAGEMENT OPTIONS

- **WEIGHT LOSS**
Increased loading of the knee through excessive weight is a significant factor in knee disease. Weight loss is always beneficial in these situations but can be difficult due to restricted physical activity. It is important to consider dietary impact as this is the main factor to successful weight loss, as well as exercise.
- **STRENGTHENING**
Increasing the stability of the knee through strengthening is also effective in reducing the



Normal menisci

pain and the need for surgery. This is achieved through an exercise program, focusing on low bend, low impact activity such as stationary exercise bike (with the seat high up) and hydrotherapy, walking in the pool, swimming and physiotherapy.

- **MEDICATION**

Simple analgesia such as paracetamol can be effective, and short courses of anti-inflammatories, being careful to avoid side effects such as stomach irritation and kidney problems.

- **INJECTIONS**

Steroid injections can settle inflammation rapidly and may be enough to return to normal function and start rehabilitation. Synthetic joint lubricants (eg Synvisc One) and Platelet Rich Plasma (PRP) may also be an option, especially in the degenerative knee.

THE PLACE OF SURGERY

Most patients will get better following the above non-operative plan. If your knee does not settle down within a couple of months, surgery may be considered.

Surgery is most effective when the meniscus tear is isolated with no osteoarthritic change in the knee. These tears are rarely repairable, and usually require trimming of the meniscus to create a smooth edge (debridement).

It is important to remember that arthroscopic surgery in the face of established osteoarthritis can be unpredictable. The risks of surgery include persistent or recurrent symptoms, infection, thrombosis and the need for further surgery in the future including joint replacement.



Meniscal tear