Treat Your Patients With the Partial Knee

- Keeps all 4 ligaments intact
- Removes less bone
- Built for surgery center
- Restores native alignment

Our mission statement is
Helping Surgeons Treat Their Patients Better®,
and nothing illustrates that commitment better than partial knee arthroplasty.

iBalance® UKA System With Disposable Tibial Cutting Guide

Better Patient Satisfaction With UKA

- ASC-centric operation
- Anatomy preserving[1-3]
- Less pain[4]
- Faster recovery[1,2]
- More natural motion[1,2]

Arthrex®

8

of 100 knee arthroplasty patients receive a partial knee[5]

40

of 100 patients *could* receive a partial knee[6]

Patient Applications

Bone-on-Bone Medially[7]

› Ensure full-thickness cartilage loss medially with an AP weight-bearing or a standing x-ray

Full-Thickness Cartilage Laterally[7]

› Confirm a healthy lateral joint using a valgus stress x-ray

Moderate PFJ Wear[8]

› Greater than moderate PFJ wear may signal a TKA

Intact ACL[7,9]

› Verify with an x-ray

› If ACL is not intact, the surgical technique details a simultaneous ACL reconstruction and UKA

Reevaluating Historic Concerns[10]

› Doctors can now treat more patients with confidence, including those who are younger than 60 years old, are physically active, or have physically demanding jobs.

› Traditional beliefs have been debunked and now patients with these criteria meet the requirements for UKA.

References

1. Palumbo BT, Scott RD. Diagnosis and indications for treatment of unicompartmental arthritis. *Clin Sports Med.* 2014;33(1):11-21. doi:10.1016/j.csm.2013.06.001 **2.** Witjes S, Gouttebarge V, Kuijer PP, van Geenen RC, Poolman RW, Kerkhoffs GM. Return to sports and physical activity after total and unicondylar knee arthroplasty: a systematic review and meta-analysis. *Sports Med.* 2016;46(2):269-292. doi:10.1007/s40279-015-0421-9 **3.** Nunley RM, Nam D, Johnson SR, Barnes CL. Extreme variability in posterior slope of the proximal tibia: measurements on 2395 CT scans of patients undergoing UKA? *J Arthroplasty.* 2014;29(8):1677-1680. doi:10.1016/j.arth.2014.03.024 **4.** Hopper GP, Leach WJ. Participation in sporting activities following knee replacement: total versus unicompartmental. *Knee Surg Sports Traumatol Arthrosc.* 2008;16(10):973-979. doi:10.1007/s00167-008-0596-9 **5.** DRG Millennium Research Group. Large joint reconstructive devices. *Core Regional Reports.* 2020. **6.** Willis-Owen CA, Brust K, Alsop H, Miraldo M, Cobb JP. Unicondylar knee arthroplasty in the UK National Health Service: an analysis of candidacy, outcome and cost efficacy. *Knee.* 2009;16(6):473-478. doi:10.1016/j.knee.2009.04.006 **7.** Hamilton TW, Rizkalla JM, Kontochristos L, et al. The interaction of caseload and usage in determining outcomes of unicompartmental knee arthroplasty: a meta-analysis. *J Arthroplasty.* 2017;32(10):3228-3237.e2. doi:10.1016/j.arth.2017.04.063 **8.** Berend KR, Lombardi AV Jr, Adams JB. Obesity, young age, patellofemoral disease, and anterior knee pain: identifying the unicondylar arthroplasty patient in the United States. *Orthopedics.* 2007;30(5 Suppl):19-23. **9.** Hamilton TW, Pandit HG, Lombardi AV, et al. Radiological Decision Aid to determine suitability for medial unicompartmental knee arthroplasty: development and preliminary validation. *Bone Joint J.* 2016;98-B(10 Supple B):3-10. doi:10.1302/0301-620X.98B10.BJJ-2016-0432.R1 **10.** Borus T, Thornhill T. Unicompartmental knee arthroplasty. *J Am Acad Orthop Surg.* 2008;16(1):9-18. doi:10.5435/00124635-200801000-00003

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