The Runnymede Hospital where Mr Hassan performed the Meniscal Cartilage Transplant for the Runnymede area.

Another first for BMI The Runnymede Hospital!

Mr. Abdel Hassan (Specialist Knee and Sports Injury Surgeon) performed the first Meniscal Cartilage Transplant for The Runnymede Hospital on the 1st March 2013.

This advanced treatment is believed to be the first of its kind for the Runnymede and its neighbouring hospitals.

The donor meniscus was sized with imaging techniques, transported all the way from the United States and transplanted into the knee of a young man. This complex operation was performed with the assistance of keyhole surgical techniques. The missing cartilage was replaced with a new donor cartilage that was stitched in place.

The meniscus is a very specialised semilunar shaped fibrocartilage as shown in the diagram to the right. There are two in every knee (inner and outer or medial and lateral respectively). In the past, the biomechanical importance of these structures was underestimated. They are critical in helping the knee cope with very large multidirectional forces. These cartilages help share load and avoid harmful localised pressures that lead to cartilage loss and arthritis developing within a healthy knee. They also assist in the stability and nutrition of the knee joint.

Unfortunately, the menisci are also commonly injured in sports in particular. They have a poor blood supply and very few are amenable to repair.

FOR MORE INFORMATION

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Loss of a large portion of the outer or lateral meniscus, in particular can have devastating consequences to the articular cartilage and lead to premature arthritis in young individuals.

Suitable patients are those that have developed post menisectomy pain or instability and have a normally aligned knee with no significant ligamentous instability. It is not indicated in those that have already developed severe degenerative disease or in the presence of inflammatory or metabolic joint disease.

After ‘Allograft Meniscal Transplantation’ or AMT, patients are mobilized with a restricted range of movement and partial weight bearing for four to six weeks. Activities allowing weight bearing to develop the range of movement (such as swimming and cycling) are performed early. They are allowed to run by four to six months and encouraged to full activity by six to nine months.

Mr. Abdel Hassan stated that, “young adults presenting with premature lateral compartment arthritis are the most challenging problem to manage in current knee practice. As the techniques have improved we hope this operation will go some way to preventing the problem arising or at least slowing progression of cartilage loss in the knee. It’s important to raise awareness so we can identify such patients and make an early referral”.

If you have any patients that might be suitable, please refer to Mr Abdel Hassan via his private secretary by calling 01483 730333 or fax 01483 730396. Alternatively, you can make a named referral to the Runnymede Fixed Choice Network or his NHS practice at Ashford & St Peters NHS Trust.