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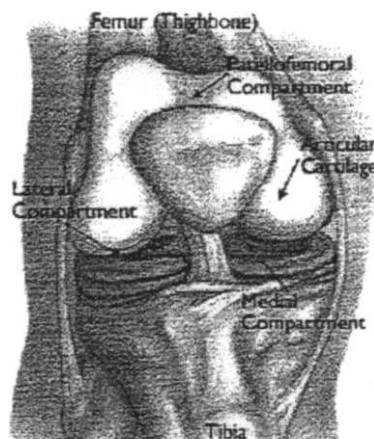
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Unicompartmental Knee Replacement

The goal of knee replacement surgery is to decrease pain and restore function. Although total knee replacement (also called "arthroplasty") is an excellent option for patients with osteoarthritis of the knee, other surgical options exist. Patients with osteoarthritis that is limited to just one part of the knee may be candidates for unicompartmental knee replacement (also called a "partial" knee replacement).

Description



A normal knee joint: Some structures have been removed to better show the smooth, fibrous cartilage lining the joint. The medial, lateral, and patellofemoral compartments are shown without articular cartilage.

Unicompartmental knee replacement is an option for a small percentage of patients with osteoarthritis of the knee. Your doctor may recommend partial knee replacement if your arthritis is confined to a single part (compartment) of your knee.

Your knee is divided into three major compartments: The medial compartment (the inside part of the knee), the lateral compartment (the outside part), and the patellofemoral compartment (the front of the knee between the kneecap and thighbone).

In a unicompartmental knee replacement, only the damaged compartment is replaced with metal and plastic. The healthy cartilage and bone in the rest of the knee is left alone.



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Advantages of Partial Knee Replacement

Multiple studies have shown that modern unicompartmental knee replacement performs very well in the vast majority of patients who are appropriate candidates.

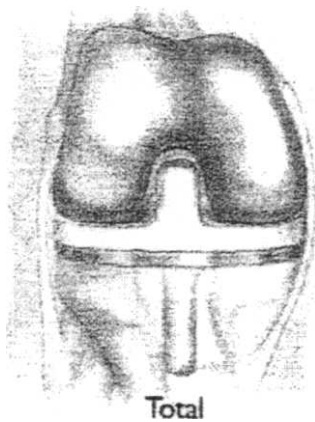
The advantages of partial knee replacement over total knee replacement include:

- Quicker recovery
- Less pain after surgery
- Less blood loss

Also, because the bone, cartilage, and ligaments in the healthy parts of the knee are kept, most patients report that a unicompartmental knee replacement feels more "natural" than a total knee replacement. A unicompartmental knee may also bend better.

Disadvantages of Partial Knee Replacement

The disadvantages of partial knee replacement compared with total knee replacement include slightly less predictable pain relief, and the potential need for more surgery. For example, a total knee replacement may be necessary in the future if arthritis develops in the parts of the knee that have not been replaced.



Complications

As with any surgical procedure, there are risks involved with partial knee replacement. Your surgeon will discuss



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each of the risks with you and will take specific measures to help avoid potential complications.

Although rare, the most common risks include:

- Blood clots. Blood clots in the leg veins are the most common complication of knee replacement surgery. Blood clots can form in the deep veins of the legs or pelvis after surgery. Blood thinners such as warfarin (Coumadin), low-molecular-weight heparin, aspirin, or other drugs can help prevent this problem.
- Infection. You will be given antibiotics before the start of your surgery and these will be continued for about 24 hours afterward to prevent infection.
- Injury to nerves or vessels. Although it rarely happens, nerves or blood vessels may be injured or stretched during the procedure.
- Continued pain.
- Risks of anesthesia.

Recovery

- Because a partial knee replacement is done through a smaller, less invasive incision, hospitalization is shorter, and rehabilitation and return to normal activities is faster.
- Patients usually experience less postoperative pain, less swelling, and have easier rehabilitation than patients undergoing total knee replacement. In most cases, patients go home 1 to 3 days after the operation.
- You will begin putting weight on your knee immediately after surgery. You may need a walker, cane, or crutches for the first several days or weeks until you become comfortable enough to walk without assistance.
- A physical therapist will give you exercises to help maintain your range of motion and restore your strength. You will continue to see your orthopaedic surgeon for follow-up visits in his or her clinic at regular intervals.
- You will most likely resume your regular activities of daily living by 6 weeks after surgery.

Adapted from AAOS Patient Information.2011.