Partial Knee Replacement: Is my Knee suitable? Am I suitable?

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GP Study day 24th April 2021





AGENDA



Background

Options

Cases

Questions



Why Partial? Just Replace It All





Why Partial? Just Replace It All









Why Partial? Just Replace It All



- Improved
 - Function
 - ROM
 - Proprioception
 - Kinematics
 - Pain relief
- Quicker rehabilitation
- Lower complications
 - Thromboembolism
 - infection
- Satisfaction
 - The unhappy knee
- Economics
 - Health economics
 - macroeconomics



Just Do Partial In Everybody?



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- Inappropriate indications
- Progression of disease





When?



- Isolated disease
- Exercise-related pain
- Skeletally mature
- Uninvolved compartments normal
- Correctable deformity
- Stable knee with intact ACL
- BWIŚ
- Well motivated
- Well informed
- Computer navigation

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When Not To?



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When Not To?



- Isolated disease
- Exercise-related pain
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- Correctable deformity
- BWIS
- Well motivated
- Well informed

- Rest pain
- Inflammatory arthritis
- Malalignment if considering minimally invasive
- Sedentary lifestyle
- Unstable knee



Non-Surgical Options



- Weight loss / lifestyle
- Physiotherapy and conditioning
- Bracing
- Supplements
- Injections



Surgical Options



- Weight loss / lifestyle
- Physiotherapy and conditioning
- bracing
- Supplements
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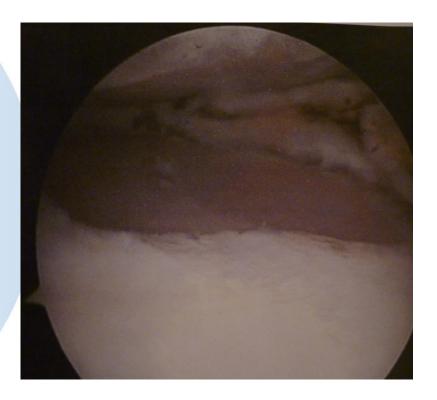
- Arthroscopic debridement
- Off-loading procedures
- Arthroplasty



Arthroscopy



- Lavage
- Meniscectomy
- Chondroplasty
- Synovectomy
- Osteophyte excision
- Removal of loose bodies
- Adhesiolysis





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- Very limited efficacy
- Role in patients with predominantly mechanical symptoms
- Important diagnostic tool prior to uni/bicompartmental arthroplasty







