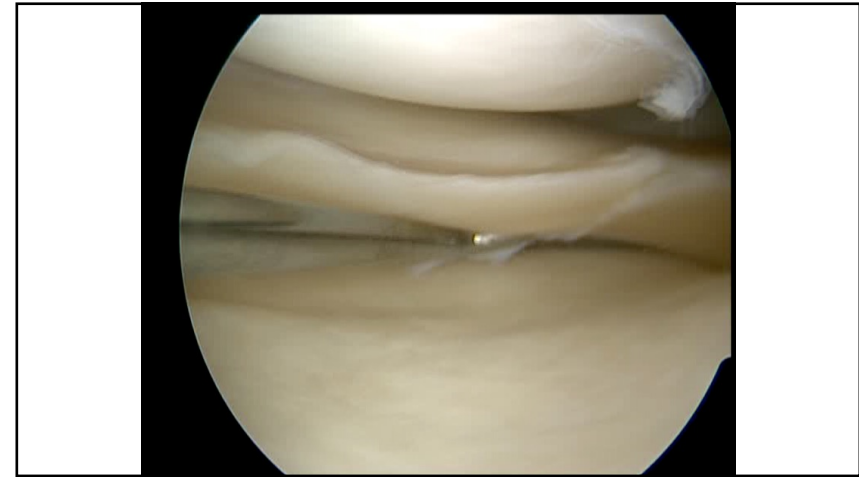


Meniscal and ACL Tears: *when to operate*

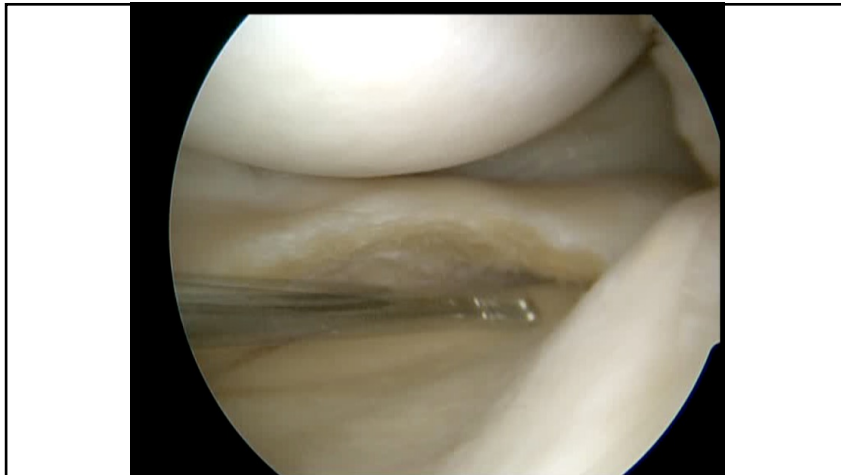
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1

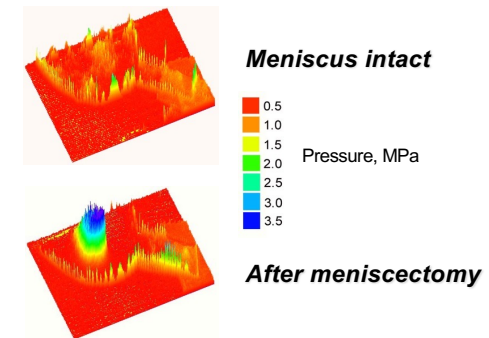


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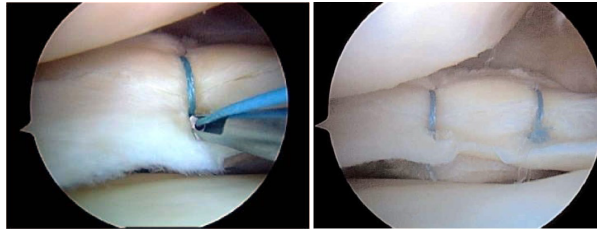
3

