

Regenexx[®]

**SHOULD I HAVE
MENISCUS SURGERY?**

Should I Have Meniscus Surgery?

The big misconception is that the meniscus tears seen on the MRI are linked in some way to that knee pain. But the truth is, just as many middle-aged people who don't have any knee pain or problems, have meniscus tears.

Despite this and the fact that we have no solid scientific evidence that the surgery actually works, meniscus surgery is of the most common procedures performed in the United States with over 700,000 performed each year. In fact, not only is the scientific evidence to support this surgery lacking, it points in the opposite direction. This was proven back in the 1940s, when [a British surgeon discovered that removing the meniscus caused a rapid onset of arthritis in his patients.](#)

Meniscus surgery is a bad idea, and we've put together five reasons you shouldn't have it. First, let's review what a meniscus tear is and how it is surgically "repaired."

What Is a Meniscus Tear and How Is It "Repaired"?

The meniscus is a spacer and natural shock absorber for the knee, and it protects the cartilage on the ends of our bones. It can become torn with wear and tear as we age or from trauma. Most patients with a [meniscus tear believe that meniscus surgery simply means the surgeon repairs the torn meniscus. However, one study shows that only 4% of meniscus surgeries are actually repairs](#), the other 96% involve removing, or cutting out, parts of the meniscus. This surgery is called a partial meniscectomy. Most likely, if you have had, or are planning on having a meniscus surgery, a partial meniscectomy is what you will actually receive. When pieces of the meniscus are removed, clearly this compromises its ability to properly absorb shock and protect our cartilage, so it's easy to see why arthritis sets in faster.

Now, the five reasons you shouldn't have meniscus surgery...

1. Meniscus Tear Surgery Doesn't Work

The first canary in the meniscus surgery coal mine happened in 2002 when a study by an orthopedic surgeon at the Baylor College of Medicine showed that [debridement \(the surgical cleaning up of a knee that has arthritis and degenerative meniscus tears\) was no better than a placebo.](#) Following this study over the past 15 years, the procedure has slowly slipped into medical oblivion.

The next study came from an unlikely source; it turns out the Framingham, Massachusetts town that has given us such great heart data through the years also has a government sponsored osteoarthritis study. [This and other studies concluded that just as many middle aged people without knee pain had meniscus tears as those with knee pain.](#)

In 2012, a large high-level study published in the New England Journal of Medicine showed that on average, [patients who had meniscus surgery didn't do any better than those who had physical therapy only.](#) Many orthopedic surgeons criticized the study by saying that these patients had some arthritis and that there was still a justification for performing the procedure on patients with a meniscus tear without arthritis. That fantasy was crushed in 2013 when [a high level study showed that meniscus surgery in patients without arthritis was no better than a fake surgical procedure.](#)

We aren't just finding information about meniscus surgery in the medical literature. In 2016, [the NY Times published an article about why patients still get offered certain surgeries, like meniscus surgery, when there's so much high-level research showing these procedures don't work.](#)

2. Patient Satisfaction Lower Than Surgeons Estimate

A whopping [three in five patients are not fully satisfied following their meniscus surgery.](#) A staggering one in five go as far as to say they are actually dissatisfied with the results of their meniscus surgery. Surgeons claim otherwise, estimating that three in five patients are highly satisfied. Clearly there's a disconnect between what these surgeons think or measure and what their patients report.

The reasons patients give for being dissatisfied or only partially satisfied include chronic pain, stiffness, decreased range of motion, and swelling. Chronic pain is, by far, the biggest complaint patients have following meniscus surgery. Why? Keep reading.

3. Don't Assume a Meniscus Tear Seen on MRI Is the Cause of Knee Pain

Ironically, [pain is typically what drives a patient to get meniscus surgery in the first place](#), yet chronic pain is the biggest complaint patients have following surgery. The patient presents with knee pain. The physician discovers a meniscus tear on MRI. Meniscus surgery is scheduled. The two must be connected. The tear must be causing the pain, right? If you read the introduction to this report, you know this is wrong. Pain and meniscus tears seen on MRI should not be automatically linked.

