



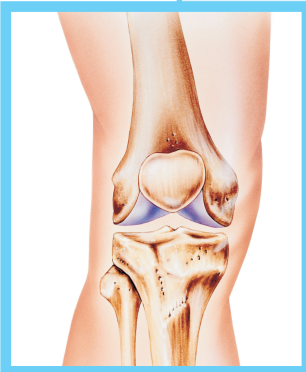
THE ORTHOPAEDIC SPECIALITY CLINIC

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PATIENT'S GUIDE - PARTIAL KNEE REPLACEMENT

What is Partial or Unicompartmental Knee Replacement?



The knee joint has complex anatomy which is divided into 3 “compartments” – medial (inner), lateral and patellofemoral (knee cap). A Partial Knee Replacement involves replacing only one damaged part or compartment of the knee with implants.

In the vast majority, the medial or inner side of the joint is replaced and the healthy cartilage and ligaments on the lateral or outer side are left intact.

When is Partial or Unicompartmental knee replacement suggested?

A Partial Knee Replacement is suggested when the arthritis is confined to a single compartment of the knee. It is also essential that all the ligaments need to be intact- both structurally as well as functionally.

Anteromedial osteoarthritis or AMOA is the most common indication of an UKR. This variant of the disease is due to degenerative process involving only the inner side of the knee, as this is the main load bearing area of the knee joint.



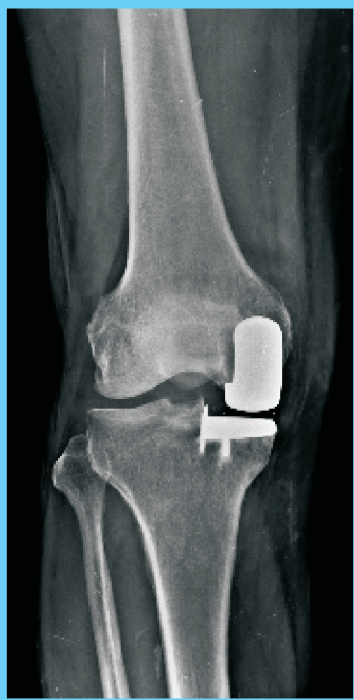
When can one NOT undergo a UKR?

UKR is not indicated when the arthritis involves more than one compartment of the knee joint. This typically happens in more advanced stages and is better managed with a Total Knee Replacement. The other condition when UKR is contraindicated is the presence of any kind of inflammatory arthritis like rheumatoid arthritis or psoriatic arthritis. UKR is also not performed when the Anterior Cruciate Ligament is damaged.



How does it differ from TKR?

Besides the fact that a Total Knee Replacement involves replacing the entire joint (all 3 compartments), there are some pertinent differentiators between a TKR and an UKR.



UKR



TKR

Important Points

1. Recovery:

The overall recovery is faster and smoother following an UKR. This is because of the less invasive surgery performed which maintain the normal knee ligaments and meniscus. The incision required is also smaller than a TKR. Thus, patients can generally get back to daily routine activities with lesser difficulty and lesser pain.

2. Activities:

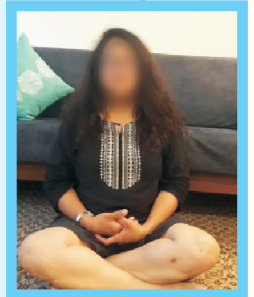
An UKR allows the patient to participate in non-impact sports and gym activities. As the knee ligaments are not touched, normal knee biomechanics is maintained. Hence, it is safely possible to squat and sit cross leg post surgery, something which is discouraged after a TKR. The mobile bearing of the implant allows almost full knee range of motion.

3. Rehab:

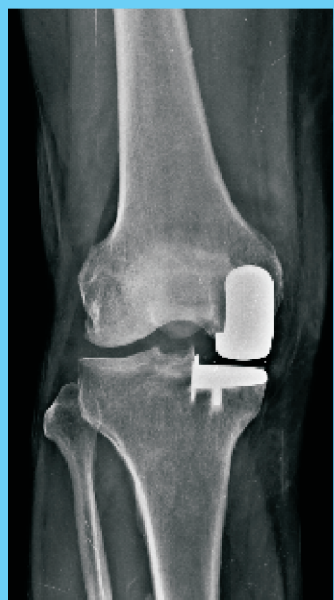
Rehabilitation of the knee following any surgery involves strength training and achieving as much flexion as possible. Achieving this is more predictable and faster following a UKR since normal tissues are not handled. Formal physiotherapy is **not** required and patients achieve near normal status with minimal exercises.

4. Complications:

Patients have lesser pain after a UKR compared to a TKR. This is because the incision length and surgical dissection performed are lesser. The risk of surgical site infection and clots in leg veins are also far less frequent than a TKR. Blood loss and requirement of blood transfusion after a UKR is a very rare event.



How long does it last?



A Partial Knee Replacement has excellent survival rates when performed for the correct indication. Data from joint registries in Australia, UK and Scandinavia indicate that about 97% have a functioning UKR at 10 years and 93% at 15 years after implantation. This rate of implant survival is comparable to a TKR.



Myths busted

1. Stop-gap arrangement:

UKR is a definitive surgery when indicated, with disease confined to a single compartment. It is **NOT** a temporary surgery till such time that the arthritis spreads to all areas of the knee.

2. Only for the young:

A UKR helps achieve excellent function post surgery and this is desirable in a younger patient. However, it performs even better in the elderly patients as it is associated with lesser complications than a TKR.

3. The “un-replaced” area will wear out fast:

The progression of arthritis in the un-involved compartment is a possibility. However, the risk of this happening is **very low (4%)**. Very few patients require a revision surgery (re-operation) for progression of arthritis.

Sports Injuries & Arthritis, Advanced Knee / Shoulder Arthroscopy,
Primary / Revision Joint Replacement, Joint Preservation

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