

# Ask the Expert

Dear Dr. Milne,

**Q:** I'm 46 years old and I tore my meniscus a few years back. I had an arthroscopic surgery back then "to clean it up". Now I feel soreness when I jog. Should I be worried?

David, 46, Town & Country

**A:** As they say, I wish I had a nickel for every time I've heard this story. This question touches on the topic of what is the prognosis after knee surgery. The "clean up" procedure that you mentioned was likely an arthroscopic meniscectomy (trimming out the torn tissue with the use of small instruments and a video camera in the joint). This is the most frequent operation performed in the USA each year.

Prior to the development of this technique in the 1970s and 1980s, nonoperative treatment or open surgery for meniscus tears were the norm. Frankly, many people "just lived with it." The increased use of MRI helped with diagnosis and the development of video based arthroscopic equipment over the last 3 decades have led to an increase in the diagnosis and treatment of this problem.

The instruments, the camera, and the surgery itself have become better and more precise. The average surgery today is done as an outpatient procedure at a hospital or surgery center. Surgical times are usually under 45 minutes.

The real question here is what happens after the physical therapy and the healing.

Factors about the patient that influence long-term outcomes include age, gender, activity level, height and weight (aka BMI), genetics and preexisting damage (like arthritis).

Factors about the injury that can influence long-term outcomes include size and location of the meniscal tear itself and associated injuries (such as ligament or articular cartilage damage).

Concerns in this scenario include arthritic changes due to alterations in joint mechanics, further meniscal tearing, cartilaginous loose bodies and synovitis.

In evaluating your current complaints of pain with jogging, we focus on associated signs like swelling, tenderness, and "mechanical symptoms". These include things like catching, locking, giving way, and difficulty bending or straightening.

Plain x rays can give information about alignment of the knee and arthritic changes. Physical exam findings can help confirm the cause of this pain.

Most surgeons agree that continued low impact exercise is better than high impact exercise in the "post-meniscectomy knee", i.e. swimming better than biking, biking better than jogging, and jogging better than cutting/twisting sports. Icing and occasional over the counter NSAIDS may also help.

If your symptoms persist, consider a consultation to evaluate possible causes and review treatment options.

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