Disclosure

• Consultant/Speaker- Zimmer/Biomet
• Consultant/Speaker- Ossio
• Chief Scientific Officer- Biothreads LLC
What is it?!

- This is a problem which likely see us ➔
  But we don’t see it

How come I’ve never heard of it?
This is likely a problem in its infancy
What is this?

• For the surgeons
  • Meniscal extrusion
  • Root Tears

• For all of us,
  • It was a simple scope. Why aren’t they better? Or they’re Worse!
What causes this problem?

• Traditional thinking was related to the failure of the meniscal root
• Failure of coronary ligament/meniscocapsular ligaments
• Discoid Lateral meniscus

• Should we think differently when we see those MRIs and are considering surgery
Procedure

Think of this as an augment

I break this down in my head to 3 categories

Lateral Meniscal. Especially Discoids

Medial Meniscal Extrusion in the Middle Age athlete

Failed knee scope that is worse without marrow edema

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What does it mean?

From a procedural perspective, it's more of an augment to the meniscotibial ligament.

You definitely need equipment that's not always available.

- So plan

There are a number of described techniques but still a dearth of info.
Setup/Pearls

- Improve exposure if needed with percutaneous MCL lengthening

  - Optimize proximal and medial position of the accessory AM portal.

  - Ensure improved mobility of the meniscus after release of the MT ligament peripherally.

  - Use PassPort cannula to assist with suture management and passage to avoid soft tissue entrapment.
Arthroscopic Technique → Medial
Shuttle Sutures/Scope Tension

- Place Anchors
  - Accessory portal
    - Medial
      - Mark with Needle
    - Lateral
      - Reference popliteal hiatus
- Shuttle sutures
- Tension suture
# Centralization

**General**

- Standard arthroscopy equipment
- Full-radius shaver
- Double-sided Meniscal rasp
- Scorpion self-retrieving suture passer
- 0 suture as a shuttle
- Knot pusher-cutter
- Micro Suture Lasso, Straight and Curved

**PassPort cannula (Arthrex)**

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# Posterior root repair

- Meniscus root repair tibial guide
- Flip/Switch Cut
- No. 2 suture in sheath or a wire loop
- Knee Scorpion self-retrieving suture passer
- 0 FiberLink suture and 0 TigerLink suture
- "Second Row" anchor for suture fixation
Summary

• Very Interesting topic which will likely see more research
• Great opportunity to look more carefully at a challenging problem
• Triumph of technology over reason?

• May also be an improvement which reduces OA
References

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THANK YOU