



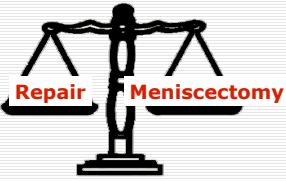
Difficult meniscectomy

P. Beaufils
Centre hospitalier de Versailles



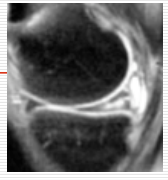
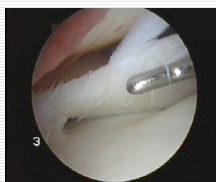
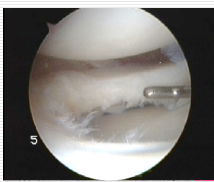
- Meniscectomy remains a challenging procedure and sometimes the most difficult arthroscopic procedure in the knee
- Difficulty :
 - Strategy
 - Technique

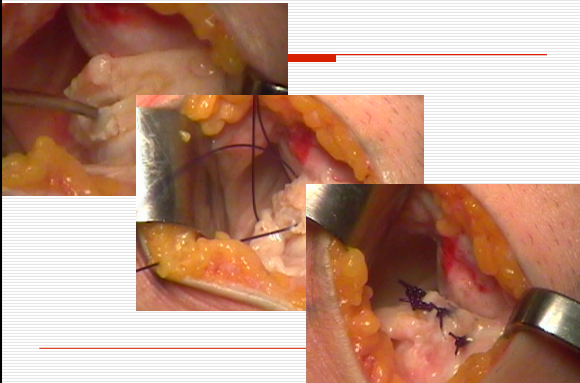
Strategy



**Or combined procedure :
partial meniscectomy + meniscus repair**

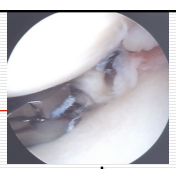
- Medial horizontal cleavage in a young athlete



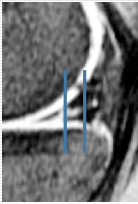

Principles

- ✓ Good view
- ✓ Proper pre and intra op assesment
- ✓ Proper Technique
 - Morcelization or meniscus resection
 - approach





Principles

✓ Remove all the torn meniscus but only the torn meniscus


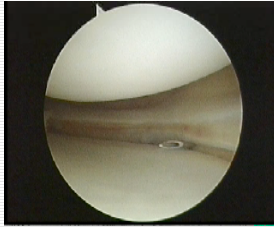
Set Up

Knee Holder is useful in tight knees

Medial Meniscus

□ Good view : tight knee : pie crusting ?

