

Patient Information Sheet

Unicompartmental Knee Replacement

What do I need to know?



What is my diagnosis?

You have arthritis affecting the inside edge of your knee (medial compartment). This is a process of thinning of the cartilage due to wear and tear. Knee arthritis commonly starts in this part of your knee causing pain when you stand up, walk or exercise. It can prevent you from being able to do or to enjoy your normal activities. Arthritis is diagnosed by clinical examination and X-ray.

What does knee arthritis look like on an X-ray?



Do I need an operation?

You should have already tried non-surgical treatments. These include pain killers, physiotherapy, weight-loss, braces or injections. If you continue to be limited by your knee despite these, and if the arthritis is limited to the inside edge of your knee, then partial (unicompartmental) knee replacement can be considered. You will be examined and counseled by a surgeon experienced in this type of surgery who will explain the risks and benefits of surgery to you.

What does the operation involve?

Medial unicompartmental knee replacement is performed under a spinal anaesthetic (to numb the legs) and sedation (so that you sleep through your surgery). You will have a cut made over the front of the knee. The worn compartment of your knee is removed and replaced with metal implants and a plastic bearing. The unicompartmental knee replacement is totally solid and safe for you to put your full weight through immediately.

What are the benefits of a unicompartmental knee replacement?

- Quicker recovery
- Shorter stay in hospital
- Less pain after surgery
- Less blood loss
- Lower risk of infection & blood clots
- Greater range of movement
- A more natural feel to your knee
- The ability to get back to some sports including golf, tennis and skiing

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What happens after surgery?

You will see a physiotherapist after surgery who will get you up with a frame to start with, progressing to crutches or sticks. When you are safe on your feet and comfortable then you can go home between 12 and 36 hours after surgery. Your stitches will be removed after two weeks at your GP practice. You will be followed up initially by phone.

What will my partial knee replacement look like?



What about blood clots after surgery?

You will be prescribed anti-coagulants (blood thinning medication) after surgery. Your risk of having a blood clot will be assessed by your healthcare provider. You may be asked to take a daily tablet or have injections under the skin (subcutaneous), depending on your level of risk. You will be shown how to self inject in this situation.

Are there potential complications?

Every operation has potential complications. You must understand these before having surgery. These include but are not limited to:

- Infection
- Blood clots in the leg (DVT)
- Blood clots in the lung (PE)
- Medium to long term loosening and wear of the implants
- Bearing dislocation
- Progression of arthritis
- Need to convert to total knee replacement
- Sensitive or painful scarring
- Medical complications (eg heart attack or stroke)

After this operation, your knee can be stiff and painful for 6-8 weeks. You get most of the improvement by 6 months, but it can take 1-2 years to get the full benefit from your partial knee replacement.

Useful phone numbers

Arthroplasty help line: 0131 536 3724

Waiting list office: 0131 242 3437