The consequences of meniscal loss



4

Meniscal repair

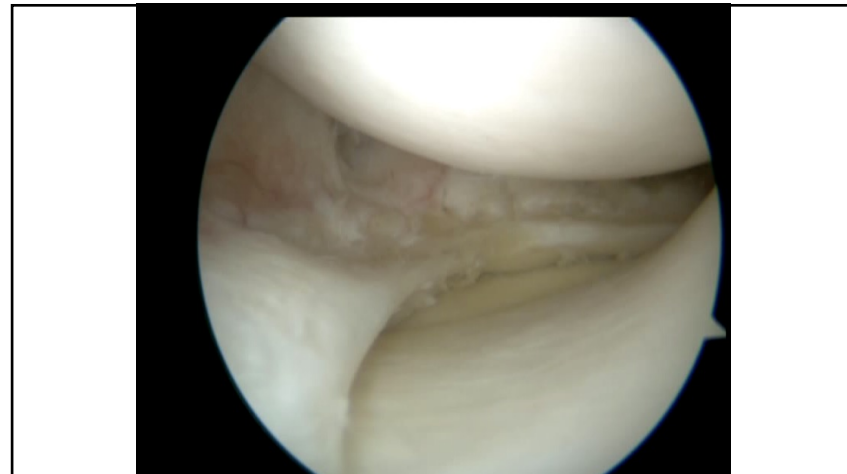
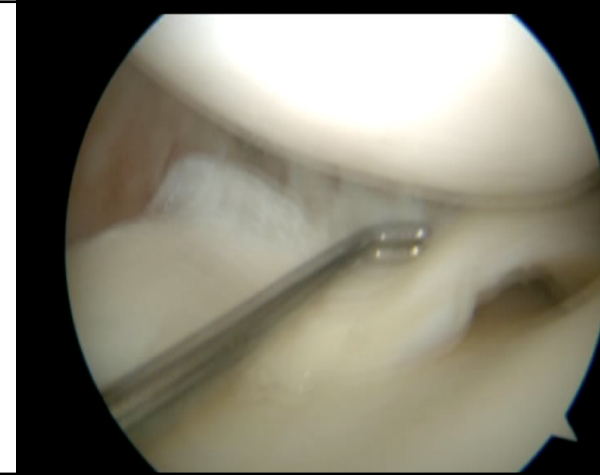


My results:

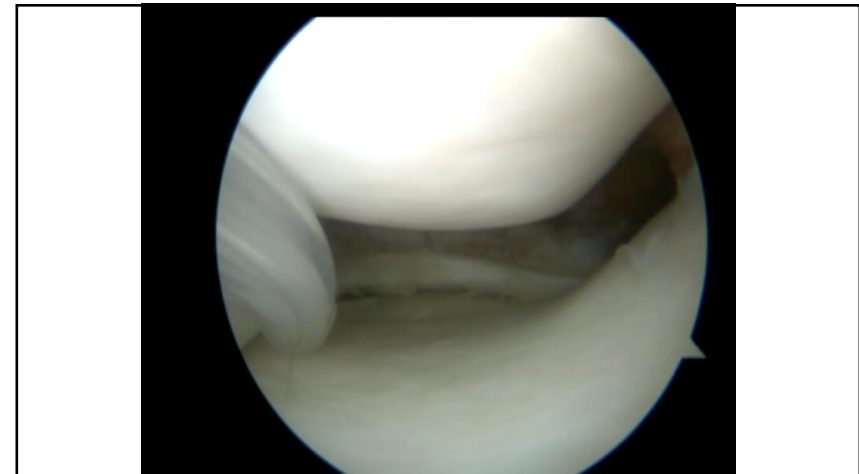
- 33% repairable
- Success rate 96% +ve, 81% excellent

