
PARTIAL ARTHROPLASTY

FOR OSTEOARTHRITIS OF THE KNEE JOINT

SYMPTOMS

You've known for some time that there was something wrong with your knee. Whether it is after a previous injury or osteoarthritis, for unknown reasons, pain occurs. Over the last few months, the resilience of your knee joint has decreased and your quality of life is severely restricted.

In the meantime, you will have pain during the first steps in the morning until you have warmed up. After a better phase, the complaints will increasingly reappear during the course of the day. The knee then feels stiff. You have noticed swelling and a decrease in the mobility of the joint.

It's time to take action.

EXAMINATION

A slight limp is noticeable. Some swelling is noticeable, pain on applying pressure in typical places, possibly there is a reduction in mobility, typical are scraping noises during certain movements.

X-rays show the classic signs of osteoarthritis (narrowed joint space, osteophytes, possibly cyst formation in the bone). If, exceptionally, only one of the three compartments of your knee joint is affected and your symptoms correspond exactly to the x-rays, it may be possible to apply a new surface exclusively to the affected part of the joint. We then speak of a partial prosthesis. We have made the best experiences with partial replacements for the part of the joint between the kneecap and thigh as well as for the inside of your knee joint.



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LEGEND

X-ray images of the right knee

1 from the front, osteoarthritis of the inner side only

2 from the front, with partial arthroplasty of the inner side

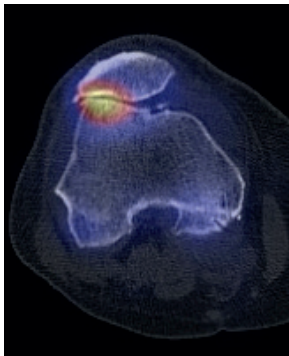
3 lateral, with partial arthroplasty of the inner side

TREATMENT

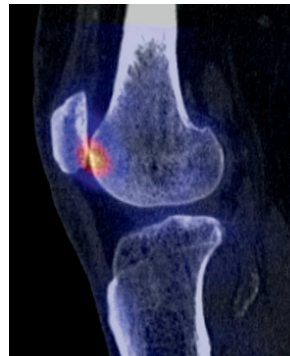
Medication and physiotherapy can alleviate the symptoms, especially during the first relapse or if the aim is to increase your resilience in the short term. It has been shown that knee osteoarthritis symptoms respond well to reduced weight. Your knee may also react positively to "lubricant" injections.

SURGERY

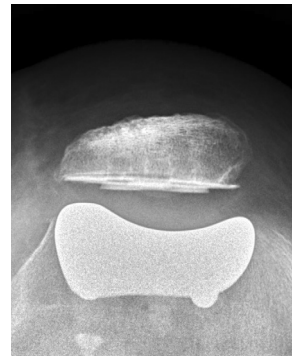
If your complaints are due to this wear and tear, we will successfully replace only this one part of your joint. Your advantage: You keep most of your own joint, the knee feels almost natural to you after the operation. Possible disadvantage: after a few years, it is possible that the disease osteoarthritis will continue to progress and a total prosthesis may still be necessary. Duration of the operation: about 2 hours.



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LEGEND

4 Axial SPECT-CT image shows the osteoarthritis between the patella and the superior thighbone (PFJ)

5 Lateral image of the same patient with PFJ osteoarthritis

6 Axial x-ray image with PFJ partial arthroplasty

7 Lateral x-ray image of an episurf prosthesis with circumscribed cartilage defect

8 Graphic representation of an episurf prosthesis

After an accident, it can happen that a circumscribed cartilage defect exists in an otherwise healthy knee joint. If orthobiological operations are not possible, specially made miniature prostheses can be used here.



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RISKS

You will be operated on by experienced surgeons in our clinic. Nevertheless, it is like flying: no operation is without risk. The risks of this operation can be summarised as follows:

- Risk of infection: **under 1%.**
- Probability that we'll have to give you blood transfusions: **~0%**
- Injury to relevant arteries: **~1%**
- Injury to relevant nerves: **1%**
- Thrombosis/embolism: **~1-2%**
- Chance that in 10 years your partial prosthesis will still be sufficient: **80-90%**

HOSPITAL STAY

Our physiotherapy will help you get back on your feet from day one. The aim of the first phase: as little pain as possible, minimal swelling. Already now you will begin with the movement training, passively on the motorized motion device, actively with the therapist. After 7 days you are ready to leave the clinic, the signs are: less pain, a clean wound, proper mobility, comfortable walking with crutches, in short: you have the knee and the situation under control.

DISCHARGE

You leave the clinic either at this point to go home, or if you have received a confirmation of costs from your insurance company, to one of our partner rehab clinics. The aim of the next phase: to regain your strength and further improve the mobility of your knee joint. You will be supported by physiotherapy and the necessary medication to reduce swelling and pain and to prevent thrombosis.

About 12 - 14 days after the operation the skin clamps will be removed by the general practitioner. At the follow-up consultation in 6 weeks you should be able to walk again without the use of crutches. It will take some time, usually 3 - 6 months, before you are almost free of symptoms.

QUESTIONNAIRE

In our practice we will ask all patients who have received a knee joint prosthesis by us to fill out a questionnaire. This questionnaire includes questions about complaints and functionality in everyday life. As a result, we obtain valuable information about the course of your treatment.

You will receive this questionnaire before the operation and at regular intervals after the operation (6 questionnaires within 5 years). Participation in this project is of course voluntary and does not influence your therapy.

If you have any questions after you leave, please contact us at

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