



Nigel Donnachie

Consultant Hip & Knee Surgeon

UNICOMPARTMENTAL KNEE REPLACEMENT

A Unicompartmental knee replacement may be considered when the joint surfaces in one part of your knee become so badly worn that you experience pain which interferes significantly with your quality of life and which cannot be controlled with simple measures such as painkillers. The part of the knee most commonly affected is the inner or medial compartment.

What does the operation involve?

The operation takes place under a general or spinal anaesthetic and takes approximately one and a half hours.

In order to resurface the worn parts of the knee a measured amount of bone is removed from the joint surfaces of the affected part of the knee.

The worn surfaces are replaced using metal components and a plastic section is inserted between the two metal parts to act as a “shock absorber” and allow the knee to move freely. You keep your own kneecap (patella) and this is not re-surfaced.

What are the benefits of Unicompartmental knee replacement surgery?

A successful Unicompartmental knee replacement should give relief from pain in the knee and allow sufficient movement in the knee joint for you to undertake most normal activities. The overall aim of surgery is relief of pain in the knee

Please note that the majority of patients who undergo unicompartmental knee replacement find it uncomfortable to kneel afterwards. This is normal but you should bear this in mind when deciding whether to proceed with surgery, especially if your work or hobbies require you to kneel.

All patients who undergo unicompartmental knee replacement will be left with a numb patch on the outside of the knee. This is normal and is not a cause for concern.



Nigel Donnachie

Consultant Hip & Knee Surgeon

What are the possible complications?

Depending on the condition of your knee prior to surgery, a good result can be expected in approximately 95% of cases. However, some patients face a higher complication rate than others, which will reduce the chances of a good result. Mr Donnachie will warn you if this is the case.

The following risk factors exist for any patient undergoing unicompartmental knee replacement:

- Medical risks e.g. Heart attack, stroke, clots in the leg (deep vein thrombosis) or lung (pulmonary embolism)
- Infection in the wound, or in the knee joint itself
- Wear / loosening of the artificial components which have been implanted in the knee
- Excessive bleeding
- Stiffness/reduced movement in the knee
- Re-operation
- Death

High risk groups

There are some people who come under the category of high risk and these include people who:

- Have had multiple operations to the affected knee
- Have had previous infection within the knee
- Have inflammatory arthritis, rheumatoid arthritis or psoriasis



Nigel Donnachie

Consultant Hip & Knee Surgeon

- Have major medical problems
- Take certain drugs such as steroids or immunosuppressant medication

What is the alternative to surgery?

Unicompartmental Knee replacement surgery is only recommended when it is felt that non-surgical interventions such as pain killers, anti-inflammatory drugs, exercises or cortisone injections would no longer offer any significant benefit. However, ultimately the decision to undergo surgery is yours as only you know the extent to which your symptoms are affecting your day to day activities.

Recovery

You will start to move your knee on the day of or the day after the operation. Your physiotherapist will advise you when to do this and will provide you with specific exercises to perform whilst in hospital and when you go home. These exercises may be painful at first but they are an essential part of your post-operative recovery and if they are not performed you face a high probability that your Uni- Compartmental knee replacement will not be as successful as you had hoped.

You will remain in hospital for approximately three days after surgery. You will be walking without assistance before discharge but most patients require a walking stick for support during the first few weeks. It is expected that you will be able to manage independently at home although you will not be able to drive for six weeks after the operation so it is helpful if you have someone available who can help with shopping at first.

You play an important part in your recovery. Whilst the physiotherapy, nursing and medical staff provide important advice and support, only you can get the knee moving.

Most patients report some immediate benefit from surgery but overall recovery can sometimes feel slow and this can be a little frustrating. The first three to four months after discharge involve a lot of hard work on your part in order to get the knee working properly. It is therefore important that you are well motivated and committed to working hard both in hospital and following discharge.

AUTHOR: R FINLEY
UPDATED: MARCH 2022