Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

# Meniscus Repair Surgery

Version number: **4**
Last modified date: **12th November 2026**

# Meniscus Repair Surgery

## Patient Information

## Sports Knee Service

- Author ID: JA
- Leaflet ref: SKS 003
- Version: 4
- Leaflet title: Meniscus Repair Surgery
- Last review: October 2022
- Expiry date: October 2024

## Introduction

This leaflet aims to help you gain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at the WWL NHS Foundation Trust. Each person's operation is individual and you may be given specific instructions that are not contained in this leaflet. This guide has been prepared to help you recover from surgery and to answer many frequently asked questions. It is designed to complement the advice of your Surgeon and Physiotherapist.

## The Meniscus

The meniscus is a "C" shaped, wedge like structure made of cartilage which sits between your tibia (shinbone) and your femur (thigh bone). It acts as a cushion to absorb shock and protect the surfaces of your knee joint. Your knee contains a meniscus on the inner (medial) side and one on the outer (lateral) side.

A torn meniscus is a common knee injury. Activities which cause you to forcefully twist or rotate your knee, especially when putting the pressure of your full weight on it can lead to a tear.

Some meniscus tears can heal without surgical intervention.

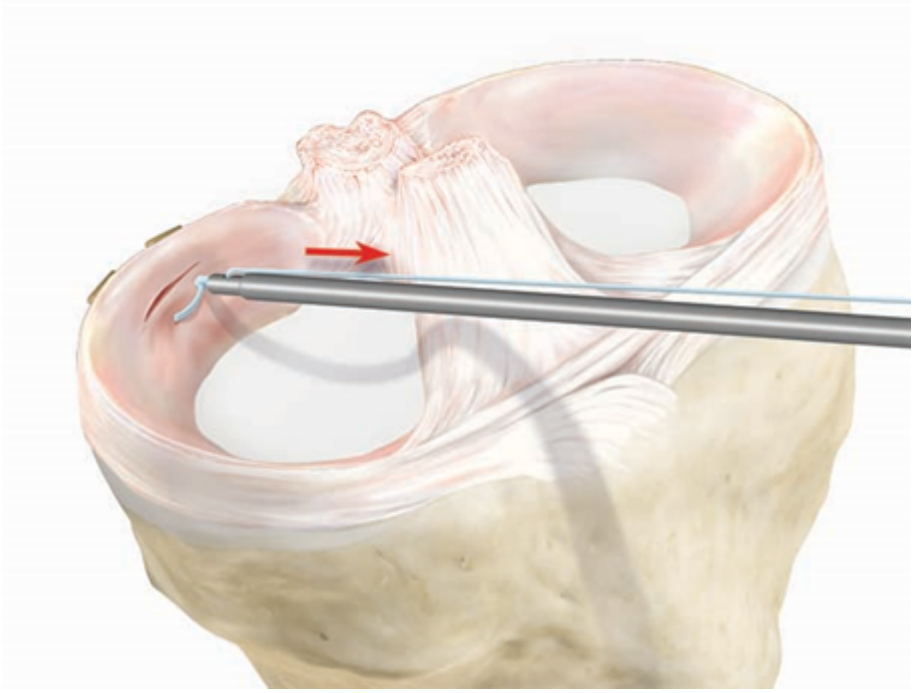
Unfortunately, the meniscus does not have a good blood supply and some tears do not heal. The torn meniscus may catch within the knee joint causing locking of the knee and loss of range of movement.

# Meniscus repair

A meniscus repair involves using an arthroscope (keyhole camera) which is connected to a viewing screen. The arthroscope is inserted through a very small incision (cut) at the front of your knee. A further small incision is made and instruments are inserted to perform the repair. A thorough examination is made of the inside of the knee joint. The meniscus tear is identified and the torn edges are stitched back into place.

Some tears are not repairable. Often this cannot be determined prior to the surgery, even with the aid of MRI scanning.

The wounds are usually closed with steri-strips covered with small dressings and bandaged with a wool and crepe bandage to keep the swelling to a minimum for the first 24-48 hours.



