PARTIAL VS TOTAL KNEE REPLACEMENT: WHAT IS THE DIFFERENCE?

WEAK-KNEED NO MORE: KNOWING YOUR OPTIONS FOR KNEE SURGERY

According to the American Academy of Orthopedic Surgeons, nearly half of all American adults develop knee osteoarthritis in at least one knee during their lifetime. Additionally, the demand for total knee replacement surgery is expected to exceed 3 million by the year 2030. However, it’s important that sufferers of knee conditions examine their options before committing to a full-fledged surgery. Both partial and total knee replacement can offer many benefits and a better quality of life depending on your specific needs and health issues.

We rely on the knees for a lot – from occupations that require us to stand for long periods, to the weekend warriors who have amassed many medals from marathons. And, while the knee is equipped for action, it isn’t immune to impairment. Most patients who undergo partial knee replacement, or unicompartmental knee arthroplasty, do so after developing osteoarthritis of the knee. Cartilage is the important rubbery, connective tissue in the body that prevents friction;
as this tissue inevitably wears down, the lack of protection between bones can result in bone spurs and persistent pain. The degenerative, “wear-and-tear” that defines osteoarthritis is caused by years of overuse and frequently develops in those over the age of 50.

An orthopedic specialist is highly trained to determine the best course of treatment for your damaged knee(s). A series of diagnostics including X-rays and magnetic resonance imaging (MRI) allow them a window to better observe both bone and soft tissue. As with any surgery, there are pros and cons; manage your expectations and what you hope to achieve from post-surgical results.

Let’s have a closer look at the knee’s anatomy for a better perspective. The knee is comprised of three main compartments encompassing the inside, outside, and front – medial, lateral, and patellofemoral, respectively. Adhering to the motto “if it’s not broken, don’t fix it”, partial knee replacement targets and replaces only the affected region with an implant. This allows the surgeon to preserve the bone and tissue in the other compartments of the knee. According to The American Academy of Orthopedic Surgeons, not only does this procedure allow for a faster recovery and less pain, many patients report that they feel post-op is more natural. For you, this may mean a better quality of life – complete with gardening, your sport of choice, and less pain with everyday movements. However, there is a small caveat; in some cases, this single surgery may not be sufficient if arthritis develops in other regions of the knee.

Knee arthroplasty, or total knee replacement is where a surgeon will remove the damaged joint and replace it with an artificial one made of metal and plastic. With more than 600,000 of these procedures being performed each year in the U.S., it is proven safe and successful at relieving pain. If you are experiencing extreme discomfort and stiffness, harsh pain while at rest, visible knee deformity, or chronic inflammation (whether due to rheumatoid arthritis or other causes), you may be a candidate for this tried-and-true surgery. Or perhaps you’ve exhausted all your other options, and haven’t found significant relief with cortisone injections, anti-inflammatory meds, and physical
therapy. Consider the facts; 90% of those who elect to have this surgery report a dramatic reduction of pain.

Selecting a board-certified orthopedic surgeon will give you the peace of mind needed to take the plunge and seek relief for persistent knee pain. Dr. Paul Meli is highly trained in diagnosing, treating and rehabilitating an array of musculoskeletal maladies, and will help you select the procedure best suited to your unique situation. For more information, or to schedule an appointment with one of their specialists, call 954-324-7711.