Much research in recent years has shown that some patients with little to no MRI findings have a lot of pain and some patients with many or severe MRI findings have little, if any, pain. [This study](#) (by the same Framingham group that showed us that [knee meniscus tears on MRI are found as often in middle aged or elderly people with pain as without pain](#)) concluded the following: “The prevalence of at least one type of pathology (‘any abnormality’) was high in both painful (90–97%, depending on pain definition) and painless (86–88%) knees.” What this boils down to is that in many patients, meniscus tears can be a symptomless, pain free, normal part of aging (no more abnormal than graying hair), so it’s flawed, at best, to assume a tear is causing knee pain.

So what could be the cause of the pain? [Knee pain is often rooted in the low back](#). So, if you have meniscus surgery due to knee pain, but your knee pain is happening due to a nerve or disc problem in your low back, the pain isn’t going to subside. This all fits with the [Orthopedics 2.0 approach we use](#), where the cause of knee pain is as likely to be a pinched nerve in the back as it is to be the knee itself, which explains why a patient can have knee pain when an MRI of the knee shows nil.

4. Meniscus Surgery Leads to Rapid Onset of Arthritis

[Many studies have shown that patients who get meniscus surgery are more likely to get knee arthritis](#). The surgical community has generally responded that removing a small amount of the meniscus should be fine, and you would think with how common the surgery has become that we would have great scientific evidence showing the surgery works and that arthritis isn’t an issue, but neither is true. In fact, other studies have shown that [taking out parts of the meniscus can increase the forces that lead to arthritis](#). In another study, 60% of patients got [arthritis within just a few years of getting meniscus surgery](#). [Recent high quality studies have shown that meniscus surgery doesn’t help patients](#), regardless of the circumstance.

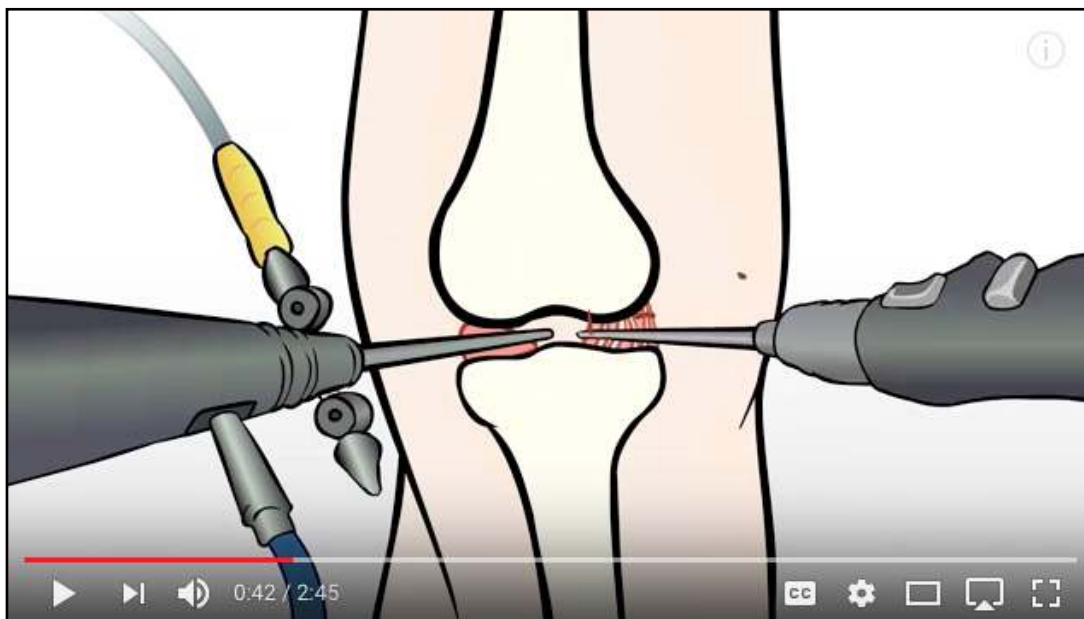
[Knee meniscus surgery doesn't only lead to arthritis, it also increases the chances the patient will end up with a knee replacement.](#) A government funded arthritis study published last year shows that patients who had a meniscus procedure were three times as likely to need a knee replacement as those who did not!

5. Meniscus Surgery Provides No Benefit to Knee Catching or Locking

Until recently, there was still one condition left where meniscus surgery might be helpful, a meniscus tear that was causing locking of the knee. However, another study burst that bubble, and [we were flagging this knee locking issue in 2015, attributing it not to the torn meniscus but to a tight popliteus muscle.](#)

The [study](#) out of Finland, found that meniscus surgery provided no benefit to relieve occasional knee locking or catching, and they cautioned against getting the surgery.

