

The Place of TKR in Unicompartmental OA



Andy Williams
Chelsea and Westminster Hospital, London

For medial OA....

- The best knee replacement ...

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Is a good UKR

For medial OA....

- The best knee replacement ...

Is a good UKR

The literature says...

- Whatever you want it to

The literature says...

- Best functional performance- UKR
 - BUT
 - UKR in less severe disease
 - UKR in younger
 - Positive publications from the UKR 'centres'- can the average surgeon get 'the same result'?
 - Hence, UKR is likely to look good
The best performing TKRs are implanted in this group!

The literature says...

- In average hands UKR



– WORSE for:

- Survival
- Alignment
- Not always easy to revise
- Complications of the knee eg unexplained pain

The literature says...

- In average hands UKR

– WORSE

- In heavy patients
- Lateral disease ?
- ACL deficient



'The UKR Deception'

- Irresponsible promotion of UKR:

- For young people
- For sports
- A 'pre-knee replacement'

BUT...

- UKR
 - Preserving tissue
 - Better proprioception
 - Better kinematics- but not normal
 - Less trauma
 - Less pain
 - Less stiffness
 - Quicker recovery
 - Less risk of medical complications



Ideal patient – old and frail

Patellofemoral OA

- Often related to malalignment which can only be addressed by TKR
- PFJR technically demanding
- But preserving healthy tissues is attractive

Conclusion

- Consider UKR when possible
- In my hands TKR for:
 - Heavy
 - Inflammatory arthropathy
 - Lateral / PF disease
 - Ligament deficiency
 - Non-correctable deformity

