

MENISCUS REPAIR (WEIGHT BEARING)

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	Arthroscopic meniscus repair with stitches (inside-out technique), usually with marrow stimulation to help it heal
HOW LONG	About 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, including a nerve block for pain after 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 with crutches for comfort. Hinged brace set at 0–90° for 6 weeks. No bending past 90° for 6 weeks. PA visit at 2 weeks
PHYSICAL THERAPY	Starts 5–7 days after surgery, 2 times a week

Do these now, before surgery

- **Get comfortable with crutches.** If you have stairs, practice them on crutches before surgery.
- **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, 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. A **meniscus repair** 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** (removing the torn piece) is done instead.

In a meniscus repair, I hold the torn meniscus together with stitches, connecting the torn tissue to the healthy tissue so it can heal. The surgery is tailored to the type and location of your tear. Small incisions are made around the knee to pass stitches through the meniscus. This **inside-out repair** lets me tie the stitches over the capsule of the knee. It takes a little longer and is more technically demanding, but it is my preferred technique because it gives the strongest and most reliable repair.

Many things affect healing. The biggest is the **size and quality of the meniscus tissue**. The meniscus heals best when the torn piece is large and the tear runs in just one direction. If the tear is small, torn in many directions, or made of worn-out tissue, the chance of healing goes down.

Once the meniscus is stitched, I usually also do **marrow stimulation**. The meniscus has a poor blood supply, and blood brings healing factors to the injury. Making small holes in the bone of the knee lets bone marrow and blood flow into the joint to help the meniscus heal.

Risks of surgery

Stiffness, infection, blood clots (DVTs), continued pain and swelling, and numbness around the incisions. Serious complications are uncommon. **The main specific risk is that the repair does not heal and may need further surgery.** Even with excellent technique, marrow stimulation, and proper rehab, meniscus repairs sometimes do not heal and can re-tear. 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.

Learn more and watch the videos

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



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

- **Weight bearing:** you can walk with full weight on your leg from the day of surgery. Crutches are for comfort and safety. Wean to one crutch by weeks 2–3 and no crutches by weeks 3–4 as your walking returns to normal.
- **Bending: your knee must not bend past 90° for the first 6 weeks.** This is the single most important rule. You can straighten the knee fully, but bending past a right angle stresses the repair before it has healed. After 6 weeks, bending opens up, but loaded deep squatting and kneeling past 90° wait until 5 months.
- **Brace:** a hinged knee brace set at **0–90°** for the first 6 weeks. Wear it for walking and for sleep. You may take it off for home bending exercises, physical therapy, and resting in bed, but never bend past 90°. The brace stops at 6 weeks.
- **Physical therapy:** starts **5–7 days** after surgery, **2 times a week**. The repair needs 6 weeks to begin healing. PT focuses on waking up the quad, gentle motion within the 90° limit, and rocking on the stationary bike (partial pedal turns) within the 90° limit. Full pedal turns wait until 6 weeks, when the limit is lifted. After 6 weeks, strengthening builds steadily.

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

When	What to expect
Weeks 1–6	Full weight right away, in a hinged brace that limits bending to 90°. Crutches for comfort, off by weeks 3–4. Goal: knee fully straight (0°) by week 1, bending to 90° by weeks 2–3, and a straight-leg raise without the knee sagging. Quad sets every waking hour. Stationary bike: rocking (partial pedal turns) within the 90° limit only. PA visit at 2 weeks to check incisions and motion. Most people return to a desk job or school around this time (about 10–14 days).
Weeks 6–12	The 90° limit is lifted and the brace stops. Mini squats (to 60°), step-ups, leg press, stationary bike with full pedal turns, and single-leg balance. Goal: full motion (0–130°+) by weeks 10–12, quad strength 60–70% of the other leg, and walking 30 minutes without pain or swelling. No standing squats or kneeling past 90° until 5 months. No running, jumping, or cutting.

Months 3–5	Real strength building: single-leg squats, step-downs, lunges, and harder bike and elliptical work. Running may begin at weeks 18–20 with my clearance. Goal: quad strength 80% of the other leg, single-leg squat and step-down without pain, and running 5 minutes without pain. Deep bending and impact limits stay until 5 months to protect the repair.
Months 5–6+	The 5-month limits are lifted. Squat to full depth, kneel, and start sport-specific work, including impact, cutting, and pivoting. Full return to sport is expected at 6 months once you pass: quad strength 90% of the other leg, single-leg hop 90% symmetry, running 20 minutes without pain or swelling, and no swelling after sport drills. I will confirm this with strength and function tests at your 6-month visit.

Driving

- **Right leg:** you must be off crutches, have the brace unlocked or off, be off narcotic pain medicine, and be able to brake hard. Usually about 3–4 weeks.
- **Left leg:** typically 2–3 weeks, 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 you regain full motion in the knee and the swelling has had time to go down. **The stronger you go into surgery, the stronger you come out.** With some severe meniscus tears, we may have you avoid moving the knee altogether. I will discuss this with you if it applies.

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, and buy bags of ice if you plan to use an ice machine.
- Be comfortable with crutches. If you have stairs, practice them before surgery.

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 and crutches available
- ☐ 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 and a brace)
- ☐ 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