

MENISCECTOMY

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	Arthroscopic partial meniscectomy through a couple of small incisions. The torn piece is removed and all healthy meniscus is kept
HOW LONG	About 30–60 minutes , depending on how much work is needed. About 3 hours in total at the surgery center or hospital
ANESTHESIA	The anesthesia team will review their plan with you on the day of surgery
WHERE	Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), both in Renton. We will tell you which. You go home the same day
AFTER SURGERY	Full weight right away. No brace . Crutches only if you want them for a few days. PA visit at 2 weeks . Clinic visit around 6 weeks
PHYSICAL THERAPY	Most patients do a home exercise program . If formal PT is arranged, it starts 5–7 days after surgery, 2 times a week

Do these now, before surgery

- **Keep your leg strong** with therapy or home exercises, and keep your knee flexible. The stronger you go into surgery, the stronger you come out.
- **Arrange a driver** and someone to stay with you for the first 24 hours.
- **Get fitted for an ice machine** and stock up on bags of ice.

About Your Injury

The **meniscus** is a C-shaped disc of cartilage between the thigh bone (femur) and shin bone (tibia). Each knee has two, one on the inside (medial meniscus) and one on the outside (lateral meniscus). Together they act as shock absorbers, spread weight evenly across the joint, and help keep the knee stable.

Meniscus tears are among the most common knee injuries. In younger, active patients, the injury usually comes from a sudden twist or pivot, such as a sharp cut on the soccer field, an awkward landing in basketball, or a deep squat gone wrong. In older patients, the meniscus can tear slowly from everyday wear and tear, sometimes without any clear injury.

Symptoms depend on the size and location of the tear. Many patients describe a pop, followed by swelling and pain along the joint line (the inner or outer edge of the knee). Some notice clicking, catching, or locking, when a torn piece gets caught in the joint. With more severe tears, you may not be able to fully straighten or bend the knee.

Diagnosis starts with a physical exam, where I check for tenderness along the joint line and for mechanical signs. An **MRI** is the gold standard. It shows the size, type, and location of the tear, which guides the best treatment.

Why surgery: not every meniscus tear needs surgery. Small, stable tears can often be managed without an operation. In older or less active patients, physical therapy and anti-inflammatory treatment can control symptoms well. Small tears along the outer edge of the meniscus, where the blood supply is good, may heal on their own with rest and rehab. I always start with conservative treatment when it is a reasonable option.

About Your Surgery

When surgery is recommended, I do it arthroscopically, through two small incisions, with a camera and specialized instruments. **The goal is always to keep as much healthy meniscus as possible**, because the meniscus protects the cartilage of the knee for the long term.

There are two main options. In a **meniscus repair**, I stitch the torn tissue together so it can heal in place. This is preferred when the tear is in an area with a good blood supply. In many cases, despite our best wishes, a repair is not possible, and a **partial meniscectomy** is done instead.

In a partial meniscectomy, I remove the torn, damaged part of the meniscus and leave all of the healthy tissue in place. I take out the piece that is causing your symptoms and smooth the rest, so it keeps cushioning and stabilizing your knee. How much is removed depends on the size and pattern of the tear. I always leave as much good padding as possible.

The goal of surgery is to return your knee to the highest possible level of function. The size of the tear, the amount of meniscus removed, and whether you have arthritis in the knee all have a big effect on the outcome.

A common question is whether arthritis will get worse. In a normal knee, the meniscus helps protect the cartilage. If part of the meniscus is torn and not working, the risk of arthritis goes up. By removing only the torn part and keeping the healthy meniscus, surgery aims to keep arthritis from starting or getting worse faster. **Meniscectomy does not stop the natural progression of arthritis.**

Risks of surgery

Stiffness, infection, blood clots (DVTs), continued pain and swelling, and numbness around the incisions. Because this is a minor procedure without reconstruction or repair, the risks are generally low. As with any procedure that needs anesthesia, there are anesthetic risks, which your anesthesiologist will review on the day of surgery. We will work together to lower these risks and make your recovery as smooth as possible.

Learn more and watch the videos

My website covers meniscus tears, meniscectomy, and recovery in more detail.
merrittsurgery.com/surgeries/meniscectomy-meniscus-debridement



Scan to learn more
and watch videos

The Day of Surgery

What to expect, step by step.

1 A couple of days before

The nursing staff will call to confirm your check-in time and when to stop eating and drinking.

2 Check in

Check in at the front desk at your assigned time. In the pre-op area, with your family, our nurses will help you change, start an IV, and review your health history.

3 Meet the team

I will meet with you to review the plan, and the anesthesia team will explain their approach.

4 Surgery

When the operating room is ready, you will walk back with a nurse. After anesthesia is given, you will not remember anything until the recovery room. While you are in surgery, your family can pick up your post-operative medicines at the pharmacy (next to the surgery center at PSCV, or near the operating rooms at VMC).

