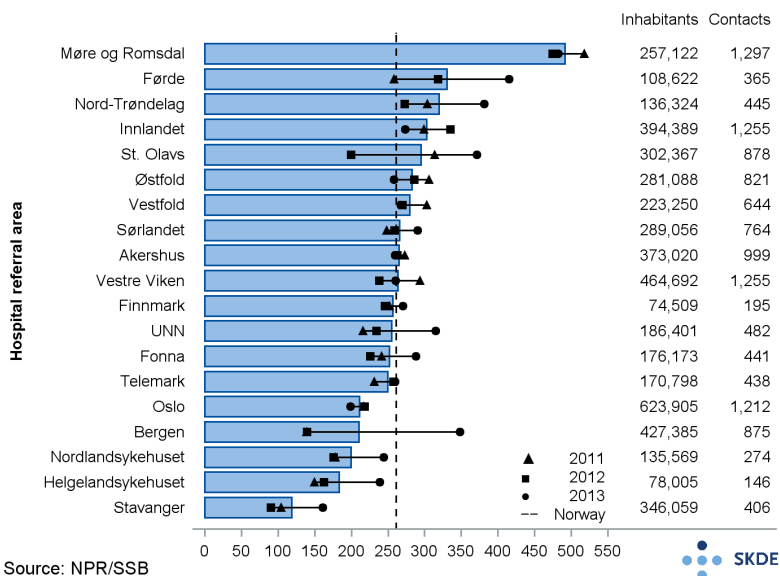
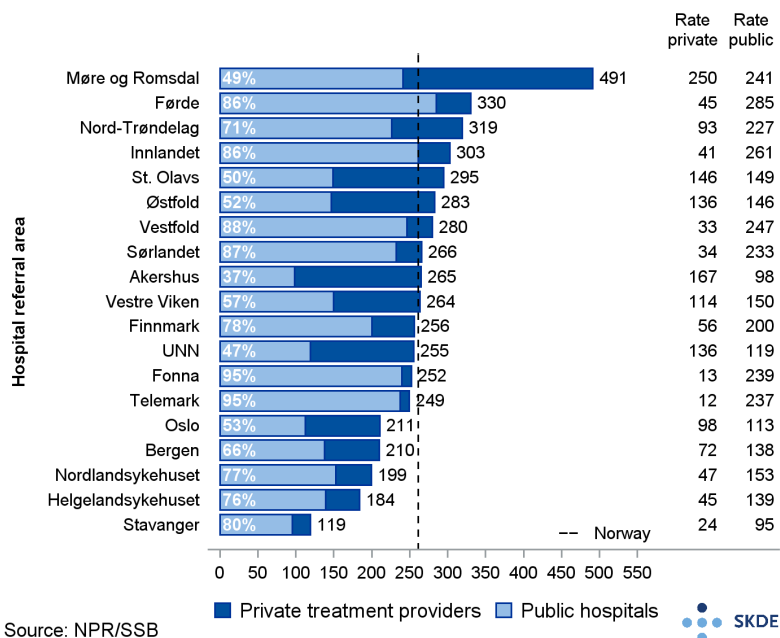


Knee cartilage injuries of a certain scope are treated with meniscus repair surgery or partial removal of the meniscus cartilage. Treatment is most effective on acute injuries, but predisposes patients for developing arthrosis at an early age. The long-term effects of surgical treatment of meniscus injuries in knees with little or no arthrosis compared with active training is uncertain.



Source: NPR/SSB

Meniscus surgery, rates adjusted for gender and age per 100,000 population per hospital referral area, per year and as an average for the period 2011–2013



Source: NPR/SSB

Meniscus surgery, rates adjusted for gender and age per 100,000 population per hospital referral area, broken down by public or private treatment providers, average for the period 2011–2013



## Definitions

The following combinations of codes define this patient group:

Primary or secondary diagnosis (ICD-10) M23.2, M23.3 or S83.2 in combination with the procedure codes (NCSP) in the code block NGD for hospitals with activity-based funding, and the same diagnosis codes in combination with tariff code K05b for specialists in private practice under a funding contract with the regional health authorities.

Private treatment providers include private hospitals and specialists under contracts with the public specialist health service.

	2011	2012	2013	Aver. (%)
Public	8,206	8,379	8,302	8,296 (100%)
Private	6	34	48	29 (0%)
Total	8,212	8,413	8,350	8,325 (100%)

Procedures per year and average for the period 2011–2013

## Comments

Meniscus surgery is performed by both public (two-thirds) and private treatment providers. Increased activity among private treatment providers has led to an overall increase in activity over the past three years, even though the number of procedures performed at public hospitals has decreased.

There is great variation between the hospital referral areas with the highest and lowest rates, and moderate variation between the other areas. It is debated how beneficial meniscus surgery is, particularly for middle-aged and older patients without a preceding injury. Leading specialists argue that these patients are being overtreated, since there is a risk of arthrosis and pain becoming worse after a short-term improvement.