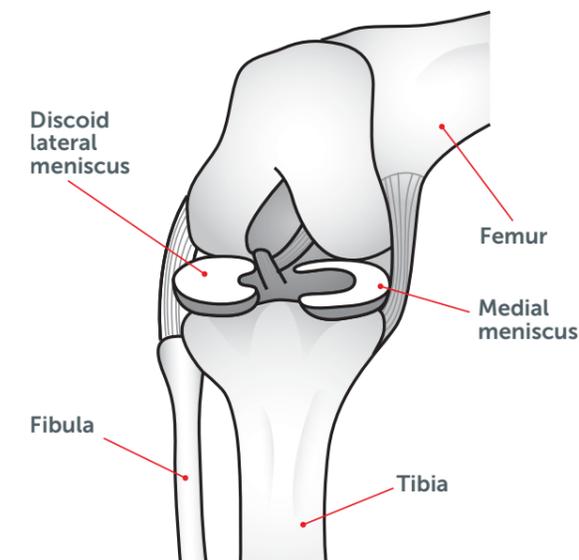


# Arthroscopy and meniscopexy for a discoid meniscus

## Information for patients, parents and guardians

We've given you this factsheet because your child may need to have an arthroscopy and meniscopexy operation. This is a procedure to repair or adjust a discoid meniscus (a thick tissue pad in the knee). We hope this factsheet will help to answer some of the questions you may have about this operation.



### Discoid meniscus

The menisci are crescent-shaped pads made of cartilage (or tissue) in your knee.

They act as a cushion between the femur (the thigh bone) and the tibia (the shin bone) in the knee joint.

About 1% of children are born with a meniscus which is thicker than normal. This is known as a discoid meniscus.

### If your child has a discoid meniscus, they may start to complain of:

- pain in their knee
- an obvious 'clunk' when moving their knee
- difficulty moving their knee through its full range
- catching or locking of the knee

### Having an arthroscopy and meniscopexy operation

Before your child has their operation, they will be given a general anaesthetic (medicine given to make them go to sleep). The anaesthetist will discuss with you the possible complications of your child having an anaesthetic.

### There are two parts to an arthroscopy and meniscopexy operation:

- **arthroscopy:** looking inside the knee joint with a telescope

The surgeon will make two small surgical cuts, less than 10mm, at the front of the knee. We can then examine the meniscus through a special telescope. If the meniscus has a tear, we can remove the torn part and any other unnecessary tissue.

- **meniscopexy:** securing the meniscus at the front of the knee joint

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone **023 8120 4688** for help.

[www.uhs.nhs.uk/childrenshospital](http://www.uhs.nhs.uk/childrenshospital)

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If the meniscus is in a good condition and not torn, we can move it forward and secure it at the front of the knee joint to stop it from catching. The surgeon will make a bigger incision on the front of the knee of about 5 cm for this procedure.

## After the operation

After the operation, we will give your child pain-relieving medicine to make sure they are comfortable. At home, you can give them paracetamol or ibuprofen if they need it.

### Arthroscopy only

An arthroscopy is a 'day case' procedure, which means your child can go home the same day. After the operation your child will have a bandage around their knee. When your child has recovered from the anaesthetic, they can go home, which will be the same day.

### Wounds and dressings

Before you leave, the nurse will explain how to look after your child's dressings at home.

### Mobility

We will also give your child crutches to help them walk after their operation. Most children use crutches for a few days to a week after they go home.

Your child will be able to put weight on their leg as they walk, using the crutches for support. It's good to keep moving the knee to try and regain the range of motion. In the first week, your child should keep their leg lifted on pillows when they rest, to help reduce the swelling.

### Arthroscopy and meniscopexy

After an arthroscopy and meniscopexy operation, your child will need to stay in hospital for one night.

### Wounds and dressings

They will have one wound about 5 cm to the side of the knee and one smaller wound on the inside of the knee. The wound dressings can be removed 10 days after the operation.

### Leg brace

We will fit your child with a leg brace to allow the meniscus to heal in its new position. Your child will need to keep this brace on for six weeks, without taking it off. You can loosen the brace to remove the dressings when instructed to do so, and to wash around the wounds.

We will secure the brace with the knee slightly bent for the first four weeks and then adjust it to bend the knee a little further. After six weeks we can remove the brace.

### Mobility

The physiotherapist will teach your child exercises to help them build up the strength and movement of their knee and leg.

Your child will be able to put weight on their leg as they walk, using crutches for support. Your child should keep their leg lifted on pillows when they rest, to help reduce the swelling.



Three months after the operation your child will be able to do low impact activities, such as swimming and cycling. They can gradually build up to doing full impact activities such as contact sports by six months afterwards.

### School

It's a good idea to contact your child's school or college to discuss any support they may need.

## Possible complications

As with any medical procedure, there is a possibility that complications may arise after your child's operation.

### Possible complications include:

- bleeding during or after surgery
- scarring due to the surgical cut.
- infection of the surgical wound (we can usually treat this with antibiotics but in less than 1%, we may need to do another operation)
- loss of feeling at the operation site (this can be temporary or permanent)

Speak to your child's nurse or doctor if you have any questions or concerns about these complications.

### Useful links

[www.nhs.uk/Conditions/knee-pain/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/knee-pain/Pages/Introduction.aspx)

### Contact us

Nurse practitioners:

Mobile: **07584 402438**

Telephone: **023 8120 4991** (answer phone)

G3 Ward:

Telephone: **023 8120 6486**