5

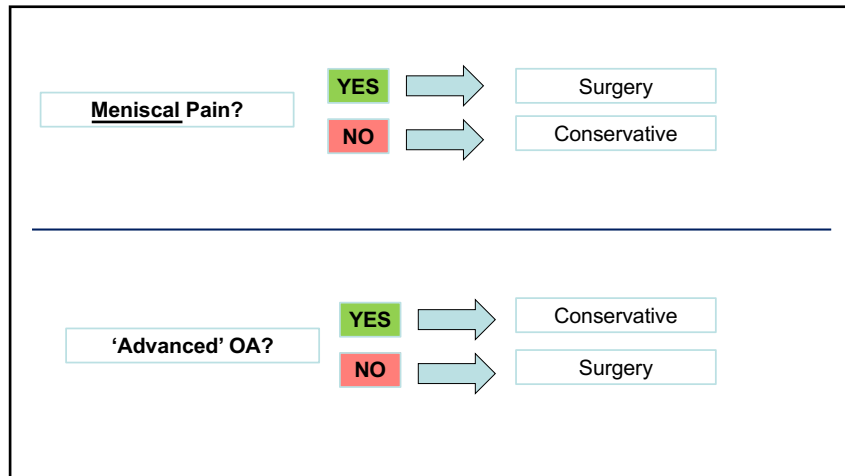
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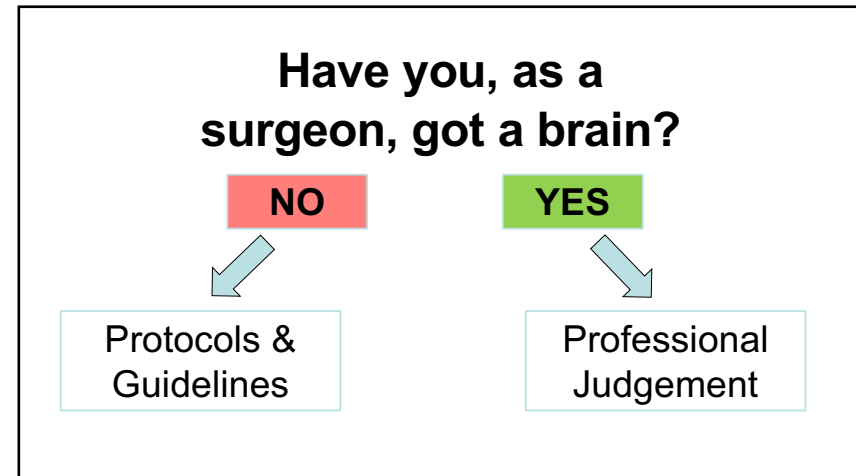
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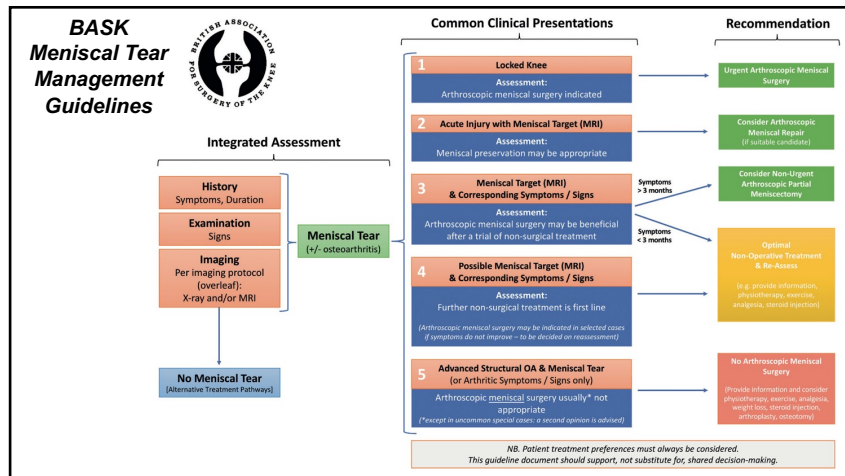
8



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14



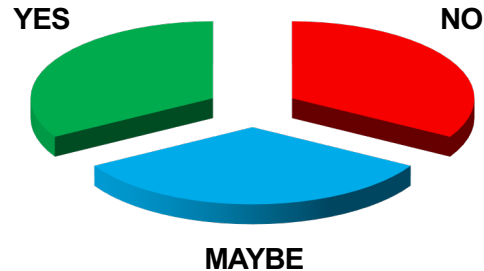
15



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The rule of thirds

To reconstruct or to not reconstruct?



