

Meniscal Allograft Reconstruction

Gary Shapiro M.D.

Sports medicine and Orthopedic Surgery

Meniscal Allograft Reconstruction is used when more than 80% of the knee meniscus has been removed from a young patient with no significant arthritis. The reason is to help prevent severe wear (arthritis) from occurring within 10 to 20 years from the original surgery.

This is a very technically demanding surgery that I have been performing since 1992. Since that time we have learned the best results are with people with no or little pre-existing wear in the knee. It will not slow down wear in a knee with arthritis. Indeed what happens is the roughened arthritic bone will destroy the meniscal allograft.

I perform the procedure as an outpatient. General anesthesia is usually required. The surgery is done arthroscopically with a 1-inch incision to get the meniscus into the knee joint. Crutches and a brace are used for 6 weeks. No cutting sports for 3 months.

Results are very promising. The longest studies are now about 15 years. The success rate as defined as a healed meniscus and no or very little x-ray evidence of arthritis is 85%.

This is extremely good considering the very poor prognosis for someone with no meniscus at all.