

# SURGICAL EVOLUTION

PARTIAL KNEE REPLACEMENT SURGERY IS A WELCOME OPTION FOR ARTHRITIS-PLAGUED KNEES

By Amanda N. Wegner

Stiff, aching knees are just another part of getting older, right? Perhaps, but it doesn't have to be. "Like anything, the knees are subject to wear and tear," says Dr. Don Wackwitz, an orthopedic surgeon in private practice in Madison. But when that wear and tear develops into arthritis of the knee and makes everyday living difficult, it's time to explore your options.

"For years, the classic counseling was to deal with the pain until it got so severe you couldn't live with it," says Dr. Richard Illgen, a orthopedic surgeon with UW Health. "But we now have many tools to reduce pain and allow people to live comfortably. After those measures are exhausted, we look to surgical options. And what is available today for knees just gets better and better." One of those options is a partial knee replacement.

## A RESURGENCE

While total knee replacement surgery has been the dominant form of surgical intervention for arthritis for years, partial knee replacement surgery to repair arthritis-damaged knees is enjoying a resurgence.

“Partial knee replacement isn’t new,” says Illgen, “it’s been around for 30 or 40 years. But interest in this option has renewed in the last decade or so with improved technology and outcomes.”

“It’s become more common through evolution,” says Wackwitz. “The initial design [was] not very good, and for a long time, total knee replacements were so much better. Now partials have greatly improved. It’s really an exciting time in knee replacement.”

The knee has three compartments: the medial (the interior side of the knee), lateral (the exterior side) and the patellofemoral joint, which is basically the kneecap; arthritis can occur in any and all of these compartments. A partial surgery replaces one or two of the three compartments of the knee.

Partial knee replacements offer several benefits over total replacements. They are less invasive. The anterior and posterior cruciate ligaments (the ACL and PCL), which help stabilize the joint, are left intact, so the knee feels more normal. A partial knee replacement allows for better range of motion. And there’s less post-operative rehabilitation. But is a partial knee replacement merely a bridge to a total replacement?

Thanks to the huge advances in technology, including the sophisticated precision of robotic-assisted knee replacement, the question of longevity lingers, but the prognosis is good. “Alignment is critical for long-term success, but the fact of the matter is that it is metal and plastic, a mechanical device” says Illgen. “But they are certainly lasting longer with the better materials and more precise surgical options.”

“We are really looking at these for a lifetime,” says Wackwitz, but he adds that a partial knee replacement can be converted to full replacement with less surgery than a failed total knee replacement.



## WHO'S A CANDIDATE?

“The most important point, however,” says Wackwitz, “is that [partial knee replacement] really is not for everyone.” Patients eligible for partial knee replacement generally have less severe arthritis, stiffness or deformity (crookedness) of the knee. They also tend to be younger and more active.

If the arthritis affects all three compartments of the knee, total replacement is the better course of action. “In almost 80 to 85 percent of candidates, a total knee replacement is necessary as the knee is so far gone,” says Illgen.

Despite the advances in knee replacements, surgery isn’t an early intervention for achy, arthritic knees. “Many times, it comes on gradually. As it does, we want to treat it with conservation measures,” says Wackwitz. Those measures include pain relievers, including over-the-counter anti-inflammatory medications; physical therapy; exercise; braces; and weight loss.

The Framingham Arthritis Study showed that weight loss of as little as 11 pounds reduces the risk of developing knee osteoarthritis among women by 50 percent.

“If a person gets to the point where they have pain at night, can’t sleep, their days are dictated by their knees and they’ve eliminated things they like to do because of their knees, and they’ve tried those other methods, replacement comes to the forefront,” says Wackwitz. “But, like anything, it can take a long while to get there.” *mb*

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