

Grupo CHRISTUS MUGUERZA®

Information about:

Arthroscopic Meniscectomy

For International Patients

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****This document provides general information about the procedure of interest; details may change depending on each individual patient's case. This document is purely informational with no definitive indications or clinical recommendations for an individual patient.*

Arthroscopy Meniscectomy

Meniscectomy is the surgical removal of all or part of a torn meniscus. A meniscus tear is a common knee joint injury. Orthopedic surgeons will make surgical decisions based on the meniscus's ability to heal, as well as your age, health, and activity level. (Source: "Copyright © 2005 - 2007, WebMD, Inc. All rights reserved")

This procedure is done by arthroscopy, a minimally invasive surgical procedure in which an examination and sometimes treatment of damage of the interior of a joint is performed using an arthroscope, a type of endoscope that is inserted into the joint through a small incision. Surgeons view the joint area on a video monitor, and can diagnose and repair torn joint tissue, such as ligaments and menisci.

Surgical Indications

At least two of the following conditions must be documented:

- 1) Mechanical Injury with Persistence of Symptoms
- 2) Ligament Instability
- 3) Imaging Study Abnormality
- 4) Failure of Conservative Care
- 5) Limited Range of Motion
- 6) Use of Cane, crutches, or walker required
- 7) Thigh Muscle Atrophy
- 8) Persistent Joint Injury

Suggested studies and indications for case examination

- Complete Blood Count (CBC)
- Prothrombin time (PT)
- Partial thromboplastin time (PTT)
- Biochemical profile 17

Note: Preferably, studies should not be more than 4 months old

Radiological Results:

- Meniscal abnormalities in Magnetic Resonance Imaging
 - Anteroposterior and lateral plain radiographs of knee upright
- ***These studies no more than 6 months old*

In patients over 40 yr:

- Chest x-ray
- EKG

****These studies no more than 2 months old*

History and Physical Medical Records

- Medical History completed by patient (Medical Questionnaire)
- With actual medication (complete type and dose)

Which characteristics discard the patient or makes it high risk patient (cases where additional or special care or procedures will be needed):

- **Patient discarded by having:** Risk of joint sepsis from local skin condition, partial or complete ankylosis, previous surgery
- **High risk patient by having:** Cardiovascular or respiratory disease

Criteria for Postponement of Procedure:

- Respiratory diseases or fever
- If the patient has been in a high-risk of infection area recently

Instructions before procedure:

- Do not take any aspirin or products containing non-steroidal anti-inflammatory ingredients at least 2 weeks before surgery
- Avoid eating or drinking for at least 8 hours before surgery

Sample Schedule

Length of Procedure: 1.5 hours, 1 night at hospital

Sample Schedule:

Day 1	AM	Departure
	12PM	Arrival to Monterrey
	4PM	Consultation with orthopedic surgeon at his office
	6PM	Pre op studies at Christus Muguerza
	7PM	Studies are left at orthopedic surgeon's office; confirmation of procedure by phone or in person; hotel stay
Day 2	9AM	Procedure takes place
	PM	Hospital stay
Day 3	AM/PM	Discharge; Hotel stay
Day 4	9AM	Consultation with orthopedic surgeon
	12PM	Patient may depart if cleared by the doctor

Standard Discharge Instructions

- Immobilize the knee in full extension for 7-10 days and allow weight-bearing with crutches.
- Active range of motion from 0 to 90 degrees of flexion twice daily for 20 minutes can be started immediately
- Topic Ice every 20 mins , 3 times a day
- After 2 weeks, progressive range of motion, bicycling, and thigh-strengthening exercises are begun.
- Touch-down weight-bearing is allowed for the first 2 weeks, partial weight-bearing for 2-4 weeks, and full weight bearing at 4 to 6 weeks.
- Jogging is allowed at 3 months, and squatting and return to sports are allowed at 1.5 months.
- The rest are listed in the discharge instructions for knee surgery will be provided by the doctor

Follow-up Prtocol from Remote Provider:

- The patient will be able to call the remote provider to answer any questions.
- Make sure the local orthopedic surgeon writes a confirmation email to the remote provider about the patient's progress.

How do I get started?

1. Choose your surgeon, package and preferred travel dates. Please contact us if you need any additional information.
2. Fill out the **Medical Questionnaire** and the **Contact Information**
3. You can send them to us by:
 - Email internationalpatients@christusmuguerza.com.mx
 - Fax: +52 81 8155 5151 to Medical Travel Department
 - Mail to the following address:

CHRISTUS MUGUERZA MEDICAL TRAVEL
Carretera Nacional 6501 Col. La Estanzuela
Monterrey, NL, Mexico CP. 64988
4. Please let us know:
 - a) if you have any pictures, tests or studies relevant to your condition
 - b) the physician you selected and
 - c) the date(s) you would prefer to have your procedure done
5. All this information will be reviewed by our medical team to determine if you are a candidate for surgery
6. One of our CSRs (Customer Service Representatives) will contact you to let you know the final review of your case, program a conference call with the surgeon if needed, inform you about travel arrangements and visas, and answer any additional doubts you may have.
7. Make payment and confirm
8. All this information will be reviewed by our medical team to determine if you are a candidate for surgery
9. Your assigned representative will confirm consultation and surgery dates and coordinate with you to make all travel arrangements

Contact Information



Toll Free: 1 866 55 860 70

Direct Phone: + 52 818 174 3519

Fax: +52 81 8155 5151

Email: internationalpatients@christusmuguerza.com.mx

Website: www.christusmuguerza.com.mx

Address: Carretera Nacional 6501 La Estanzuela
Monterrey N.L. México 64988