Technique


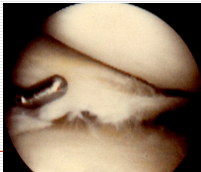
Medial Meniscus

- Longitudinal post
- Bucket Handle
- Flap
- cleavage ; DML

Technique

Medial Meniscus

- Longitudinal post
- Bucket Handle
- Flap
- cleavage ; DML

Technique

Lateral meniscus

- Vertical lesion
- Cleavage
- Discoïd meniscus
- Meniscal cyst

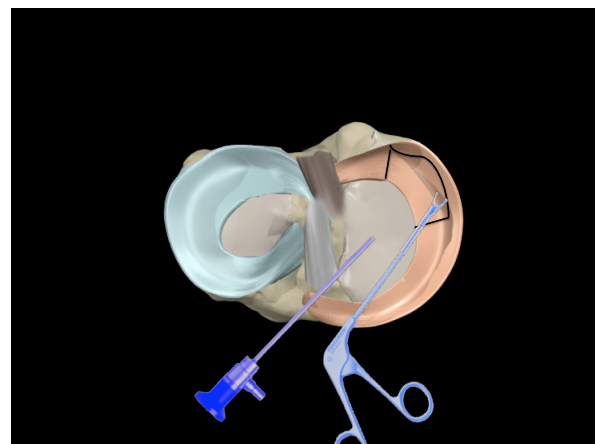
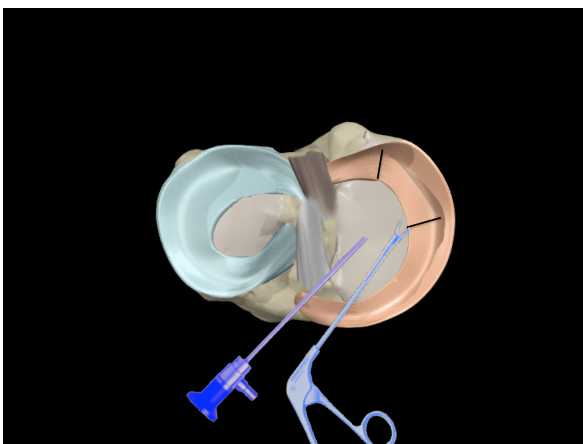
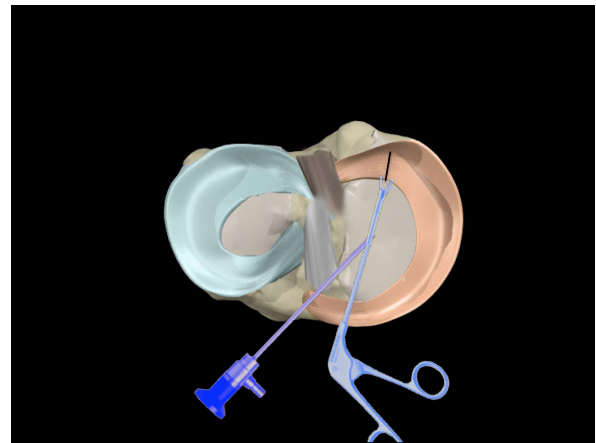
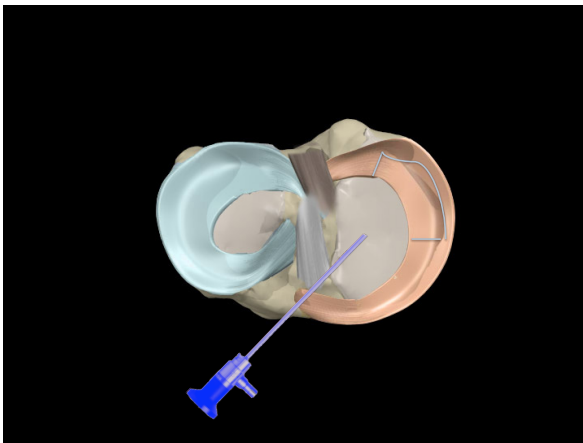
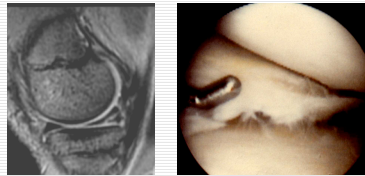
Technique

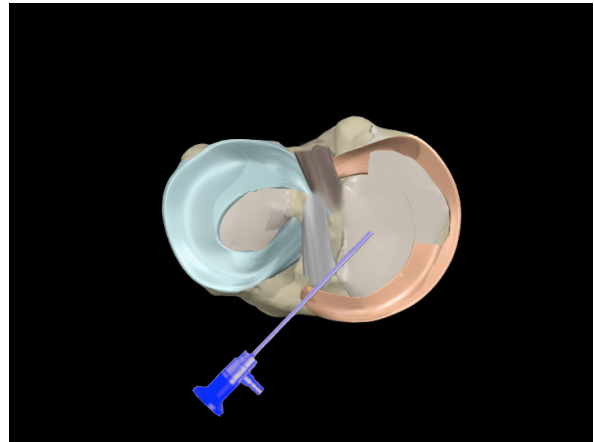
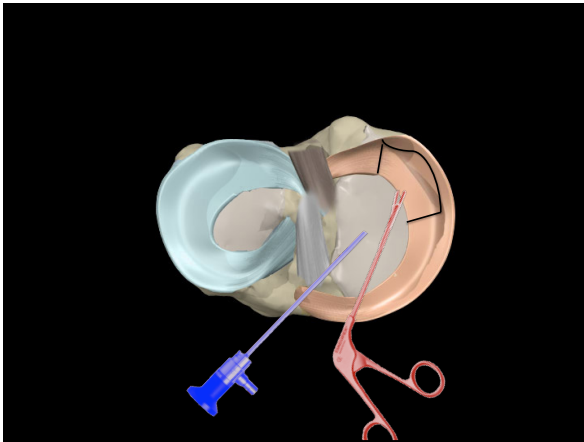
Lateral meniscus