**Meniscus tear during repair**



**Meniscus tear repaired**

## Aims

The main aim of surgery is to preserve the shock absorbing and load distributing qualities of your meniscus. Once the knee is fully rehabilitated you will be able to return to your normal level of function including full participation in any sports.

## Risks

All operations involve an element of risk:

- Potential problems for meniscus repair  include failure of the repair and joint stiffness;
- Uncommon problems include infection, and blood clot (otherwise known as a Deep Vein Thrombosis or DVT);

- Rare problems include nerve or blood vessel injury;
- Minor complications relating to the anaesthetic such as sickness and nausea are relatively common. Heart, lung or neurological problems are much rarer.

Please discuss these issues with the doctor if you would like further information.

## Benefits

The intended benefits of meniscus repair surgery are to:

- Recover full range of knee movement
- Reduce pain and locking
- Improve function
- Return to full sporting activities
- Improve quality of life

# Frequently Asked Questions

## Will it be painful?

Although you will only have small scars, this procedure can be painful due to the surgery performed inside your knee.

The following pain control methods are used to ensure you have as little discomfort as possible:

- Local anaesthetic injection into the wound immediately post op
- Painkillers and anti-inflammatory medication taken regularly
- Ice application

## Local anaesthetic injection

This is used to decrease the pain in the knee joint and the incision area immediately after your operation which can:

- Reduce the risk of feeling sick or vomiting
- Allow you to eat and drink earlier
- Enable you to get up and mobilise earlier
- Lessen the chance of an overnight stay in hospital

## Painkillers

You will be given painkillers (either as tablets or injections) to help reduce the discomfort whilst you are in hospital.  A one week prescription for continued pain medication will be given to you for your discharge home.  Keep the pain under control by using the medication regularly at first.  It is important to keep the pain to a minimum as this will enable you to move the knee easier, recover muscle function in your thigh muscles, and begin the exercises you will be given by the physiotherapist.

## Ice

If you do not have any circulatory disorders, you will benefit from applying ice regularly following surgery. This will help to minimise pain and swelling. Firstly wrap the knee with cling film when applying prior to your wound having healed. Then place a bag of frozen peas, ice cubes, or an ice pack in a damp tea towel. Elevate your affected leg and apply your ice pack for approximately 20 minutes. This should be done regularly throughout the day.

## Will I need to use crutches?

You will be provided with a pair of crutches for use when walking. Unless you have been instructed otherwise, YOU MUST USE YOUR CRUTCHES FOR 6 WEEKS. This will protect the meniscus as it heals. Do not discard your crutches, even if your pain has completely settled, until you have been told to do so in your clinic appointment or by your physiotherapist. It is important that you take the weight through your leg in the correct manner i.e. putting the heel down first and taking some weight through your arms. The crutches can be returned to Wrightington physiotherapy department when you have finished using them. It is also important that you are not on your feet for prolonged periods of time early on after the operation as this may increase your swelling.

## Do I need to do exercises?

Yes, it is important to start getting the knee moving but in a controlled manner. Unless told otherwise, you will initially need to restrict your knee bend to 90 degrees. The Physiotherapist will show you the exercises you will need to start with. These will be progressed as you are physically able under the guidance of your physiotherapist. You will be referred for continued physiotherapy as an out-patient and it is essential that you are seen within one week of your operation.

## What do I do about the wound?

When you are discharged from hospital you will have a compression bandage on your knee that should remain in place for 24-48 hours. After this time, remove the bandage.

The wounds are usually well healed by 10 days. Simple dressings or steri-strips can be peeled off at this stage. Any sutures will require a district nurse or practice nurse to remove them. If this is needed, the ward should arrange this for you prior to discharge. If not, you may be able to organise it yourself via your GP practice. Well healed wounds can be washed as normal after this stage. Please report any wound healing problems to your clinical team.

You may shower before the removal of the stitches/steri-strips – you will need to put several layers of cling film around your knee to keep the area dry. Pat the area when drying yourself and do not rub over the wound sites.

