Medial Knee Osteoarthritis

Patient Handout

Background

Do you have increased force (overload) and arthritis on the medial (inside) aspect of your knee that is painful and limiting your function? You aren't alone! Literature suggests 13.8% of adults develop knee arthritis in their lifetime with medial compartment arthritis being the most common type

How do I choose what is best for me?

The overall goal of treating your condition is to maintain as much of your native knee anatomy, allow you to continue the activities you are interested in doing, and prevent you from undergoing a total knee replacement When selecting a treatment your provider and you should consider the following factors

- How significant are my symptoms?
- How is my function being limited?
- Are there sporting activities that I want to be able to return to / what activities do I want to return to doing?
- If present, how significant is my arthritis?

Both surgical treatment options have their advantages and disadvantages.

TREATMENT OPTIONS

High Tibial Osteotomy (HTO)

Surgical procedure that involves making a cut into the tibia to shift the force through the knee and offload the painful inside aspect

Partial Knee Replacement / Unicompartmental Knee Arthroplasty (UKA)

Surgical procedure to remove the painful arthritic bone on the inside part of the knee and replace it with metal and plastic components.

High Tibial Osteotomy

HTO is most useful for young very active patients allowing the ability to participate in high impact physical activities/sporting activities

HTO is not an option if you have bone-on-bone arthritis (severe), prior lateral meniscectomy

HTO has over an 80% rate of survival at 10 years, but does decrease to closer to 50% at 15 and 20 year follow up

Over 90% of patients are able to return to sport at their presurgical level

Risks specific/pertinent to HTO (This does not encompass all risks of the procedure): Nonunion (bone not healing), overcorrection

After the procedure, typically your weightbearing is limited for at least 6 weeks and often longer pending on the physician rehab protocol

Unicompartmental Knee Arthroplasty

UKA is most useful in less active patients providing pain relief and participation in low impact activities

UKA can be performed if you have severe arthritis

ACL deficiency is a contraindication for some types of UKA, you should discuss the style of implant utilized if you have an ACL deficient knee

Limitations on participating in high impact activities

Some studies suggest that UKA leads to better pain relief than HTO

UKA also has over a 95% rate of survival at 10 years and, in some studies, had survival rates maintained at 90% at 20 years

Risks specific/pertinent to UKA (This does not encompass all risks of the procedure): Loosening of the metal components, wear of the plastic component

After the procedure, you can be weightbearing as tolerated

References

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