5 Recovery room and going home

You will be monitored until you are awake, have some crackers and juice, and are comfortable. Then you will change into your clothes and be wheeled to your car. **You need someone to drive you home and stay with you for the first 24 hours.**

After Surgery: What to Expect

You can put full weight on your leg right after surgery. No brace or crutches are needed, but you are welcome to use crutches for a few days if they help you feel steadier. **There is no limit on knee motion.** You can bend and straighten your knee as pain allows from day one.

Most patients do a home exercise program instead of formal physical therapy. Formal PT is arranged if we discussed it at your pre-op visit, if you would like it, or if we set it up at your 2-week visit. It starts **5–7 days** after surgery, usually **2 times a week**.

These timeframes answer common questions. Your recovery may be faster or slower depending on your fitness and other conditions in your knee. **You move ahead by milestones, not only by the calendar.**

When	What to expect
Days 1–10	Walk with full weight right away. No brace or crutches needed; crutches can help for a few days if the knee is very painful or for balance. Goal: 0–90° of motion by the end of week 1 and full motion by week 2. Quad sets every waking hour. Ice and elevate after every exercise session. PA visit at 2 weeks to check your incisions. Most people return to school or a desk job within 3–5 days .
Weeks 2–6	Swelling in the front of the knee and some pain are normal. Strengthening begins: step-ups, mini squats, stationary bike, and single-leg balance work. Goal: full pain-free motion, a normal walk on all surfaces including stairs, and quad strength at least 70–75% of the other leg. No impact or athletic activities for 6 weeks. Clinic visit around 6 weeks. Most people can return to work unless it needs heavy lifting, running, or hard knee activity.
Weeks 6–12	Return to impact and athletic activities. Progress to running, plyometrics, agility drills, and sport-specific training. Goal: quad strength at least 90% of the other leg, single-leg hop at least 90% symmetry, and running 20 minutes without pain or swelling. Return to full sport when these tests are met, typically at 8–12 weeks . Laborers and jobs with running, twisting, and kneeling: full duty at 6 weeks.

Driving

- **Right leg:** you must be off crutches, off narcotic pain medicine, and able to brake hard. Usually about 1 week.
- **Left leg:** usually within a few days, once you are off narcotic pain medicine.

Preparing for Surgery

Medicines and supplements before surgery

- The pre-op nurse will tell you when to stop eating and drinking.
- **Stop fish oil, vitamin E, and herbal supplements 5 days before surgery.**
- **Tell us** if you take a blood thinner (such as Eliquis, Xarelto, warfarin, or Plavix) or a weekly diabetes or weight-loss injection (such as Ozempic, Wegovy, or Mounjaro). These may need to be stopped earlier.

Physical therapy or home exercise before surgery (prehab)

In most cases, surgery is only recommended after a trial of conservative treatment with therapy. Keeping the leg strong and the knee flexible is critical to success after surgery. **The stronger you go into surgery, the stronger you come out and the faster you recover.**

Nutrition

What you eat has a direct effect on how well you heal. Start good nutrition before surgery and continue through your recovery. Our nutrition guide explains what to take and how much: merrittsurgery.com/surgeries/nutritional-optimization



Scan for the nutrition guide

Ice machine: my #1 recovery recommendation

An ice machine is the single best investment you can make for your recovery. It makes icing **20 minutes on, 20 minutes off** easy, without the risk of frostbite, and is far easier than ice bags or gel pads. Our clinic staff can fit you for one before surgery and show you how to get the most out of it. Stock up on bags of ice: the machine can use a bag a day. **Scan the code to learn more or buy one.**



Scan for recovery tools

Get your home ready

- Have plenty of clean clothes and clean sheets ready. This lowers the chance of infection and limits chores while you recover.
- Stock the refrigerator with healthy food you will want to eat early in your recovery.
- Buy bags of ice if you plan to use an ice machine.

Day-of-Surgery Checklist

- ☐ Verify your check-in time, and know the directions and how long it takes to get there
- ☐ Follow the instructions you were given on when to stop eating and drinking
- ☐ Home ready for your return, with your ice machine or gel pads ready to use
- ☐ A driver, and someone to stay with you for the first 24 hours
- ☐ Wear comfortable, loose clothing (shorts or loose pants that fit over a slightly swollen knee)
- ☐ Bring your insurance card, photo ID, and any paperwork from the surgery center or hospital
- ☐ If you are under 18: one family member must stay at the surgery center or hospital during the entire surgery

Contact Information

Questions about your surgery	(425) 656-5060
PSCV Surgery Center	(425) 226-2041
Surgery scheduling	(425) 528-7155
Pre-op nurse	(425) 291-1465
Billing	(425) 291-1414
PSCV address	4009 Talbot Rd S, Ste 200, Renton, WA 98055
VMC address	400 S. 43rd Street, Renton, WA 98055