



your guide to

# Oxford® Partial Knee

replacement surgery



understanding

# **Osteoarthritis and Rapid Recovery Partial Knee**

replacement

Joint deterioration can affect every aspect of a person's life. In its early stages, it is common for people to ignore the symptoms of osteoarthritis, but as the disease progresses, activities like walking, driving, and standing become challenging, painful, and more difficult.

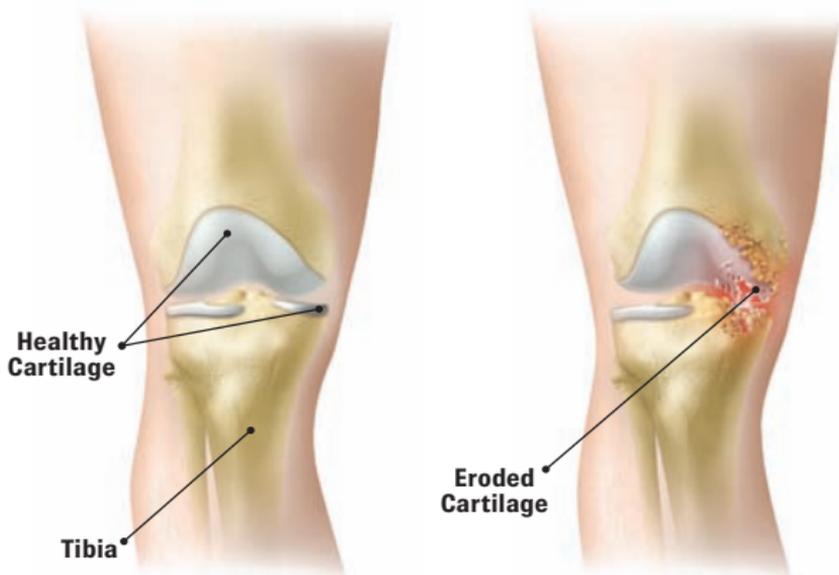
This brochure will help you understand basic knee anatomy, arthritis, and Rapid Recovery partial knee replacement surgery. This brochure is for educational purposes only and is not intended to replace the expert guidance of your orthopedic surgeon. Any questions or concerns you may have should be directed to your orthopedic surgeon.



## The Knee

The knee is a complex joint consisting of bones and healthy cartilage. The end of your femur (thighbone) can be compared to a rocking chair. It has two distinct surfaces called compartments, which rest on the tibia (shinbone). A third compartment is found behind the patella (kneecap), and all three compartments are covered with cartilage to help cushion and lubricate the bones during movement.

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage and typically develops after years of constant motion and pressure in the joints. As the cartilage continues to wear away, the joint becomes increasingly painful and difficult to move. If conservative treatment options fail to provide relief, your surgeon may recommend knee replacement.



## Partial Knee Replacement

Partial knee replacement surgery can be an extremely successful surgical procedure. The first partial knee replacement procedure was performed more than 30 years ago. Since then, thousands of people have received partial knee replacements.

Partial knee replacement surgery is a fairly routine procedure with more than 30,000 being performed every year in the United States alone.

The word replacement makes one think that surgeons remove the entire knee. In truth, your surgeon only removes the damaged bone and cartilage at the ends of the bones in your joint.

The traditional approach to total knee replacement uses implants to resurface all three compartments of the knee.



**Oxford® Partial Knee**



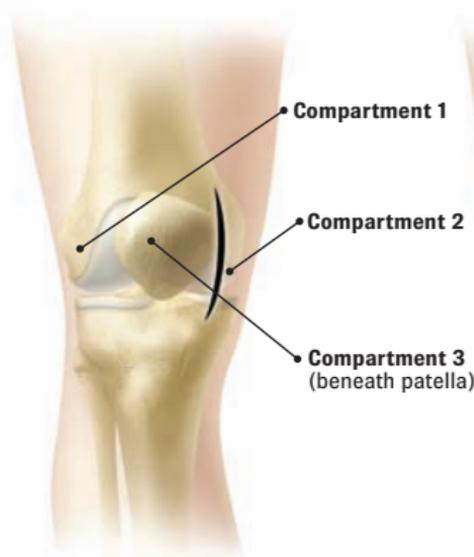
**Total Knee**

However, total knee replacement may not be necessary for every patient.

## **Rapid Recovery Oxford® Partial Knee Replacement**

The Oxford® Partial Knee implant from Biomet Orthopedics is a partial knee implant designed to repair only one of the three compartments, making it much smaller than a total knee implant. The Oxford® implant is designed to prevent or delay the need for total knee replacement.