- Vertical lesion
- Cleavage
- Discoid meniscus
- Meniscal cyst

Medial Meniscus

« One piece meniscus resection »

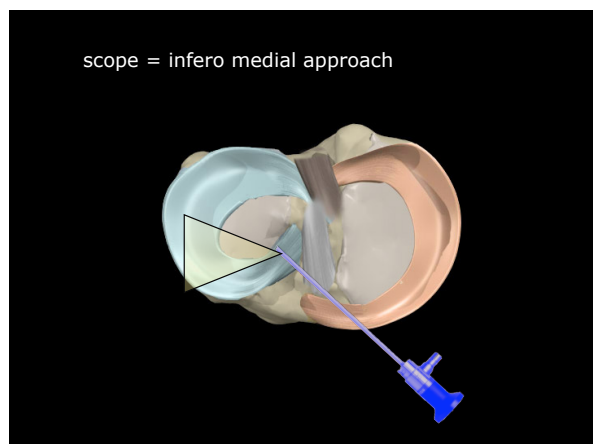
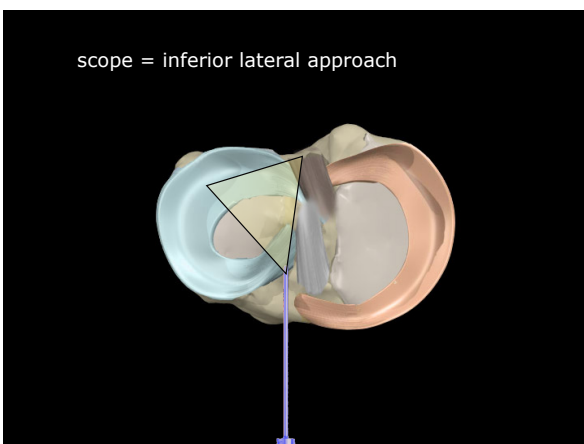


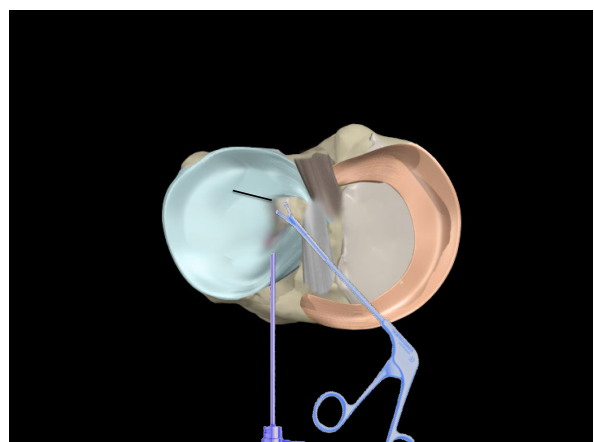
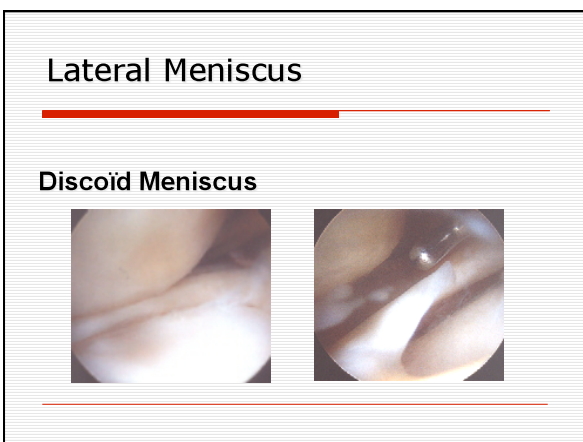
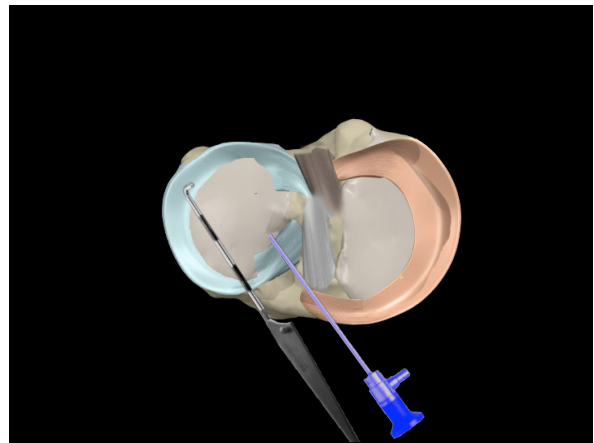
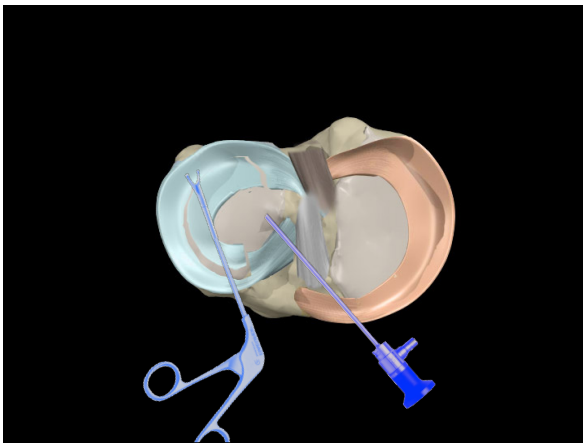
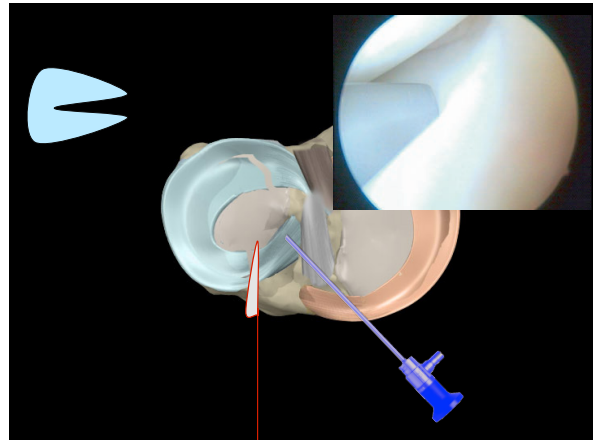
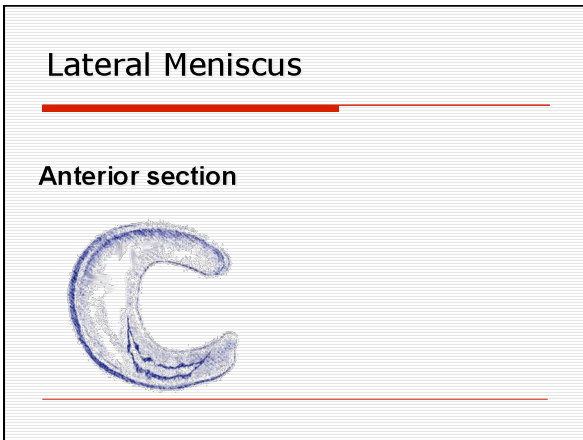


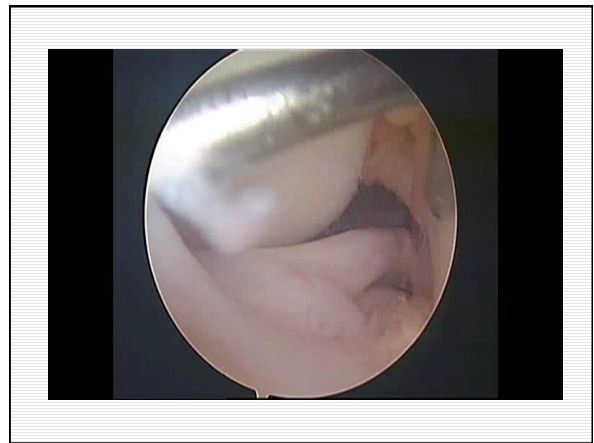
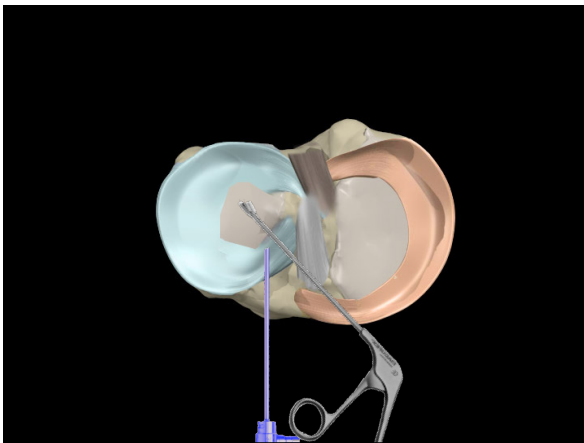
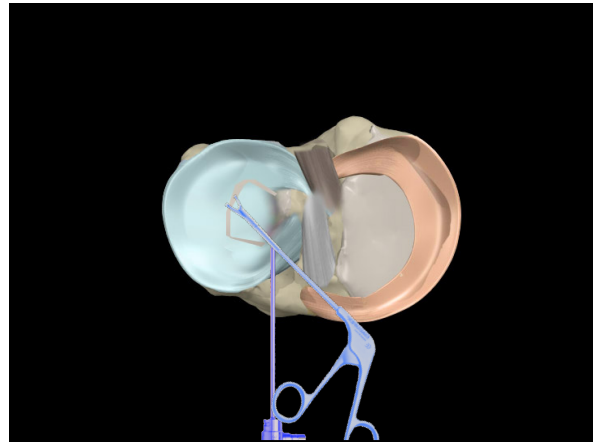
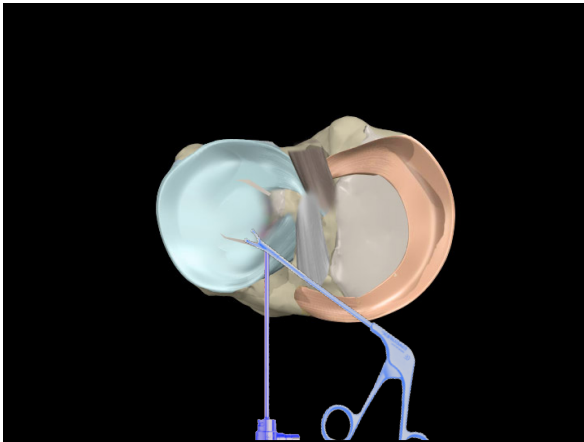
Lateral Meniscus

Lateral compartment is widely opened but

- High frequency of complex lesions
- High frequency of anterior lesions

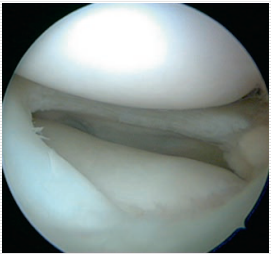






2 difficulties

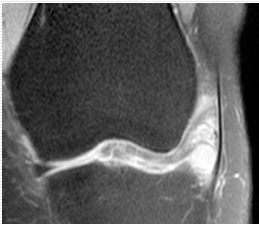
- Width of the meniscus remnant
- Stability of the meniscal rim after menisectomy

