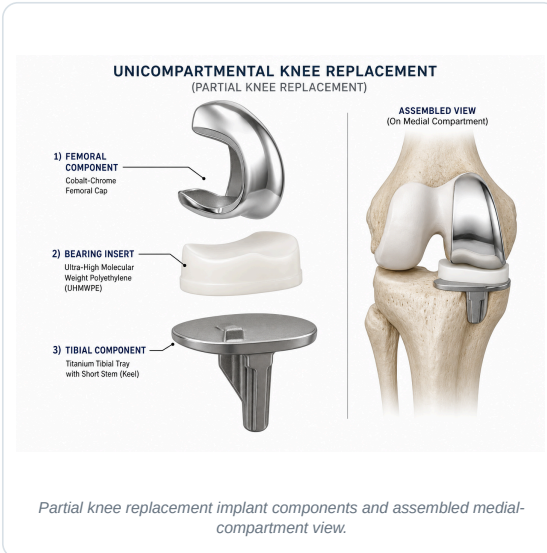


ONE-PAGE PATIENT SUMMARY

# Unicompartmental Knee Replacement

Partial knee replacement for arthritis affecting one compartment of the knee



## Replacing only the worn part of the knee

Unicompartmental knee replacement, also called partial knee replacement, resurfaces one damaged knee compartment. It is considered when arthritis is confined to that area and healthy bone, cartilage and ligaments elsewhere can be preserved. Your surgeon will decide whether it is suitable for your individual knee.

## When it may be considered

- Treats arthritis confined to one compartment, often the inner side of the knee.
- Pain, stiffness, swelling and reduced mobility can affect daily activities.
- Weight-bearing X-rays help confirm bone-on-bone disease in one compartment.
- The ACL and MCL must be functioning, with stable knee alignment.
- Inflammatory, multi-compartment arthritis, infection or ligament instability may rule it out.

## Your treatment pathway

### 1 Assessment

Your surgeon assesses symptoms, weight-bearing X-rays or MRI, ligament function, cartilage elsewhere and whether any deformity corrects.

### 2 Non-surgical care

Physiotherapy, injections, medicines and weight management may be tried first; surgery is considered when relief remains inadequate.

### 3 Operation

Only the damaged compartment is resurfaced. At JointClinics, robotic-assisted surgery may provide 3D planning and real-time guidance when your surgeon considers it appropriate.

### 4 Early discharge

You need to walk safely with aids, manage pain, use stairs if needed, pass urine and understand exercises and follow-up.

## Recovery and aftercare

### 1 Days 0-14

Use crutches or a frame as advised. Control swelling, work on straightening and bending, and start prescribed exercises.

### 2 Weeks 2-6

Gradually reduce walking aids and restore a normal gait and range of movement with physiotherapy-guided exercise.

### 3 From 6 weeks

Build strength and endurance; return to work, driving, sport and impact activity only when safe and individually cleared.

## Protect your recovery

Take medicines, including blood thinners, exactly as prescribed. Keep gently moving and do your exercises. Use wrapped ice and elevation when resting. Reduce opioid medicines as soon as possible. Pain should steadily improve; contact the team if it worsens or you are concerned.

## Seek urgent medical help

Contact JointClinics or attend the nearest Emergency Department immediately for sudden severe calf pain or swelling; sudden breathlessness or chest pain; fever above 38.5°C with wound redness; wound breakdown or pus; sudden inability to bear weight; or severe pain not controlled by medicines.

## Important limitations and risks

UKR does not suit every type of knee arthritis. It is unsuitable with inflammatory or multi-compartment arthritis, active infection, absent or torn ACL, ligament instability or fixed flexion over 15°. Risks include blood clot, infection, stiffness, implant or bearing problems, pain, arthritis progression and possible conversion to total knee replacement. Your plan may differ.

**Need advice tailored to you?** This poster supports, but does not replace, individual assessment or consent.

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