

MENISCUS ROOT REPAIR (NON-WEIGHT BEARING)

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	Arthroscopic repair of a meniscus root or radial tear with very strong stitches
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	No weight on the leg for 6 weeks , on crutches. Hinged brace unlocked 0–90° . 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

- **Practice with your crutches**, including stairs if you have them. Have them adjusted to the correct height before surgery day.
- **Set up a recovery area on the main floor** to limit stairs for the first 6 weeks.
- **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.

You have been diagnosed with a **root tear or radial tear**. This is a very serious injury because it completely disrupts the meniscus, so **the knee works as if there were no meniscus at all**. This is different from other meniscus tears. The **meniscal root** is where the meniscus anchors to the shin bone. This anchor is the endpoint of the meniscus's shock-absorbing system. When the root is torn, the meniscus can no longer spread the load, which puts much more stress on the cartilage of the knee.

Why surgery: root and radial tears do not always need to be fixed, and sometimes they cannot be fixed because arthritis is already developing. If there is no room to bring the meniscus back into the knee, a repair will quickly fail. We have determined that your tear is repairable.

About Your Surgery

The surgery is done arthroscopically. Depending on the location and type of tear, stitches are used to pull the tear together or to hold the meniscus back down to the bone. Very strong stitches hold the meniscus together while it heals.

This is an important surgery, with limits afterward to protect the repair. **Following the recovery rules closely is essential so the meniscus can heal before it takes weight.**

Why is this repair different?

Root and radial repairs are the most protected of all meniscus repairs. When you put weight on your leg, the force goes directly through the repair. Even putting your foot down briefly can stress the repair before it has healed. **For this reason, you must stay completely non-weight-bearing for 6 weeks.** This is the most important rule of your recovery.

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, root repairs sometimes do not heal and can fail. Failure is more likely if the weight-bearing rules are not followed during the first 6 weeks. 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 root and radial tears, the repair, and recovery in more detail. merrittsurgery.com/surgeries/meniscus-root-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, motion, and bracing

You must stay completely off your leg for 6 weeks. No weight on the leg at all: no toe-touch, no partial weight, no putting your foot down even briefly. Crutches carry all your weight, all the time. This is non-negotiable and is the most important factor in a successful outcome.

- **Weight bearing:** crutches at all times for walking and for every standing transfer. No foot-flat contact or partial loading of any kind while you are upright. **No pool walking before 6 weeks.** It can begin once you start putting weight on the leg, with my approval.
- **Bending:** your knee must not bend past **90°** for the first 6 weeks. Getting the knee fully straight (0°) is the top priority: reach it by week 1. Work up to 90° by weeks 2–3. All motion exercises are done lying down or seated, never standing.
- **Brace:** a hinged knee brace, **unlocked 0–90°**, for at least 6 weeks. Wear it whenever you are up on crutches and for sleep. You may take it off for home bending exercises (lying down or seated), physical therapy, and resting in bed, but never bend past 90°. After 6 weeks, the brace is weaned as you start putting weight on the leg, usually by weeks 8–10.
- **Physical therapy:** starts **5–7 days** after surgery, **2 times a week**. While you are off the leg, your therapist will use electrical stimulation (NMES) and blood flow restriction (BFR) training to keep your quad working without stressing the repair. You will also do upper-body and opposite-leg conditioning to stay fit. These are critical for preventing muscle loss during the 6-week protection period.

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 8–12 weeks.
- **Left leg:** typically 2–4 weeks, once you are off narcotic pain medicine.

These timeframes answer common questions. Your recovery may be faster or slower depending on the tear and your fitness. **Six weeks of strict non-weight-bearing is the foundation of a successful outcome.**

When	What to expect
Weeks 1–6	Strictly non-weight-bearing, crutches at all times, no exceptions. Hinged brace (unlocked 0–90°) whenever you are up on crutches and for sleep; off for bending exercises and resting in bed. Never bend past 90°. Goal: knee fully straight (0°) by week 1, bending to 90° by weeks 2–3 (lying down or seated only). Quad work with NMES and BFR from your first PT visits, plus upper-body and opposite-leg conditioning. PA visit at 2 weeks. Most people can return to a desk job or school if they can manage crutches there.
Weeks 6–12	A major milestone: you begin putting weight on the leg. Go gradually: two crutches with partial weight, then one crutch, then none as strength and comfort allow. The 90° limit is lifted, and you work toward full bending. The brace is weaned as walking and quad control improve, usually by weeks 8–10. Goal: full weight without crutches by weeks 8–10 , and motion to 120°+ by weeks 10–12. Begin the stationary bike, mini squats, pool walking, and light strengthening. No standing squats or kneeling past 90° until 5 months. No impact activities.
Months 3–5	You should be walking normally and building real strength: squats, step training, leg press, and progressive loading, while the deep bending and impact limits stay through 5 months. Running may begin at weeks 18–20 with my clearance. Goal: quad strength 75–80% of the other leg, single-leg squat and step-down without pain, and running 5 minutes without pain. Construction workers and laborers can usually discuss return to work during this phase.
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, full pain-free motion including deep bending, and no swelling after sport drills. I will confirm this at your 6-month visit. Root repair restores how your meniscus works, and it is worth protecting with a complete rehab program.

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 easier the non-weight-bearing period will be** and the faster you will recover afterward. **Crutch training:** you will be on crutches with no weight on the leg for 6 full weeks, then wean off them over the next few weeks. Make sure you are comfortable with them before surgery.

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.
- Set up a comfortable recovery area on the main floor to limit stairs during the first 6 weeks.

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: recovery area on the main floor, ice machine or gel pads ready, crutches at the door
- ☐ A driver, and someone to stay with you for the first 24 hours
- ☐ Wear loose shorts or 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
- ☐ Crutches adjusted to the correct height before surgery day
- ☐ 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