## Is there anything I need to watch out for?

Occasionally problems do occur. Signs of possible problems include:

- Increased knee pain not reduced by medication, dramatic increase in knee swelling, inability to weight-bear, possibly associated with fever or chills – this could indicate an infection and you should attend accident and emergency as soon as possible.
- Marked calf pain or swelling and swelling around the ankle – this could indicate a blood clot (DVT) and you should attend accident and emergency as soon as possible.
- Increased temperature. It is normal to have a slight warmth following surgery but anything more or that lasts may indicate a problem.
- Stomach upset after taking medication.
- Worsening loss of knee movement.

Unless otherwise stated, if you experience any of these problems please seek medical help.

## When do I return to the outpatient clinic?

An appointment is usually arranged for 3-6 weeks after you are discharged from hospital to check your progress.  Please discuss any queries or worries you may have when you are at the clinic.

Appointments are made after this as necessary.

If you have not received an appointment it is essential you phone the outpatient department.

Your physiotherapy appointments should begin within one week of your operation and these will continue for several months until you are able to return to your normal pre-injury activities.

## Are there things I should avoid doing?

To protect your meniscus repair your knee bend will be restricted to 90 degrees, usually for 6 weeks. You will then need to avoid deep squatting until 12 weeks after your surgery.

Initially you should not perform any twisting, turning or pivoting manoeuvres on your affected leg. Your physiotherapist will guide you through your rehabilitation and explain when you are ready to progress to more advanced exercise.

You should avoid standing for prolonged periods of time as this will increase the swelling in your knee. If your knee is swollen you will need to elevate your leg and use ice as instructed.

It is important to avoid walking with a limp – use crutches as instructed to allow you to put the weight through your leg in the correct manner i.e. walking with the heel going down first, and also not walking on a bent knee.

## When can I drive?

You may drive after 6 weeks, when you are comfortable and safe to do so. You must have stopped using crutches; be able to sit comfortably; and have enough power and bend in your knee to perform an emergency stop. The law states that you should be in complete control of your car at all times. It is your responsibility to ensure this and to inform your insurance company about your surgery. Please ask your physiotherapist for advice.

## When can I return to work?

When you return to work depends very much on the demands of your job and it is difficult to generalise.  You need to feel that you can cope with the tasks involved in performing all duties of your job including any travelling required.  As a general rule it is recommended that if you are in a sedentary job you will require approximately 2-3 weeks off work. For a heavy manual job or one which involves twisting, turning and running you may require up to 12 weeks. Discuss this with your surgeon and physiotherapist before you contemplate a return to work and you may also wish to consider approaching your employer regarding a phased return.

## When can I fly?

As a general rule we recommend you do not fly for at least 6 weeks following your surgery.

Each airline however has its own regulations about flying after surgery and you should check with your airline before flying.

The Civil Aviation Authority has published some guidance about how long a person should wait before flying after different surgical procedures. These include: 24 hours after keyhole surgery, and three months after a knee replacement.

Restrictions may also apply to flying with other medical conditions and you should check with the doctors involved in your care and consult with the airline before you fly.

## How will I progress?

During your first visit after surgery your physiotherapist will decide how often they would like to see you depending on your progress. Initially you may need regular appointments to help and support you through the early stages of rehabilitation. You will be given exercises to perform at home and in the gym and you may progress to a gym based class at the physiotherapy department.

It is extremely important that you continue to work on the exercise programme you are given and follow your physiotherapist's instructions carefully.

Your return to leisure activities will be guided by your physiotherapist and will depend on how you are progressing. Your therapist will advise you when you are physically capable to deal with different activities and will ensure you progress to a level where it is safe for you to return to sport.

Return to sport after your operation will vary dependent on your progress. It is extremely important that you take guidance on this by your physiotherapist.

## Useful Telephone Numbers

| Area | Telephone number |
|---|---|
| Admissions | 01257 256211 |
| Pre-operative Clinic | 01257 256340 |
| Ward D | 01257 256269 |
| Ward A | 01257 256276 |
| Ward B | 01257 256277 |
| John Charnley | 01257 256267 |
| Physiotherapy | 01257 256307 |
| Out-patient Department | 01257 256295 |

Main Switchboard 01942 244000



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