Is Arthroscopic Surgery For A Partial Meniscal Tear Unnecessary?

Jennifer Gunter, M.D.

Arthroscopic knee surgery is big business in the United States. Arthroscopic partial meniscectomies alone cost $4 billion per year. Yes, billion. But do they work?

I've written previously about arthroscopic surgery for a torn meniscus [1] and how it adds nothing above and beyond physical therapy for people with arthritis. We also know that arthroscopic knee surgery for arthritis [2] isn't effective either. Given the poor performance of these other arthroscopic surgeries, answering the question of whether partial meniscectomies are effective is crucial.

Interestingly, as the authors of a new study looking at partial meniscectomy for meniscal tears [3] point out, arthroscopic knee surgeries for arthritis have decreased since the studies showing their lack of efficacy were published, however, there has been a 50% increase in surgeries for meniscal tears. I suppose that could be attributed to the overuse of MRIs for knee pain (when did the clinical exam become obsolete?) and the fact that meniscal tears are very common (35% of people over the age of 50 will have a meniscus tear on MRI). However, the cynic in me wonders how many times another "diagnosis" was identified so some kind of surgery could be offered, either because the surgeon couldn't think of something else to offer, the surgeon wanted to fill their time on that day, or the patient pressed so much for and operation that the surgeon gave in.

But I digress.

This new study is a wonderful prospective randomized double-blinded trial with an elegant sham procedure with the data fully evaluated and analyzed before the investigators were unblinded. Also, the surgeons did not participate in the post

operative care so there was no way patients could be accidentally informed about their procedure, true meniscal surgery or simply a diagnostic arthroscopy.

The results? Arthroscopic surgery offers nothing for patients with a partial meniscal tear who do not have arthritis.

Why does this matter? Well, there's the $4 billion we are spending on direct medical costs for this unnecessary surgery. Surely that money could be used elsewhere? There are also the indirect costs of missed work and disability payments, raised health care premiums to pay for the unnecessary surgery, and of course the risk of surgical complications. (Don't even get me started on how much we could save by preventing unnecessary hysterectomies).

Continue reading... [4]

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