

## PARTIAL (UNI-COMPARTMENTAL) KNEE REPLACEMENT

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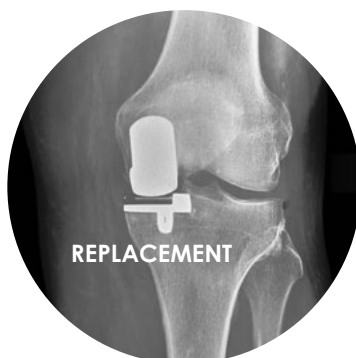
### WHO CAN BENEFIT?

Uni-compartmental knee surgery is suitable for patients with arthritis affecting a single compartment or bearing of the knee. Knee arthritis commonly affects the inner compartment. Less commonly, only the outer compartment is affected.

Common investigations which are used to assess the suitability of this surgery are plain x-rays and/or MRI.

Occasionally, keyhole or arthroscopic surgery is also used to assess whether this operation is suitable for the patient.

In general, this operation is for patients who have arthritis affecting a single compartment, have intact ligaments and are not too stiff. Obese patients do less well.



### WHAT ABOUT A 'FULL KNEE REPLACEMENT?'

Partial knee replacement surgery has the benefits of preserving all the ligaments of the knee thus making the joint feel more natural. In general, the range of motion after a partial replacement is also better, recovery is quicker and there is also some evidence that partial replacements have a lower infection rate and patients are less prone to suffering a blood clot in the legs after this surgery compared to having a full knee replacement.

There is evidence from joint registries (databases which store information on joint replacements) which show that the revision rate of a partial knee replacement is higher than that of a full replacement. A revision means having to re-operate or convert the partial to a full replacement. However, there is good evidence from scientific papers showing very good longevity of these implants. Your surgeon will be happy to discuss the evidence base with you with regards to this issue.

## HOW IS THE SURGERY DONE?

After anaesthesia, a cut is made over the arthritic bearing of the knee. Jigs are placed on the bone and the worn, arthritic surfaces removed. Metal components are then placed on the cut surfaces and a plastic bearing inserted between these metal surfaces.

## WHAT ARE THE RISKS?

Joint replacement surgery, like all surgery has marked benefits but also risks. There is around a 1-2% risk of a deep infection. If the infection is serious, the patient may need more surgery to wash the joint out and sometimes, have some or all the components exchanged with one or more operations. Rarely, nerves, blood vessels, tendons and ligaments can be damaged during the operation from the saw or retractors. There is also a risk of developing blood clots after surgery. Medication and calf pumps are used to reduce this risk. The skin incision often cuts small skin nerves resulting in numbness over the outside part of the knee/leg but this numb area significantly reduces as new nerves grow in to supply the affected area over a 6-12 month period.

Like all mechanical devices, a joint replacement can also fail due to loosening or wear of the bearing.

It may be necessary to convert a partial to a full replacement during the surgery if it is found that there is a problem with the ligaments or arthritis affecting more than the one compartment.

## HOSPITAL STAY AND FOLLOW UP

Patients can expect to have physiotherapy after surgery. They have assistance standing, then walking with a frame then crutches. Pain medication is given and this is important so the patient can perform the necessary exercises. Patients stay in hospital 1-2 nights.

The skin dressing should ideally remain intact until 2 weeks after the operation where a community nurse, general practitioner or the surgeon reviews the wound. Patients go home with pain medication and go from using 2 crutches to 1 crutch then to walking independently by the 2-4 week mark. Driving is usually possible by 4 weeks. Most of the recovery comes before 3 months but there can be further improvement up until a year after surgery.

## WHAT RESULTS CAN ONE EXPECT?

It is important to know what can and cannot be achieved with this surgery. The results from partial knee replacement surgery are in general, very good. Patients should understand that a replaced knee often feels 'mechanical'. Some clicking and clunking is not unusual and does not mean there is a problem with the implants. Pain is usually significantly better but may not be completely alleviated. The replaced knee is very often good enough for walking long distances, cycling, swimming and leading an active lifestyle.

One patient said it well : 'the replaced part was a lot better, but it was still in a 70 year old chassis.'

## JOINT REGISTRY

The Australian National Joint Registry may contact you to collect information about your operation. This is a useful part of monitoring how hips perform over time.

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