

No benefit to arthroscopic surgery for meniscus tears



People with meniscus tears in the knee joint do not benefit from having arthroscopic partial meniscectomy.

INTRODUCTION

In your knee, there are two curved-shaped layers of fibrous cartilage called meniscus. They act as a shock-absorber pad within your knee joint between the bones and cartilage of your thigh and lower leg. As people age, various damage such as wear or rips in these pads become more common. These changes are typically called degenerative meniscus tears. These tears are common in middle-aged and older people. Degenerative meniscus tears are linked to osteoarthritis of the knee. Knees with OA are sometimes painful, particularly when the joint moves.

A type of surgery called arthroscopic partial meniscectomy is often used to treat people with persistent knee pain. In this surgery, a small incision (cut) is made in the knee and the damaged pieces of the meniscus are cut away. However, there is increasing evidence that this surgery has no real benefit.

WHAT DID THE AUTHORS HOPE TO FIND?

The authors wanted to find out if people with a torn meniscus in their knee have any benefit from having arthroscopic surgery. They also wanted to find out if there is a particular group of people who are more likely to benefit from this type of surgery.

WHO WAS STUDIED?

The study looked at 146 middle-aged men and women (35 to 65 years of age) who had knee pain and thorough examination also confirmed the existence of a degenerative meniscus tear. People could take part in the study if they had knee pain symptoms for 3 months or more, which had not responded to traditional nonoperative treatment. People could not take part in the study if they had been diagnosed with osteoarthritis in their knee, or if there was a history of injury or trauma to the knee.

HOW WAS THE STUDY CONDUCTED?

The study took place in five orthopaedic centres in Finland. Everyone had been referred to the specialist clinic by their general practitioner (GP). Once on the operating table, the surgeon performed one of two surgeries. 70 people had an arthroscopic partial meniscectomy, where damaged and loose parts of the torn meniscus were removed. 76 people had a placebo (dummy) surgery, where the surgeon made the same incision to the outer part of the knee and carried out knee arthroscopy, but no parts of the meniscus were cut or removed. This was a randomised, blinded study, which means that neither the people taking part nor the doctors doing the follow-up assessments knew which treatment the patients had received.

WHAT WERE THE MAIN FINDINGS OF THE STUDY?

The main finding was that the outcomes for people who had received the true arthroscopic partial meniscectomy surgery were no better than for those who had the placebo surgery. This was measured by looking at pain scores 2 years after the surgery. There was also no difference in patient satisfaction with either surgery, or in people's ability to return to normal activities after surgery.

There was also no particular subgroup of patients who still might benefit from having this type of surgery.

ARE THESE FINDINGS NEW?

No. These findings are an extension of a previously published study.^{1,2} There is also other high-quality published evidence with consistent findings on this subject.

WHAT ARE THE LIMITATIONS OF THE STUDY?

There are some limitations, and the results may not apply to everyone. Because of the people who were included, the results are relevant only to people with a degenerative meniscus tear. The findings cannot be applied to younger patients with a real traumatic event or injury that leads to a meniscus tear. Also, people with episodes of locked knee were excluded from this study, and they may benefit from surgery.

WHAT DO THE AUTHORS PLAN ON DOING WITH THIS INFORMATION?

The authors suggest that these findings should form part of the scientific background for new recommendations and guidelines about how to treat people with knee complaints.

WHAT DOES THIS MEAN FOR ME?

If you have degenerative knee (knee pain with no obvious previous traumatic event or injury) you should not have surgery to remove the damaged meniscus.

Instead, you like have early knee osteoarthritis and your doctor may recommend that you have education so that you understand your condition. You might need exercise therapy or physiotherapy to strengthen your knee. If you are overweight, a careful weight management programme will help to take the strain off your knees.

REFERENCES

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