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References:

- Frobell et al, *BMJ* 2013; 346:f232
 - Prospective, randomized
 - 62 early ACL recon
 - 59 rehab
 - If 'failed' rehab -> recon
 - 5-year FUP
 - 50% of rehab -> recon
 - Outcomes of delayed recon = same as outcome of early recon
- Eggerding V, et al. *Br J Sports Med*, 2021; 0: 1–5, doi:10.1136/bjsports-2020-102564
 - Rehab followed by ? Recon = most 'cost-effective' (c.f. routine early recon.)
 - Early recognition of patients that have better outcome of early ACL reconstruction might make rehab and optional recon even more cost-effective.
- Sanders et al, *Am J Sports Med*, 2016; 44(7): 1699 - 1707

<ul style="list-style-type: none"> • Retrospective • 964 ACL tears vs 964 controls • 509 early ACL recon • 91 delayed ACL recon • 364 no recon • FUP mean 13 years 	Non-op (c.f. early recon) <ul style="list-style-type: none"> • -> meniscal tears HR = 5 • -> OA HR = 6 	Delay ACL recon (c.f. early recon) <ul style="list-style-type: none"> • -> meniscal tears HR = 4 • -> OA HR = 6 • -> TKR HR = 16
--	---	---

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References:

Sri-Ram et al, *Bone Joint Journal*, 2013; 95-B (1): 59 - 64

- Retrospective
- 5086 ACL reconstructions!
- Delay > 5/12 -> MM surgery x 2
- Delay > 12/12 -> MM surgery x 6

Everhart et al, *AJSM*, 2019; 47(8): 1816 - 1824

- Retrospective
- 609 ACL reconstructions!
- Delay > 8 /52
 - -> MM trim x 2
 - -> Likelihood of repair x 0.5
- Delay > 5 / 12
 - -> Risk of articular cartilage damage Grade 3 or 4 = x 3

Diermeier et al, *KSSTA*, 2020; 28: 2390 - 2402

- | | |
|--|---|
| <ul style="list-style-type: none"> • ACL Treatment Consensus Group • 66 ACL experts, 18 countries • Pittsburgh • Chair = Freddie Fu. | <ul style="list-style-type: none"> • <u>Shared</u> decision-making • Other structures! • Anatomical differences • Active patients – jumping / cutting / pivoting sports...
-> <u>Surgical reconstruction</u> = the preferred option. |
|--|---|

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More likely to reconstruct

- Kids!
- Professional / Elite Athletes
- Hypermobile
- Multiligament
- Concurrent meniscal tear
- Wobbly!
- Americans!!

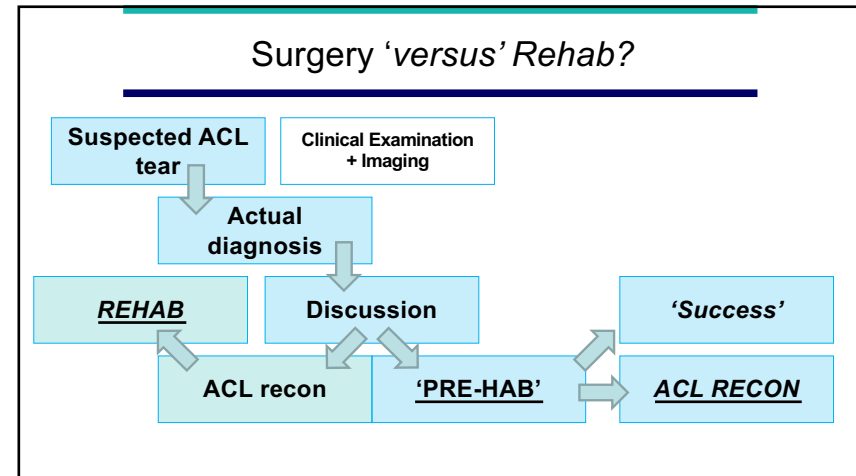
20

The final decision...
= Down to the patient!

No Way! **I want it now**



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**Meniscal and ACL Tears:
*when to operate***

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