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Meniscus Tears

By Matthew DeWall, MD

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Most people know someone who has had a “torn cartilage” in their knee. This is usually referring to a meniscus tear. The meniscus are specialized cartilage structures within the knee and when injured can cause pain, and possibly even more significant long term problems.

In the knee, there are two types of cartilage – the meniscus, and the cartilage covering the ends of the bones, which acts as the bearing surface of the joint. The meniscus are “C”-shaped structures lying on either side of the knee joint. They lay between the outer edges of the femur or thigh bone and tibia or shin bone. The meniscus functions as a cushion between the two bones, but also play a role in joint stability.

Meniscus injuries in the high-school age group are usually the result of a significant trauma. However, as we age, the meniscus becomes less resilient and in middle aged athletes, the meniscus may tear without a notable event. Meniscus tears can cause several different types of symptoms. Commonly there will be pain and often tenderness to touch along the line of the joint. There may be fluid accumulation within the joint, also known as a joint effusion. Finally, if there is a large tear and a portion of the meniscus moves from its usually position, it can cause mechanical type symptoms such as a catching feeling in the knee, or even cause the knee to become locked in one position. Meniscus tears may occur alone, or as part of a more severe injury like a ligament disruption and are common in conjunction with ACL injuries.

Meniscus tears may be diagnosed by your doctor with history and a physical exam, but usually are confirmed with an MRI. Treatment of meniscus tears depends on several factors, including the age of the patient, other associated injuries, and most importantly, the location and type of tear. Because the blood supply to the meniscus is only along the very outer edge, tears involving the inner rim are often not repairable. If a tear is repairable, then it may be stitched back in place. This must then be protected and allowed to heal, requiring a period of limitation in activity and often use of a brace. This will prolong the time to return to sport, but is the best scenario for the long term health of the knee. If however the tear does not look repairable, then the torn portion can be removed. Generally after this the return to full activity and sport will be somewhat quicker. This will usually resolve the current symptoms such as pain, swelling or locking. However, due to the important functions the meniscus plays, all efforts should be made to preserve it, as loss of meniscus has been shown to contribute to more significant problems such as arthritis later in life.

Dr. DeWall specializes in all aspects of knee surgery, including joint replacements, sports injuries and



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arthroscopic surgery. Dr. DeWall is also skilled in total hip replacement surgery. To reach Dr. DeWall or to schedule an appointment please call 515 -224-5223.