



## CLINICALLY RELEVANT QUESTIONS

### Can I get away with a half-knee?

In the last 5 years, there has been a resurgence of interest in "half-knee" replacement or Unicompartement Knee Replacement (UKR) as it is properly known. The procedure has been around for decades, but early results were compromised by limitations of prosthesis design and the techniques of insertion. With better materials, better designed implants and improved surgical techniques, longer lasting results are being achieved<sup>123</sup>.

Although UKR is not suitable for everyone, in the correctly selected patient, the final result is a knee which feels more "natural" than after a Total Knee Replacement and moves through a better range of movement (average 120 degrees of bend). The operation is done through a smaller incision, results in much less blood loss, less pain and makes rehabilitation far less arduous<sup>4</sup>. This makes UKR ideal for the older age group and also makes simultaneous bilateral procedures possible more often.

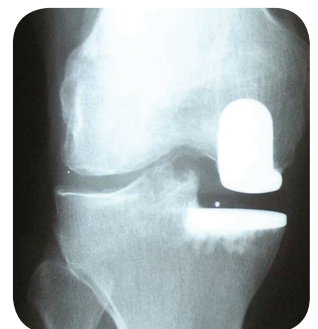


#### Who is suitable for UKR? People with:

- Arthritis only (or predominantly) in a single compartment of the knee (most often the medial or inner compartment)
- Lower physical demands (usually non-manual workers or older patients)
- Normal body mass or body mass no greater than 30% over ideal weight

#### Advantages of UKR vs. Total Knee Replacement:

- Smaller incision
- Faster rehabilitation
- Less pain
- More "natural" knee
- Less blood loss



1. Laurencin CT, Zelicof, SB Scott RD, et al. Unicompartemental versus total knee arthroplasty in the same patient. A comparative study. Clin Orthop 1991; 273: 151
2. Kozinn SC, Scott R. Unicompartmental knee arthroplasty. J Bone Joint Surg Am 1989; 71: 145
3. Biswal S, Brighton RW. Results of unicompartmental knee arthroplasty with cemented, fixed-bearing prosthesis using minimally invasive surgery. J Arthro (in publication)
4. Soohoo NF, Sharifi H, Kominski G, et al. Cost-effectiveness analysis of unicompartmental knee arthroplasty as an alternative to total knee arthroplasty for unicompartmental osteoarthritis. J Bone Joint Surg Am 2006; 88: 1975



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### I'm at Macquarie University Hospital

Macquarie University Hospital (opening June 2010) will be Australia's first University co-located Private Hospital offering specifically post-graduate medical education, i.e. they will be training only specialist doctors in many surgical specialties, including Orthopaedics. The state-of-the-art facility will feature the latest technology and most up to date patient amenities available. In addition, Macquarie University Hospital aims to eventually become "paperless" with all records and test results stored on computer and available to doctors by secure login at the foot of the patient's bed.

I will be one of the group of Orthopaedic Surgeons starting work there in my sub-speciality of Joint Replacement. I will be contributing to the education of Fellows from the second half of this year.

