

KNEE OSTEOTOMY AND UNI-KNEE REPLACEMENT

In patients with certain qualifications, where cartilage wasting and degeneration affect only one compartment of the knee, there are other surgical alternatives to total knee replacement such as osteotomy and uni-knee replacement. Knee osteotomy consists in making a bone cut to align the lower extremity, to better the mechanical capacity of the knee for weight bearing and to alleviate pain. This surgical procedure will usually slow the progression of knee arthrosis for some years even though eventually all patients will require a total knee replacement.

High tibial osteotomy:

This procedure consists of extracting a bone wedge from the proximal tibia in those patients with bow legged deformity with the sole purpose of aligning the knee, to open the affected articular compartment, and to transfer weight bearing to the healthy knee compartment. The tibial cut is maintained thanks to the placement of a special metal plate and screws.

This surgery is recommended in highly active patients under 60 years of age and whose knees are not severely damaged.

Recovery time is between 2 and 3 months.

Femoral osteotomy:

This procedure consists in extracting a bone wedge from the distal femur in those patients with cross legged deformity with the sole purpose of aligning the knee, to open the affected articular compartment, and to transfer weight bearing to the healthy knee compartment. The femoral cut is maintained thanks to the placement of a special metal plate and screws.

This surgery is recommended in highly active patients under 60 years of age and whose knees are not severely damaged.

Recovery time is between 2 and 3 months.

Unicompartmental knee replacement:

This type of implant is indicated in non-obese, moderately active patients who are between 50 and 60 years old. Arthrosis (cartilage degeneration and waste) has to be mild and present only in one of the three knee compartments. It is usually circumscribed to the medial femoro-tibial space (medial unicompartmental knee replacement), or the patellofemoral space (patellofemoral knee replacement) and the anterior cruciate ligament has to be intact. If the patient is chosen carefully, and meets all of the above criteria, unicompartmental knee arthroplasty will suffice to control the patient's knee pain temporarily.

The main advantage of unicompartmental knee replacement over total knee replacement, is a much quicker recovery time. The main disadvantage is that it lasts a lot less than a total knee replacement, and eventually it has to be surgically converted into a total knee replacement.

Knee osteotomies or unicompartmental knee replacements can be surgically converted into a total knee replacement when needed, your doctor will determine if you are a proper candidate for these procedures and he will also determine when is the best time to surgically convert them into total knee replacements.

Dear patient: if you have any doubts or questions regarding these alternative surgical procedures, please contact us to let us know all your worries. Remember that we are here to help you.

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NOTE: The main reason for the above information is to aid patients. We are not responsible for the decisions made by patients without previously consulting their attending physician.