



SUMMARY STATEMENT

30th April 2026

BASK RESPONSE TO MEDIA REPORTS ON ARTHROSCOPIC KNEE SURGERY RESEARCH LETTER

Summary

The British Association for Surgery of the Knee (BASK) today responds to a Guardian Newspaper report of a 10-year study on arthroscopic knee surgery published as a letter in The New England Journal of Medicine. BASK welcomes the long-term follow-up of this research but is concerned that the reporting does not reflect the limited scope of the study population, and that patients who genuinely need surgery may now delay or decline treatment on the basis of findings that do not apply to their condition.

The study examined one specific type of patient: those with degenerative meniscal tears arising from wear and tear, in middle age, with no injury history and no joint locking. It excluded, by design, patients with traumatic or injury-related tears and those with true mechanical locking. These are precisely the patients in whom surgery is most clearly beneficial, and the study cannot and should not be used to guide their treatment.

Background to the research

The FIDELITY trial is a Finnish randomised controlled trial that has followed 146 patients for 10 years, comparing arthroscopic partial meniscectomy with a sham surgical procedure in patients with degenerative medial meniscal tears and no established osteoarthritis. The 10-year outcomes, published as a correspondence letter in The New England Journal of Medicine, show no clinically meaningful difference in pain or function between the two groups, and a higher rate of knee replacement in those who had the surgical procedure.

This is a legitimate and important contribution to the evidence base for the management of degenerative meniscal disease in middle-aged patients. Taken alongside similar trials and systematic reviews published over the past decade, it reinforces the position that arthroscopic partial meniscectomy should not be offered as a first-line treatment for degenerative meniscal tears, and that physiotherapy and conservative management should be completed before surgery is considered. BASK has held and communicated this position since at least 2019.

What the study does not do, and what the media coverage has not made clear, is address the full range of patients who undergo knee arthroscopy in clinical practice. Three groups in particular require separate consideration.

Three groups the study does not address

Group 1: Young and active patients with injury-related meniscal tears

A large number of patients referred for knee surgery have sustained a meniscal tear through sport or physical activity, a sudden twist, a fall, or direct contact. These patients are frequently younger and have knees that show no evidence of arthritis. They typically describe a different pattern of symptoms from those studied in the FIDELITY trial: sharp catching pain on movement, a sensation of the knee locking or giving way, and often a clear mechanical trigger for the onset of their symptoms.

Patients with an obvious traumatic onset of symptoms were excluded from the FIDELITY trial by its own entry criteria. The trial therefore provides no evidence whatsoever about the value of surgery in this group. In fact, the evidence base for surgery in traumatic tears, particularly in younger patients, is substantially different from the evidence for degenerative disease, and early surgical treatment in appropriately selected patients remains clinically justified.

Furthermore, in younger patients with an injury-related tear of suitable morphology, the preferred surgical treatment is meniscal repair rather than partial meniscectomy. Repair preserves the torn meniscal tissue and protects the joint from the long-term consequences of meniscal deficiency, including an accelerated risk of osteoarthritis. The FIDELITY trial studied only meniscectomy, the removal of meniscal tissue. It says nothing about the effectiveness or appropriateness of meniscal repair, which was not performed in any of the trial participants.

Group 2: Patients with flap tears and mechanical symptoms after failed conservative management

Some patients who do not have a clearly traumatic injury nevertheless develop a flap or unstable fragment tear of the meniscus that causes genuine mechanical symptoms: a catching or clicking sensation, intermittent locking, or a feeling that the knee is giving way during normal activities. In these patients, the mechanical symptoms arise from an unstable fragment of meniscal tissue that interferes with normal joint movement, rather than from the diffuse degenerative process studied in the FIDELITY trial.

Current BASK guidelines recognise that patients of this kind, in whom a structured programme of physiotherapy lasting three to six months has not provided adequate relief, may achieve meaningful symptom improvement from arthroscopic partial meniscectomy. The evidence for this is separate from the evidence reviewed in the FIDELITY programme, and the trial results do not override it.

It should also be noted that published correspondence in the same journal in 2014 identified that between 67 and 80 percent of FIDELITY trial participants had arthroscopic evidence of cartilage degeneration at the time of surgery, despite being radiographically classified as free of osteoarthritis. This raises a legitimate question about whether the trial population truly represented patients with isolated mechanical meniscal pathology, or whether the majority had pre-existing joint degeneration that made a symptomatic response to meniscectomy unlikely from the outset.

Group 3: The distinction between meniscectomy and meniscal repair

The FIDELITY trial, and every similar trial in this field, studied arthroscopic partial meniscectomy: the removal of torn or unstable meniscal tissue. None of these trials studied meniscal repair, the procedure by which the surgeon sutures the torn tissue back into place with the aim of restoring normal meniscal function. These are biologically and mechanically distinct procedures with different indications, different patient populations, and different evidence bases. Any statement derived from

the FIDELITY trial is a statement about meniscectomy only. It cannot be extended to meniscal repair, and should not be presented as though it can.

What this means for patients

BASK is concerned that patients who read today's reporting may draw one or more of the following incorrect conclusions:

That knee surgery is ineffective for meniscal tears generally

That young people with sports injuries to the knee should not have surgery

That meniscal repair is not worthwhile

That patients with ongoing mechanical symptoms after physiotherapy should not consider surgery

None of these conclusions is supported by the FIDELITY trial or the body of evidence it represents. Patients who are concerned about a knee problem are strongly encouraged to seek individual advice from their general practitioner or orthopaedic surgeon, who will assess the nature of their specific condition and advise on the most appropriate course of treatment.

Current BASK guidance

BASK published a national treatment guideline and consensus statement on arthroscopic meniscal surgery in The Bone and Joint Journal in 2019, following development by a multidisciplinary expert working group and independent peer review. That guideline confirms the following positions, none of which have changed as a result of today's publication.

Arthroscopic surgery is not appropriate as a first-line treatment for degenerative meniscal tears in middle-aged patients.

Non-surgical treatment including physiotherapy should be completed before surgery is considered in degenerative disease.

Arthroscopic surgery, including meniscal repair, remains appropriate for selected patients with traumatic or injury-related meniscal tears.

Patients with mechanical symptoms from a flap or unstable tear who have not responded to adequate conservative management may benefit from arthroscopic partial meniscectomy.

Each patient must be assessed individually. The decision to recommend surgery is based on the nature of the tear, the patient's age and activity level, symptom duration, the character of their symptoms, and the presence or absence of degenerative joint change.

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On behalf of the BASK executive committee