Last week we discussed arthroscopic surgery, osteotomy and patello-femoral replacement. The other procedures available are these.

**Partial Knee Joint Replacement**

It is also referred to as unicompartmental arthroplasty. Surgeons think of the knee as having three compartments. Medial compartment, lateral compartment and patello-femoral compartment. I see an occasional patient who has arthritis in only the medial or lateral compartment and nowhere else. One compartment. Rest of the knee is fine. It is rare. That person could be a candidate for a partial knee replacement.

There are other factors too that would influence the decision. If everything seems to be right a partial knee replacement might work for that person. It is less surgery and they seem to recover faster. A big factor is that if the other parts of the knee wear out you have to come back, have the uni taken out and have a regular total knee replacement. A patient has to go into this surgery knowing all the facts. The procedure has a place, but a limited one.

**Total Knee Replacement**

More joint replacements are performed on knees than any other joint. In a total knee replacement (arthroplasty) the worn out cartilage surfaces of the thigh bone (femur), shin bone (tibia) and patella (kneecap) are replaced by parts called a prosthesis. The various parts are made of metal alloys and a medical plastic call polyethylene. The other parts of the knee such as ligaments and muscle that connect the bones remain largely intact.

Total knee replacement is a major surgical procedure done under general or spinal anesthesia. It always requires careful pre-operative evaluation of any medical problems that the patient has. Laboratory studies and an electrocardiogram plus other studies are undertaken before any total knee replacement.
Once the decision has been made to go ahead with the total knee replacement it is up to me to decide which total knee prosthesis is right for a particular person.

In most cases I have chosen an LCS Total Knee prosthesis made by DePuy Orthopaedics, Inc. As you can imagine there are a large number of prostheses to choose from.

I have chosen this prosthesis because of its truly unique design and amazingly long life.

**Mobile Bearing Knee**

LCS is different from other knee replacements in the following important way. The human knee is not a hinge even though patients mostly think of it in that way. There is an important rotation component to knee motion, which is extremely important in how the knee normally functions.

LCS is capable of bending and rotating which other total knees do not do.

I need to refer you to the office teaching website [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) for much more pertinent and detailed information about this unique total knee prosthesis. It would be worth your time to read it.

Next week I would like to talk about what happens in the hospital and when you go home. Also we need to cover what your expectations should be regarding activities after a knee replacement.

Please check out our office teaching website [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com), which can take you to Your Orthopaedic Connection for more information about total knee replacement.

**Gratiot County Herald Archive and Office Website**

[www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) is a great source of musculoskeletal information that you can use. In addition it is your entry to the Gratiot County Herald Archive of all articles I have written for GCH Orthopaedic Connection. They are all listed, most recent all the way back to first. A couple of mouse clicks and the whole article appears!

The articles and website cover everything I treat in the office and hospital. Check it out.
Our goal is simple – To help people return to more pain free, functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush