

Partial meniscectomy



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Meniscectomy

One of the most frequent orthopædic operation
Few technical reports in the litterature

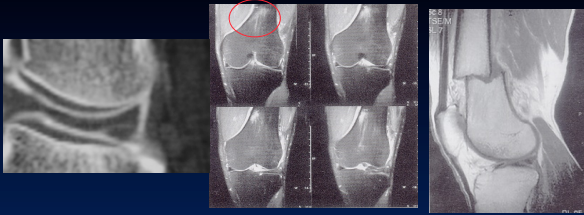
Four Principles

- 1- Good vision
- 2- Avoid cartilage damages
- 3- Remove the injured part and no more
- 4- Check the remaining part stability

Arthroscopic meniscectomy techniques SFA la Baule 2001


1 & 2 depend on setting and portals
3 & 4 depend on surgeon's skills and experience

We operate a patient, not an MRI



Serious Consequences of the Wrong Diagnosis of Meniscal Lesion in a Case of Stress Fracture of the Distal Femur. Wolfgang Huber Arthroscopy 18 - 8 October 2002

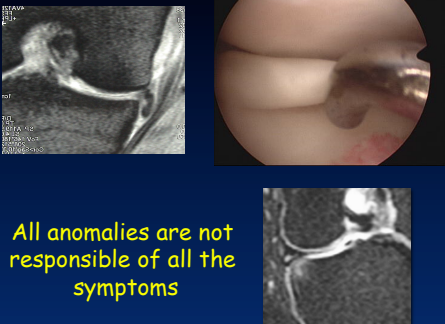
Tools and instruments... « minimalist surgery »



Learn to handle the curve

Identify the guilty part

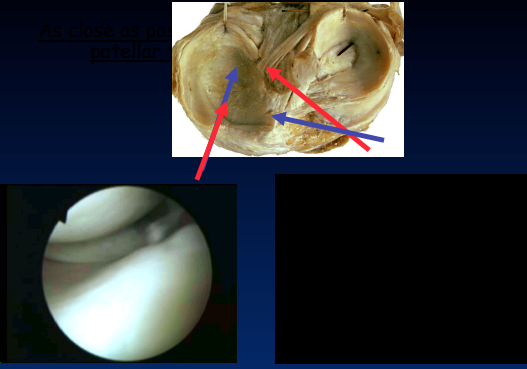
symptoms = abnormal mobility



All anomalies are not responsible of all the symptoms

Switch portals for ant part

As close as possible parallel

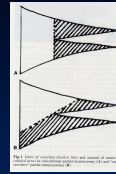


Complex meniscus lesion



Often an addition of simple ones

Keep intact the remaining stable part

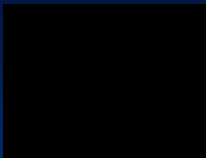
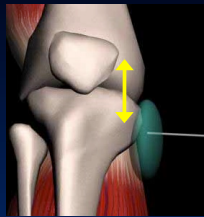


One leaf /arthritic knee ++

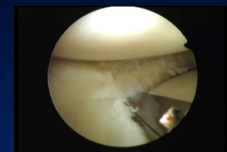
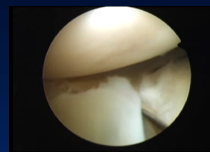
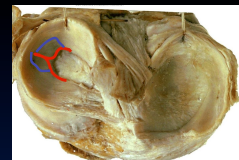
Tight medial compartment

Pie crusting of distal MCL ++

Use a shaver well oriented

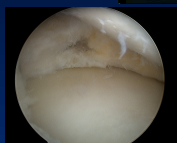
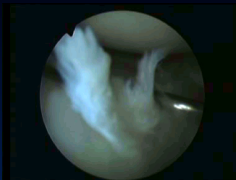


Lateral meniscus The patterns are different



Try to keep intact a popliteus wall

Meniscal cysts

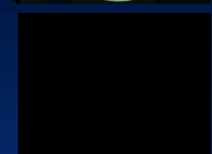
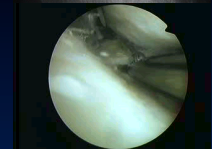


Chondrocalcinosis

Before: Is the indication valid on this degenerative situation

During : Damaging for the sissors... Use a shaver

After : Post op swelling and pain
Wash the knee +



Meniscal tear and osteoarthritis

Indication based on

- ✓ recent mechanical symptoms
- ✓ Pain related to
- ✓ No huge swelling