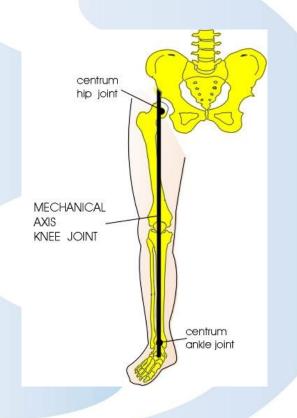


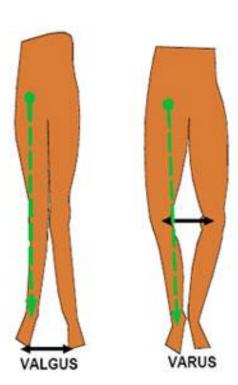






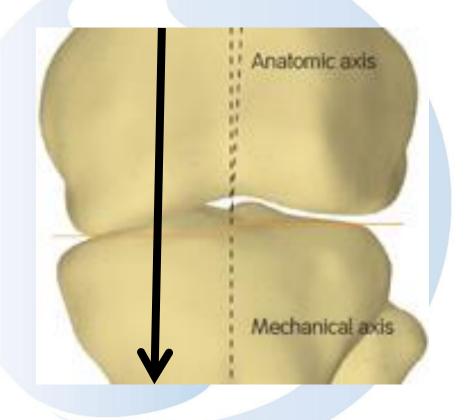






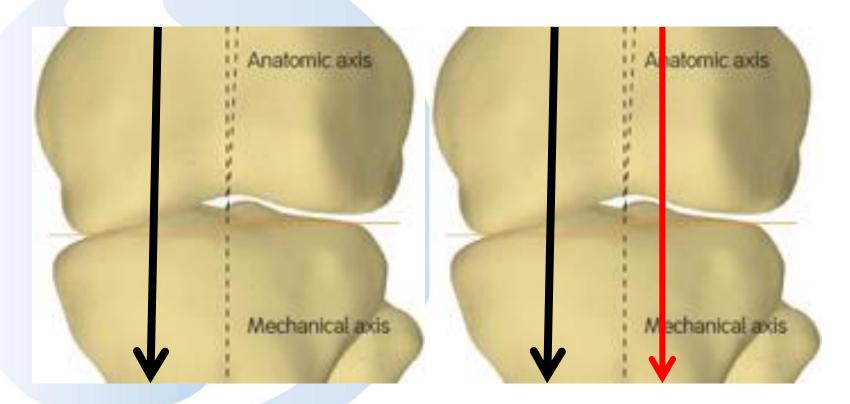






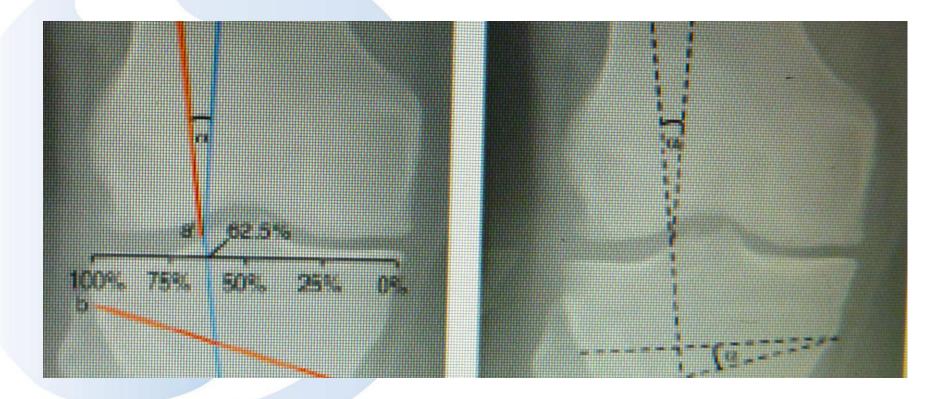




























Arthroplasty







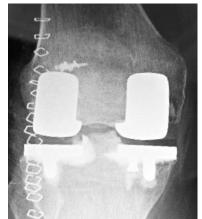














Successful Partial Knee Replacement

- Depends on volume
- Technique
- Careful selection
- Higher revision rate than TKR
- Rate of revision 0.6% p.a.
- Appropriate revision





Failed Partial Knee Replacement

- Poor technique
- Poor selection
- Progression disease
- Poor bone stock
- Instability
- Obesity
- Revision surgery more complex
- More unpredictable









What Is My Preference -PN

- Did UKR in past
- Age + symptoms key in selection
- Majority of referrals to TOD are failed degenerate arthroscopic
- < 10% suitable for partial
- Leave uni to high volume surgeon
- Medial uni best results
- Better outcomes TKR with accelerated rehab and pain management as previous meetings





What Is My Preference -PN

- TKR day 6
- Prefer TKR as surgical solution











- 49 year old male
- Office based
- Self employed
- Exercise-related anteromedial pain and swelling of the knee
- Unable to play tennis
- Had x1 arthroscopic debridement
- Still symptomatic
- BMI 28







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- Physically active
- Contact sports
- Significant pain
- Physical work
- Arthroscopy x2
- Tibia pristine
- Slight varus deformity





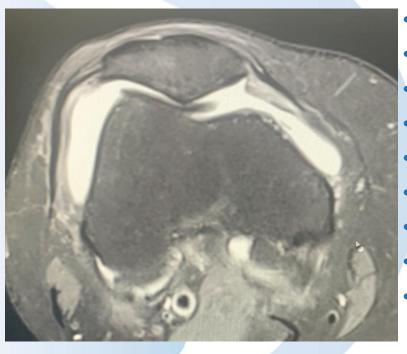
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- 55 year-old woman
- Usually active
- Anterior knee pain
- Very severe
- Unable to squat or bend
- Stairs difficult
- Swelling and crepitus
- Injections unhelpful
- Normal BMI

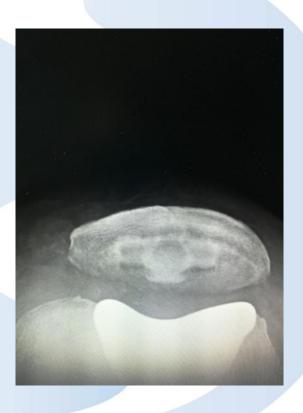




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- 72 year old lady
- Medial Symptoms
- Initially did well























Questions?

