Meniscal Transplants

Traditionally the only treatment for a torn meniscus was to remove it.

But without its protection, orthopaedic surgeons found, the surface of the knee joint degenerated rapidly, progressing over time into painful and debilitating arthritis.

In older patients, the only option was – and remains – knee replacement.

Now, thanks to scientific advances, younger individuals (up to 55) can now sidestep knee replacement surgery altogether and, perhaps in later life, arthritis.

The new medical alternative is the meniscal transplant, an hour-long, outpatient, arthroscopic procedure that uses donor tissue to replace damaged meniscus, which can dramatically slow the onset of arthritis.

Meniscal transplants offer significant benefits for those who, by the nature of their injury and the state of their health, qualify for the procedure.

Meniscal Transplants

Using Donor Cartilage

To Repair Damaged Meniscus

An Alternative To Knee Replacement

"The success rate for Meniscal Transplant surgery for patients with minimal arthritic presentation is 90%."

ORTHOPAEDIC SURGEON DR. RAPHAEL LONGOBARDI

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MEDICAL SCIENCE'S NEW FRONTIER

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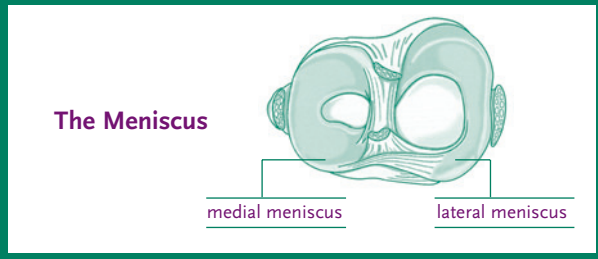
By Definition

me·nis·cus a crescent-shaped cartilage in the knee that both cushions the knee joint, helping it to bear weight, glide and turn, and stabilizes the knee, controlling its rotation.

me·nis·ci (pl.) two silver-dollar-size menisci in each knee act as shock absorbers, protecting the joint surface from everyday wear-and-tear and reducing friction between the thigh and shin bones.



Torn Meniscus Surgery

Repairing tears of the meniscus is the most common knee surgery in the United States. Left untreated, damage to the meniscus could lead to disabling arthritis.

Meniscal Transplant Era Begins

In 1999, Dr. Raphael Longobardi performed the first successful meniscal transplant in Bergen County, New Jersey, repairing the cartilage tear in the knee of an athletic 29-year-old who had hurt himself wrestling in high school and "didn't want to be walking with a cane at 40."

Eligibility For A Meniscal Transplant

- Physically active and under the age of 55
- Missing at least one-third to one-half of the meniscus with a tear that cannot be repaired
- Ongoing activity-related knee pain
- Little or no evidence of arthritis

Meniscal Transplants . . . Frequently Asked Questions

[SOURCES: WEBSITE OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS (WWW.AAOS.ORG); ST. JOHN HEALTH ONLINE MEDICAL LIBRARY (WWW.STJOHN.ORG)]

How is the meniscus injured?

Typically a meniscus tear is caused when the foot is planted in one direction and the knee suddenly twists in the other.

How does the doctor diagnose the knee?

Through an x-ray or MRI (magnetic resonance imaging) and an examination of your knee, Dr. Longobardi will determine if a meniscal transplant is a viable option.

What is a meniscal transplant?

An innovative procedure to repair the meniscus by transplanting donor cartilage into your knee.

Where does the transplanted tissue come from?

The transplanted tissue is healthy cartilage taken from deceased donors. The tissue is frozen and later matched by size to the candidate.

How safe is the donor tissue?

The FDA (Food & Drug Administration) and the American Association of Tissue Banks strictly monitor the safety of donor tissue. Before the transplant is performed, the donor tissue is tested to make sure it is disease-free and that there are no traces of infectious diseases.

How is meniscal transplant surgery performed?

Using a regional anesthetic, Dr. Longobardi will make one small incision in your knee joint. He will also make two or three other "nicks" (to situate the transplant properly). These secondary incisions are so small they may not require sutures to close. Through an arthroscope, the doctor will insert the donor meniscus, then anchor the tissue to the tibia, the larger bone in your lower leg. It takes about an hour, in either out-patient or in-patient settings.

Is there risk of complications?

As with any surgery, there are risks. But the risk of complications from meniscal transplants is very slight, less than 1%. The two most common complications are infections and tissue rejection.

What's the success rate?

90% for patients with minimal arthritic conditions.

When can I return to work?

In three-to-four days for a sedentary job. For the first three-to-four weeks after surgery, you will use crutches and wear a knee brace or an immobilizer to keep your leg straight. If you have a more active or physical job, you may not be able to resume all your job duties for up three months.

What's the rehabilitation program?

After a month, you start an exercise therapy program (tailored by Dr. Longobardi) that involves weight-bearing exercises. Certain activities – squatting, bicycling or swimming – are not permitted for at least six months after surgery. Most patients return to their normal activities, including recreational sports, within 12 weeks.

"The hardest aspect for patients to grasp is that this is preventive. Sure, the knee feels good now, but in ten years it could be severely arthritic, and by then it may be too late."

ORTHOPAEDIC SURGEON DR. RAPHAEL LONGOBARDI