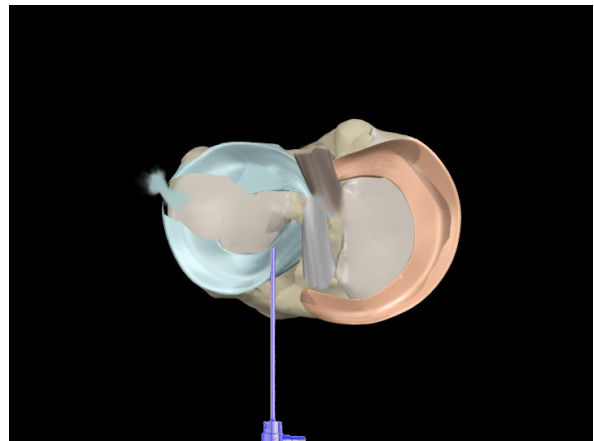
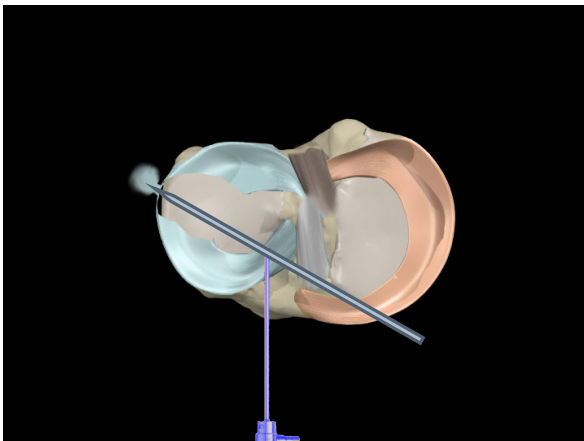
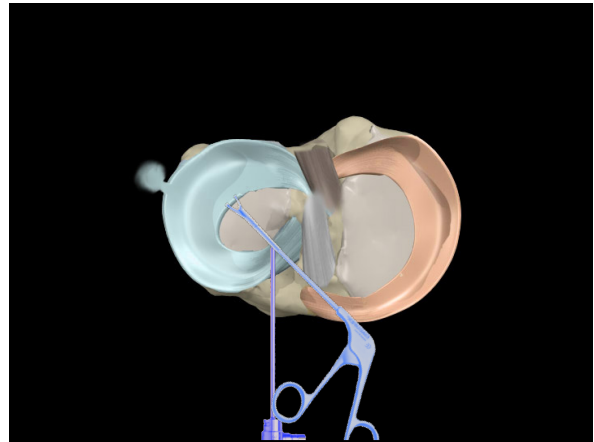
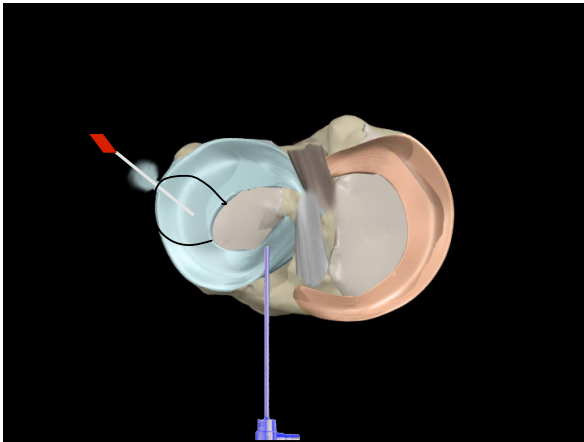


Courtesy X Cassard

Lateral meniscus

Meniscal cyst





Conclusion

- ❑ Proper indication
- ❑ Proper pre op planification = proper assesment of the lesion (MRI - arthroscopy)
- ❑ Think about Combined techniques

