Partial meniscectomy

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Meniscectomy
One of the most frequent orthopaedic 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 in Baule 2003
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

All tools on the portals
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
differents

Try to keep intact a popliteus wall

Meniscal cysts

Chondrocalcinosis

Before: Is the indication valid on this degenerative situation

During: Damaging for the scissors... 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