Unlike other implants, the Oxford® Partial Knee is currently the only fully mobile bearing partial knee system available in the United States. U.S. surgeons and patients now have access to a system with excellent clinical results. Research has shown that the newer types of partial knee replacements, particularly those with moveable plastic bearings like the Oxford® Partial Knee, have low wear rates, potentially giving them even longer life expectancies.\*



**Rapid Recovery Minimally Invasive Incision**

**Traditional Incision**

Rapid Recovery minimally invasive partial knee replacement is performed through an incision up to half the length of a traditional knee replacement incision. Surgeons can perform surgery through such a short incision because they use instruments specifically designed to move around soft tissue.

The benefits of a partial knee replacement may include a less invasive surgery and a smaller incision. The procedure also removes less tissue from both the tibia and femur than a total knee, because only the damaged bone and cartilage are removed. Since the implant saves more tissue, a future total knee replacement can be more easily performed, if it is necessary.

Patients are sometimes required to donate blood before a total knee replacement. With the partial technique, blood transfusions are generally not needed. Most patients walk on their surgical leg the same day as surgery and can possibly be discharged within 24 hours of surgery. Some patients may need to use a walker or a cane for the first week after surgery.

In addition to a shorter incision, surgeons using the Rapid Recovery Program have implemented a highly organized treatment plan for their patients' physical and mental health. Rapid Recovery patients are educated with a variety of materials. The comprehensive educational materials will help patients understand the surgical procedure and its outcomes.

Rapid Recovery patients may begin strengthening exercises before surgery to help them prepare for surgery and their recovery. Patients may also be given a comprehensive nutrition plan to help ensure optimum health before surgery.

Rapid Recovery surgeons may also implement a unique pain management program during surgery that is designed to dramatically reduce a patients' pain after surgery. Reducing patients' pain after surgery is critical to helping them begin their rehabilitation therapy and to helping them make a Rapid Recovery.

## **Complications**

While uncommon, complications can occur during and after surgery. Some complications include, but are not limited to, infection, blood clots, implant breakage, malalignment, and premature wear, any of which can require additional surgery. Although implant surgery is extremely successful in most cases, some patients still experience stiffness and pain. No implant will last forever, and factors such as the patient's post-surgery activities and weight can affect longevity.

However, the procedure can allow you to return to certain activities more quickly and with much less pain. Be sure to

discuss these and other risks with your surgeon.

There are many things that your surgeon may do to minimize the potential for complications. Your surgeon may have you see a medical physician before surgery to obtain tests. You may also need to have your dental work up to date and may be shown how to prepare your home to avoid falls.

## Rapid Recovery

Recovery after minimally invasive Oxford® Partial Knee replacement is substantially reduced as compared to recovery from traditional total knee replacement. Every person's recovery time will vary, but most people should be able to drive after two weeks, garden after three to four weeks, and golf after six to eight weeks. Your surgeon will tell you when you can return to these activities and will also tell you the activities to avoid.

Most patients are typically not allowed to participate in high-impact activities or contact sports. These types of activities place extreme pressure on the joints, which could lead to complications.

## Summary

We realize that the decision to have surgery is sometimes difficult. We hope that this brochure has helped you understand the basics of minimally invasive partial knee replacement surgery so that you can make the best decision for yourself. This brochure is not intended to replace the experience and counsel of your orthopedic surgeon. If you have any further questions, please speak with your orthopedic surgeon.

\* Price, A.; *et al.*: "Ten-Year *In Vivo* Wear of a Fully Congruent Mobile Bearing Unicompartamental Knee Arthroplasty," AAOS, Paper No. 58, 2004.

Oxford® is a trademark of Biomet Manufacturing Corp.

Not all patients are candidates for partial knee replacement. Only your orthopedic surgeon can tell you if you're a candidate for joint replacement surgery, and if so, which implant is right for your specific needs. You should discuss your condition and treatment options with your surgeon. The Oxford® Meniscal Partial Knee is intended for use in individuals with osteoarthritis or avascular necrosis limited to the medial compartment of the knee and is intended to be implanted with bone cement. Potential risks include, but are not limited to, loosening, dislocation, fracture, wear, and infection, any of which can require additional surgery. For additional information on the Oxford® knee, including risks and warnings, talk to your surgeon and see the full patient risk information on Biomet.com.



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