Surgeons will argue there may be a justification for the surgery in patients with severe frequent locking of the knee or in patients who are younger and have an acute meniscus tear. In the first instance, they may be right, and in the second, given that studies have shown a [rapid onset of arthritis and increased forces on the cartilage after a meniscus surgery](#), we would caution that the circumstantial evidence is that surgery should be avoided in those patients as well.



Conclusion

Meniscus surgery is just a bad idea. After reading our five reasons to steer clear of this surgery, if you're still asking yourself, "Should I have meniscus surgery?" our answer is a resounding NO!

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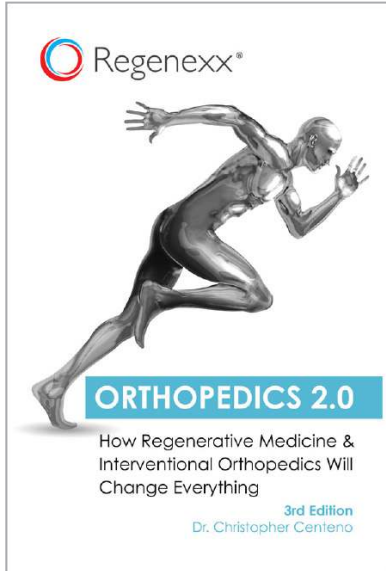
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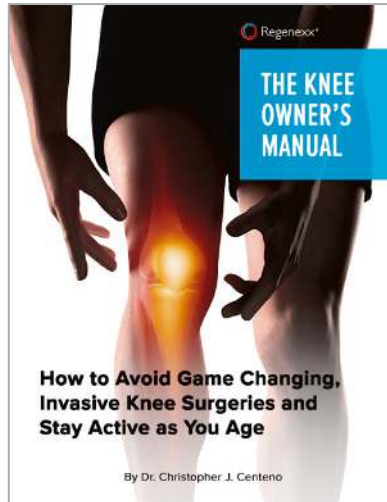


Orthopedics 2.0

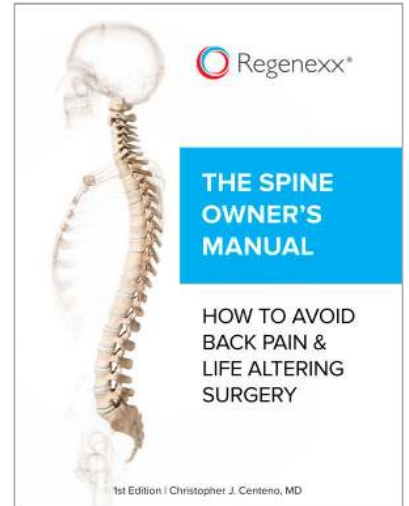
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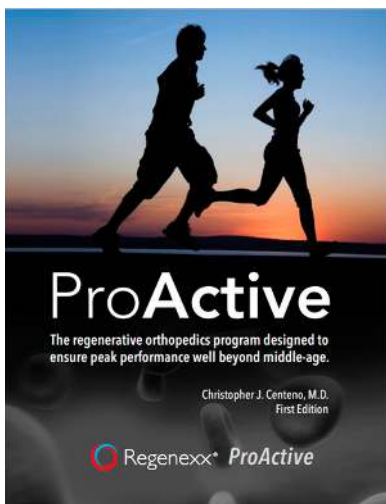
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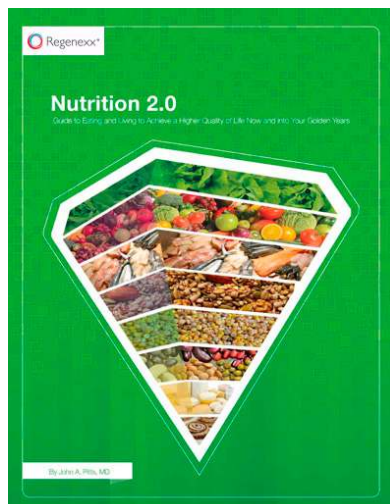
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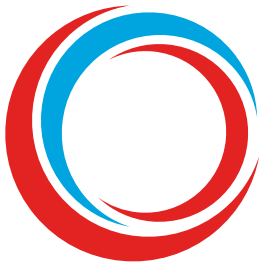


ProActive Book



Nutrition 2.0





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