

## Why Does Meniscus Surgery Lead To Arthritis?

You gotta love medicine. In no other profession would something that has been shown to be ineffective continue to be done. As an example, we've known for years now that knee meniscus surgery doesn't work. Despite that, it's still the most common knee procedure in the United States. We also have some research to show that it likely causes or at least facilitates the development of knee arthritis. In fact, my practice is full of patients who are on their second meniscectomy and have been told they now need a knee replacement. This morning I'd like to review some research that places another nail in the proverbial coffin of knee meniscus surgery. First, let's review knee meniscus surgery.

### Knee Meniscus Surgery

The *meniscus* is a cushion of tissue that protects the cartilage in the knee joint. It rests between the upper and lower leg bones where they meet to form the knee joint. The meniscus can become torn due to wear and tear, most commonly, or trauma due to an injury. Surgeons love to operate on the meniscus and do so to the tune of about 700,000 surgeries a year.

We have some research already that shows that meniscectomy isn't good for your knee cartilage. For example, check out [this study that demonstrated that meniscus surgery likely increases the onset of arthritis](#). Why would this happen?

A *meniscectomy*, which accounts for over 95% of meniscus surgeries, involves excising, or removing, pieces of the meniscus. A surgeon will access the knee joint (via an open incision or an arthroscope) and cut out the torn piece of meniscus. Knowing the meniscus is there to protect the cartilage, it's easy to understand why slicing out pieces of it could leave the cartilage vulnerable and potentially lead to arthritis.

It's important to understand that just because your MRI shows a meniscus tear, this doesn't mean you need surgery, especially in middle-aged or elderly patients.

Now, let's look at the new study to learn more.

## Knee Meniscus Surgery Now Means Knee Arthritis Later

The purpose of the new study was to investigate how meniscectomy affected the knee structure long term. The study consisted of 57 patients, each having received an arthroscopic partial meniscectomy (for traumatic or degenerative meniscus tears) within a period of 5 to 12 years (8 years average) prior. Using radiology images both before and in the years following meniscectomy, researchers studied the meniscectomy knee and compared it to the opposite knee that did not undergo surgery.

The results? Nearly 63% of knee meniscus surgery patients developed knee arthritis in the meniscectomy knee within 8 years, on average, following surgery. Compare this to the opposite knee that was not operated on: 28% developed arthritis in that same time period.

A few other interesting findings included knee arthritis in the medial compartment of the knee in males that was just under 9% prior to surgery and climbed to nearly 59% during the study period (females went from 26% to 73%). For obese patients, 18% had medial knee arthritis prior to meniscus surgery while a whopping 100% had it in the years following. Finally, in patients who had degenerative meniscus tears (tears due to wear and tear), 10% had medial knee arthritis prior to surgery while just under 67% had knee arthritis after. In patients with traumatic meniscus tears (injury related), 21% had medial knee arthritis prior to surgery while 63% had knee arthritis after.

## More You Need to Know About Knee Meniscus Surgery

Despite the fact that orthopedic surgeons keep performing meniscus surgery and insurance keeps covering it, there are an abundance of problems plaguing the procedure, and it's likely we'll see this surgery relegated to the medical history books in the not-too-distant future. Let's take a look at just a few of the issues I've covered over the last decade or so:

- Just because you have a meniscus tear on your MRI, especially in middle-aged and older patients, this doesn't mean the tear is causing the pain. Many middle-aged people have meniscus tears but no knee pain, so the two are not exclusive.

- Knee meniscus surgery patients are three times more likely to need a knee replacement.
- Knee meniscus surgery is no better than physical therapy for addressing knee pain and function.
- In one study a placebo fake knee surgery was found to be just as effective as knee meniscus surgery.
- Knee meniscus surgery was also found to provide no benefit for knee pain and knee locking.

The upshot? Avoid meniscus surgery! If a surgeon tells you that you need this procedure because you're middle-aged and you did something to cause your knee to hurt and an MRI randomly shows a meniscus tear (that was likely there before the accident), please run away. It's time for surgeons to retire this procedure!