Uni-Compartmental Knee Frequently Asked Questions (FAQ)

1.1 AM I A CANDIDATE FOR A UNI-COMPARTMENTAL KNEE?
The reason most people consider any total joint replacement is due to severe joint pain. When conservative, non-invasive treatment has been ineffective for pain management, patients begin to seriously consider a total joint replacement. Painful and arthritic knees become unstable and the patient’s lifestyle is compromised. One of our orthopaedic surgeons will review x-rays of your knee, review your medical history and examine your knee. A determination will be made as to whether your arthritis is limited to the entire knee joint or perhaps only to one compartment of the knee joint, in which case you may be a candidate for the Uni-compartmental knee replacement.

1.2 THE SURGICAL PROCEDURE:
The surgery takes about 1-1/2 hours and the patient is hospitalized for 1-2 days. The procedure involves restoring about 1/3 of the joint surface and there is approximately a 3 - 6 inch incision. Due to the small amount of bone that is resected to implant the device, there is a maximum preservation of tissue, the ligaments are retained and the remaining knee compartments remain intact.

1.3 WHAT ARE THE BENEFITS?
Patients can achieve a greater range of motion of the knee and experience less post-operative discomfort. They are soon able to return to their normal lifestyle and one again enjoy walking, golfing, swimming and other activities.

1.4 HOW SUCCESSFUL IS THE LCS ® UNI-COMPARTMENTAL KNEE?
The outcome studies for the LCS ® Uni-Compartmental knee is approximately 98% at ten years! This survivorship is based on the “uni-knee” used for osteoarthritic knees that have intact cruciate ligaments.

1.5 HOW EXPERIENCED IS DR. BUECHEL IN PERFORMING THIS PROCEDURE?
Dr. Buechel has performed hundreds of uni-compartmental knee replacements. The first design was implanted since 1977 and Dr. Buechel has been performing this surgery since then.

1.6 UNI-COMPARTMENTAL DESIGN
The LCS ® Unicompartmental knee replacement uses cementless fixation technology and a replaceable meniscal bearing. There is less bone resected compared to a total knee replacement. The “uni” design allows normal movement and function for many years of vigorous activities. In the case of severe wear, the meniscal bearing can be easily changed without removing the metal components of the implant. The benefit to this is a less invasive procedure and easy recovery.

1.7 HOW LONG WILL I BE IN THE HOSPITAL AND WHAT IS INVOLVED?
You will be admitted to the hospital the morning of your surgery. The surgery takes about 1-1/2 hours and the patient is hospitalized for 1-2 days. Many patients are partially weight bearing prior to their discharge from the hospital. The procedure involves restoring about 1/3 of the
joint surface. Due to the small amount of bone that is resected to implant the device, there is a maximum preservation of tissue, the ligaments are retained and the remaining knee compartments remain intact.

1.8 **WILL I HAVE TO DONATE ANY BLOOD?**

Usually no blood donations are necessary. Unicompartmental knee surgery generally does not result in the loss of more than one unit of blood, which is normally well tolerated by the patient.

1.9 **WHAT IS THE RECOVERY AND AFTERCARE?**

Most patients are encouraged to stand the morning after surgery and begin some physical therapy exercises for range of motion. Initially, patients ambulate with the support of a cane or crutches and can walk, climb stairs and ride in a care upon discharge from the hospital. Patients will be instructed when they can drive during one of their post-operative appointments. A home exercise program or physical therapy is recommended for range-of-motion exercises. The exercises are encouraged for optimum motion. As with any surgery, swelling and some numbness can be expected during the post-operative period. The disability period is approximately 4-6 weeks.