

Treatment Options for a Torn Meniscus

Growing up in Colorado, Shaun struggled with a host of leg and knee problems. By the time he moved to Falls Church as an adult, he had titanium plates on both of his shinbones, his left knee was unstable and the articular cartilage, which lines the knee's bony surface, was damaged. He was so used to dealing with knee issues he barely flinched when he tore his meniscus while out running. "At first, it wasn't really painful or troublesome," the 29-year-old says. "But after a while I noticed my knee would lock up when I sat for long periods of time and it became increasingly uncomfortable."

Shaun consulted Commonwealth surgeon Kevin Sumida, MD, who recommended arthroscopic surgery to address the meniscal tear. At the same time, Dr. Sumida would perform the first part of an autologous chondrocyte implantation (ACI) to treat Shaun's cartilage defects and help restore function in his knee. "Shaun was an ideal candidate for these procedures," Dr. Sumida says. "All of his knee ligaments were intact, he was in good shape, and he wanted to return to an active lifestyle as soon as possible."

The meniscus is the rubbery, C-shaped piece of cartilage that cushions and stabilizes the knee joint. In athletes, acute tears result from any activity that forcefully twists or rotates the knee. In older adults, the cause is usually degenerative changes in the knee as cartilage weakens and wears thin over time.

Treatment depends on the type of tear, its location and its severity. Treatment options include:

Conservative management. If the tear is small and on the outer edge of the meniscus, it may not require surgery. "As long as symptoms do not interfere with daily living and the knee is stable, conservative treatment such as rest, observation and activity modification may be all that's necessary," explains Commonwealth surgeon Mark Madden, MD. "If patients have pain and swelling, we recommend a non-steroidal anti-inflammatory drug such as aspirin or ibuprofen to provide relief."

Operative management. If the injury is acute, the symptoms worsen or the patient wants to return to high-level athletics quickly, surgery is necessary. Repair, in which the surgeon sutures the torn edges of the meniscus back into place, is the treatment of choice. But it's not always an option, as Commonwealth surgeon Brantley Vitek, Jr., explains. "Repair is possible



Shaun returns to snowboarding after arthroscopic surgery repaired his torn meniscus.

only when the tear is on the outer edge of the meniscus where there is still blood flow to help with healing. When it's an inner-edge tear, with no blood flow, the damaged tissue must be removed." This procedure is called an arthroscopic meniscectomy. The surgeon makes several small incisions around the knee joint and uses tiny instruments to remove all or part of the torn meniscus.

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Shaun's surgery and recovery were smooth and trouble-free. During the procedure, Dr. Sumida removed a small sample of healthy cartilage cells from his knee and sent them to a lab where they grew and multiplied. Five months later, Shaun returned to Commonwealth and Dr. Sumida performed the second part of the ACI, implanting the new cartilage back into his knee joint.

This time, rehabilitation was far more challenging. Shaun was on crutches for eight weeks as he followed a specific protocol to restore full function to his knee. Two years later, he's back to an active lifestyle that includes gym training, swimming – and his new love, snowboarding. He's also pursuing a bioengineering degree at George Mason University, with a concentration in biomedical signals and systems.

“For someone like me, who always felt limited in what I could do, these surgeries have had a life-changing impact,” he says. “They have made it possible for me to do so many things now. The entire experience was a complete success.”



Mark P. Madden, MD, received a BS from the University of Notre Dame before going on to complete his medical degree from Georgetown University. Dr. Madden completed his training in orthopaedic surgery at Georgetown University Medical Center where he served as chief resident.



Kevin D. Sumida, MD, graduated with a BA from DePaw University in Greencastle, Indiana. Dr. Sumida earned a medical degree from the University of Kentucky College of Medicine in Lexington. He completed his orthopaedic surgery training in Lexington before completing a fellowship in Sports Medicine at the University of North Carolina at Chapel Hill.



Brantley P. Vitek, MD, earned a BA in Philosophy from the University of Virginia before receiving his medical degree from the Medical College of Virginia. He then went on to complete a general surgery internship at the University of Colorado followed by an orthopaedic surgery residency at the University of Texas Health Science Center in Houston.

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