British Knee Society / BASK Meniscal Surgery Guidelines

Patient guide to the UK national guidance on meniscus surgery

The British Association for Surgery of the Knee guidance on when a meniscus tear needs surgery, explained. Reviewed by Associate Professor Chinmay Gupte, PhD, FRCS (Tr & Orth). Last reviewed: [MONTH] 2026.

The British Knee Society / BASK meniscal surgery guidelines are the UK national guidance on when keyhole surgery is appropriate for a meniscus tear. They sort patients into five common presentations, using symptoms, examination findings, scan results, how long symptoms have lasted and what treatment has already been tried. Only one of those presentations calls for urgent surgery. Several point towards physiotherapy first.

> **A note on the name.** These guidelines are widely referred to as the British Knee Society guidelines. The organisation that produced them uses the formal name British Association for Surgery of the Knee, or BASK. Both names are used on this page so the guidance is easy to find under either. A separate body, the UK Biological Knee Society, also exists and is not connected to this guidance.

What the guidelines are, and who they are for

BASK brought a group of knee surgeons through a formal consensus process, rating dozens of simulated patient scenarios against the published evidence, and reduced them to five common presentations with matching treatment recommendations. The final version was published in the Bone and Joint Journal in 2019.

The guidance was written for surgeons and for the people who commission healthcare, not for patients. Its purpose was to make treatment of meniscal tears more consistent across the country, and to stop surgery being offered where the evidence does not support it. It is meant to support a conversation between you and your surgeon rather than replace one.

How your case is assessed

Three things are weighed together, and no single one decides the outcome on its own.

1. **Your history.** What happened, what you feel, and how long it has been going on. Three months is the dividing line the guidance uses.
2. **Your examination.** Whether the signs point to a mechanical problem in the meniscus, to osteoarthritis, or to something less clear cut.
3. **Your imaging.** Whether the scan shows a tear pattern that surgery can actually treat.

How symptoms are grouped

- **Clearly meniscal.** A knee that locks or catches, or a tender lump you can feel at the joint line. These strongly suggest a tear that surgery can help.

- **Possibly meniscal.** Sharp intermittent pain, swelling that comes and goes, pain on deep squatting, clicking, tenderness along the joint line, or positive meniscal tests on examination. Suggestive, but not conclusive.
- **Arthritic.** Stiffness after sitting still, grating or creaking, a broader change in the shape of the knee, and constant aching. These point to osteoarthritis rather than to a tear worth operating on.

How tears are grouped on the scan

- **Treatable tear patterns.** Bucket handle tears, tears where a fragment has moved out of position, and failure of the meniscal root. Surgery may well be indicated.
- **Indeterminate patterns.** Undisplaced tears, radial tears, horizontal cleavage tears with or without a cyst, complex tears and short longitudinal tears. Surgery may be indicated in some cases, and the decision rests more on your symptoms.
- **Patterns unlikely to be treatable.** A minor contour irregularity, a meniscus that has simply shifted outwards without tearing, or no tear at all.

Which scan comes first

If osteoarthritis is suspected, weight bearing X-rays come first. If it is not, MRI is the first line investigation. Where the clinical picture is already conclusive, such as a genuinely locked knee, a surgeon may reasonably proceed without waiting for an MRI.

The five presentations and what each one recommends

Your presentation	Recommendation
Locked knee. A sudden, complete mechanical block to bending or straightening that does not settle with painkillers	**Urgent keyhole surgery.** This is the one situation where surgery is clearly indicated and should not wait
Advanced osteoarthritis, with or without a tear on the scan	**No keyhole meniscal surgery.** Other treatments are considered instead, which may include osteotomy or joint replacement
Recent injury, under three months, with a treatable tear pattern on MRI	**Consider meniscal repair,** if you are a suitable candidate. Preserving the meniscus is the priority
Treatable tear pattern with matching symptoms, lasting more than three months, where non-surgical treatment has been tried properly	**Consider non-urgent partial meniscectomy.** Surgery may help after a fair trial of non-surgical treatment
Possible tear pattern with matching symptoms	**Non-surgical treatment first.** Surgery is considered in selected cases only if symptoms do not improve

Non-surgical treatment here means a proper attempt, not simply waiting: information about your condition, physiotherapy, a structured exercise programme, pain relief, and a steroid injection where appropriate, followed by reassessment.

What this means for you

If your knee is locked

Seek assessment promptly. A knee that will not straighten or bend, and stays that way despite painkillers, is the clearest indication for surgery in the entire guideline.

If you have had symptoms for months and a scan shows a tear

A tear on a scan does not by itself mean you need an operation. Degenerative meniscal changes are common in the general population and often turn up incidentally on MRI, in knees that were scanned for another reason. What matters is whether the tear pattern is one surgery can treat and whether your symptoms match it.

If you also have osteoarthritis

Only advanced arthritis rules out keyhole meniscal surgery. Where arthritis is early, mild or moderate, the recommendation follows the same logic as for anyone else, based on the tear pattern, your symptoms, how long they have lasted and what has already been tried.

If surgery is recommended

Repair and partial meniscectomy are different operations with very different recoveries. A repair protects the meniscus but restricts weight bearing, deep bending and twisting for weeks afterwards. A meniscectomy removes the torn portion and recovery is much quicker, but it leaves you with less meniscus. See the meniscus repair rehab protocol for what each involves. Rehabilitation also depends on the tear pattern: see the bucket handle repair and root and radial repair protocols.

Read the guideline itself

The guideline is published by BASK and available on their website, and the full consensus statement appeared in the Bone and Joint Journal in 2019. We link to the original rather than hosting a copy, so that you are always reading the current version.

- British Association for Surgery of the Knee (BASK)
- [ADD DIRECT LINK to the guideline PDF on the BASK site, and to the Bone and Joint Journal article, Bone Joint J 2019;101-B:652 to 659]

Frequently asked questions

What are the British Knee Society meniscal surgery guidelines?

They are UK national guidance from the British Association for Surgery of the Knee, or BASK, on when keyhole surgery is appropriate for a meniscus tear. They group patients into five common presentations based on symptoms, examination, scan findings, how long symptoms have lasted and what treatment has been tried, and give a recommendation for each.

Is the British Knee Society the same as BASK?

Yes, in practice. The guidance commonly called the British Knee Society meniscus guidance is the BASK guidance, published by the British Association for Surgery of the Knee. The UK Biological Knee Society is a separate organisation and is not connected to this guideline.

Do I need surgery for my meniscus tear?

Under the guidance, urgent surgery is indicated for a locked knee. Repair is considered for recent injuries with a treatable tear pattern. For longer standing symptoms, surgery is considered only after a genuine trial of physiotherapy and other non-surgical treatment. Advanced arthritis is a reason not to operate on the meniscus.

Why has my surgeon recommended physiotherapy when my scan shows a tear?

Because tears seen on scans are common and do not always cause the symptoms. Degenerative meniscal changes are frequent in the general population and often incidental. The guidance places non-surgical treatment first for several presentations, and surgery is reconsidered if symptoms do not settle.

How old are these guidelines?

The consensus work was completed in 2018 and the full statement was published in 2019. They remain the national reference point in the UK for meniscal surgery decisions. [CONFIRM: check for any update before publishing.]

About this page

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This page is our summary of published national guidance, written in our own words. It is not the guideline document and does not replace it, nor does it replace an assessment of your own knee.

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