

# Orthopaedic Connection

## **Knee Arthritis Sometimes Needs A UNI**

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### ***Transforming patient information into patient understanding.***

To briefly review what we covered last week, I said that most of my patients with advanced knee arthritis need a traditional total knee replacement. I use primarily the Depuy, Inc. LCS total knee prosthesis. It has performed beautifully over many years and is my "go to" prosthesis for most of my patients who need the whole joint replaced.

### **Arthritis in 1/3 of the Knee**

You may recall that I said there is an occasional patient I see who has arthritis changes limited to only one knee compartment. It is somewhat unusual in my practice at least, but it does happen.

This person might be someone who would benefit from a "unicompartmental knee arthroplasty" or Uni for short.

### **Tell Me More**

Well, it certainly is less surgery because I am only replacing 1/3 of the joint not the whole thing. In Uni surgery both cruciate ligaments and other healthy parts of the knee are preserved.

Compared with osteotomy that I discussed last week, Uni has a higher initial success rate, fewer complications and less blood loss at surgery. Recovery is faster too.

The Uni procedure involves removal of arthritis bone and insertion of two small replacement parts.

### **What's the Catch?**

I don't see many people who fit my criteria to have a Uni.

- Patients are screened carefully
- Can't have a lot of inflammation or swelling
- Damage only in one compartment
- ACL must be intact
- Lighter patients do better with Uni
- If arthritis changes develop in the remaining compartment you will need a Total Knee Replacement

### **How Long Does Uni Last?**

It can last indefinitely if other arthritis changes don't occur. I have seen many Uni's last 10 or more years. Some patients get nervous about possibly needing a change to a Total Knee Replacement later. This has happened in a few of my patients that the Uni had to be converted to a Total Knee Replacement.

I also try to convince my patients that no matter how good the knee may feel after surgery it is not nature's knee and it can be damaged by

over activity. The prostheses are made for any amount of walking, bike riding or swimming that you may want to do.

### **Selection**

Careful history of the arthritic knee is taken. A thorough physical exam and plain x-rays give most of the information I need.

On occasion I have to do a knee arthroscopy to be sure what the knee truly looks like inside. There is no substitute for actually looking directly at the joint surfaces.

If your arthritis is truly limited, you might be the person who would benefit from a Uni!

### **Office Website - Gratiot County Herald Archive**

[www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) and Your Orthopaedic Connection are your source for all things Orthopaedic and Musculoskeletal. You reach the GCH archive of all previous articles through the website. All past articles are listed by title and complete text is available at a click of the mouse.

All of this information pertains to everything I treat at the office and hospital. Please log on and check it out.

Our goal is simple - To help people return to more pain free, functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush