Uni-compartmental Knee Replacement

Indication
Used for isolated medial compartment osteoarthritis, producing sufficient pain and disability despite conservative measures.

Must have medial located pain, no arthritis elsewhere in the knee a stable knee with good range of motion and an intact ACL. Anterior Cruciate Ligament.

Risks or Complications
5% chance of **ongoing pain** from the knee- unknown cause
5% chance of complications which can occur around time surgery.

Osteoarthritis developing in the remaining knee.10-15% at 10 years

Deep Vein Thrombosis- blood clot in the leg can move to lung called **Pulmonary Embolus**. Prevented by Blood thinners and early active movement.

Stiffness- Not regaining knee range of motion. Most patients expect to get leg straight and bend to approx 110-120 degrees, you will not regain full range of motion. Patients who have a stiff knee before surgery have a greater chance of stiff knee after surgery. Anything less than 90 degree bend is poor. Prevention is important. Early active exercise, pain management and hard work by patient are required. This can be a painful surgery and without good pain relief its hard to move and patients must be vigilant at doing there exercises daily and independently. Failure to regain movement may require further surgery manipulation and admission to hospital. The first 6-8 weeks important.
Tip don't sit with the knee semi flexed, don't sit in a lazy boy chair.

Instability- knee feels unstable.

Extensor mechanism rupture- loss of knee extension can occur if you fall after surgery or use weights on the leg during physio.

Periprosthetic fracture – falling can cause the bone to break around the implant.

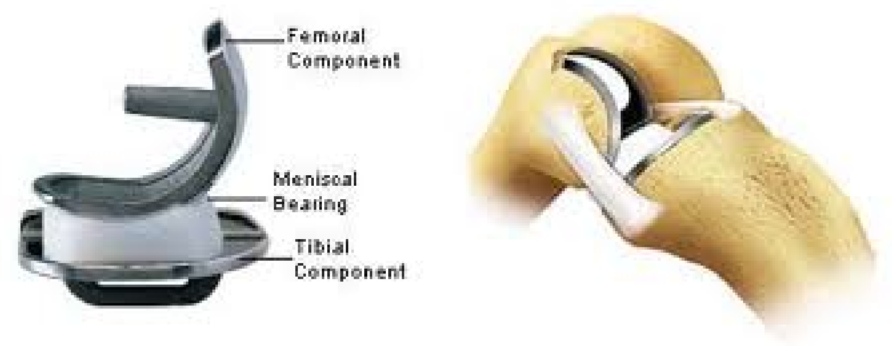
Nerve injury- numbness and weakness to the foot. Often recovers but can be permanent. Increased risk if you have a knock knee deformity.

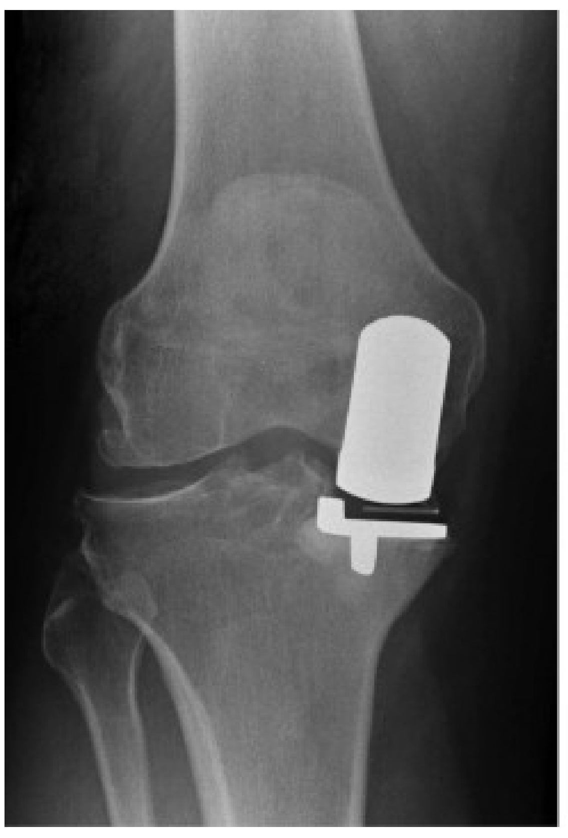
Infection- Approx 1-2% cases.
Patients who are diabetic and over weight have an increased risk. HBA1C levels are a guide to that risk and must be within normal limits to safely proceed to surgery.

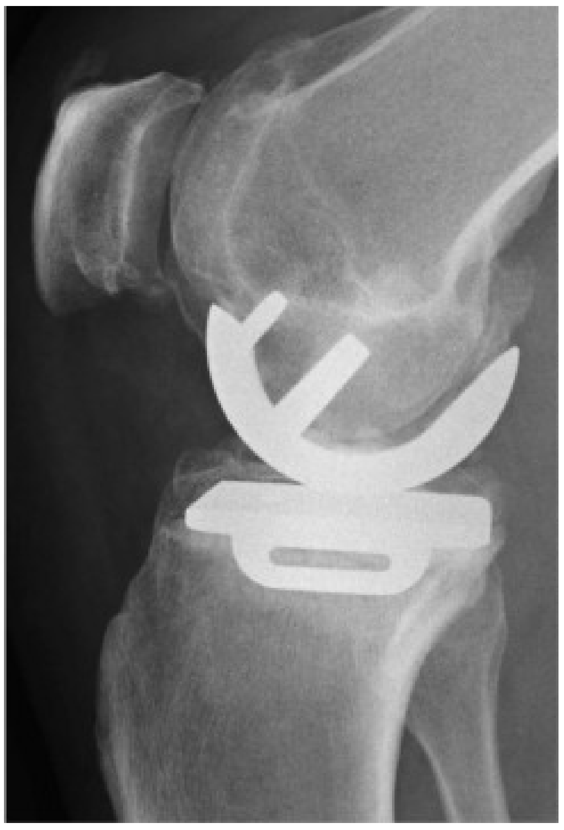
Our biggest and most worrying issue is infection. If seen and treated early can save the knee. If infection gets established the knee will have to be removed. It is imperative to prevent infection. Therefore any sources have to be got rid of before surgery. Being

unwell dental issues all have to be treated first. Important that if in the post op period there is any concern regards a wound infection that there is no delay in contacting your surgeon. Urgent washout of the infection maybe required and antibiotic alone is not sufficient.

Oxford Uni-Compartmental Knee Repalcement







DR Gavin Wood

Advantages of this type of knee over a total knee replacement
More normal feeling knee with better range of motion and less of an operation, less recovery time and pain. Can be converted to a TKR at a later date if needed.

Rehabilitation- Same as a TKR protocol

Main advice is start using it straight away like a normal knee no restriction, get walking get bending as pain allows. Don't over do it, no weight training no sports for 3 months but attending the gym daily using elliptical and stationary bike is acceptable and recommended.

Good luck. Any issues or concerns contact Dr Wood at his office.

DR Gavin Wood