PATIENT GUIDE

Partial knee replacement

A partial knee replacement (also called a unicompartmental or “uni” knee replacement) resurfaces only the worn part of the knee and keeps the healthy parts and ligaments. This guide explains who it may suit, what the operation involves and what to expect afterwards.

At a glance

What it is	Replacing one worn compartment of the knee, usually the inner (medial) side, with metal and plastic parts
Who it may suit	Arthritis limited to one part of the knee, with healthy ligaments and the other compartments in good condition
Anaesthetic	Usually a spinal anaesthetic with sedation, or a general anaesthetic
Hospital stay	Usually 1 to 2 nights; some patients go home the same or next day
Walking	You will usually walk on the day of surgery or the next morning, with crutches or a frame at first
Driving	Usually not for at least 6 weeks, and only when you can do an emergency stop safely

Your knee and why it hurts

The knee has three compartments: the inner (medial) side, the outer (lateral) side, and the joint behind the kneecap (patellofemoral). Osteoarthritis often starts in just one of these. When the wear is limited to one compartment, replacing only that part can be an option instead of a total knee replacement.

Is a partial knee replacement right for me?

Surgery is considered when pain and stiffness are affecting your daily life or sleep despite non-surgical treatment. That treatment usually includes exercise, weight management, painkillers and activity changes, as recommended by NICE.

Mr Umar will examine your knee and review standing X-rays, and sometimes an MRI scan, to see which compartments are worn and whether your ligaments are intact. A partial replacement may not be suitable if:

- the arthritis affects more than one compartment
- the knee is unstable or the anterior cruciate ligament (ACL) is damaged
- the knee is very stiff or badly deformed
- you have an inflammatory arthritis such as rheumatoid arthritis

If a partial replacement is not right for you, a total knee replacement or continuing non-surgical treatment will be discussed.

Partial or total knee replacement?

Compared with a total knee replacement, a partial replacement uses a smaller incision and keeps more of your own knee. Many patients find recovery a little quicker and the knee may feel more natural.

National Joint Registry data show that partial knee replacements are more likely than total knee replacements to need further surgery (a revision) in the longer term. If this is needed, a partial replacement is usually converted to a total knee replacement. Mr Umar will talk through the balance of benefits and risks for your own knee.

The operation

The operation usually takes about 1 to 1½ hours. Through a cut at the front of the knee, the worn surfaces of one compartment are removed and replaced with a metal component on the thigh bone and shin bone, separated by a plastic insert. Some partial knee replacements are cemented and some are not. Local anaesthetic is often injected around the knee to help with pain afterwards.

Risks and possible complications

Most operations go without problems, but every operation carries some risk. These include:

- **Infection** of the wound or, less commonly, the joint itself, which may need further surgery
- **Blood clots** in the leg (deep vein thrombosis) or lungs (pulmonary embolism); you will be given measures to reduce this risk
- **Ongoing pain or stiffness** in the knee
- **Bleeding or swelling**, which can take several months to settle fully
- **Numbness** of the skin on the outer side of the scar, which is common and usually harmless
- **Nerve or blood vessel injury**, which is rare
- **Loosening, wear or progression of arthritis** in the rest of the knee, which may lead to a revision to a total knee replacement
- **Fracture** of the bone around the implant, which is uncommon
- **Risks of the anaesthetic**, which your anaesthetist will discuss with you

Recovery

Recovery after a partial knee replacement follows the same programme as after a total knee replacement, and some people progress a little faster. Please use the guide **Rehabilitation after knee replacement** for your stage-by-stage exercises.

- **In hospital:** you will start exercises with the physiotherapist and walk with a frame or crutches.
- **Weeks 0 to 2:** focus on bending and straightening the knee, controlling swelling with rest, elevation and ice, and walking short distances often.
- **Weeks 2 to 6:** build strength and walking distance, and wean off crutches when your physiotherapist advises.
- **Weeks 6 to 12:** return to most everyday activities. Desk-based work is often possible from about 4 to 6 weeks; manual work may take longer.

- **Longer term:** swelling and warmth can take 6 to 12 months to settle. Walking, cycling, swimming and golf are generally encouraged once you have recovered. Discuss high-impact activities with Mr Umar.

When to seek medical advice

Get urgent help (NHS 111, A&E, or 999 if severe):

- chest pain or sudden shortness of breath
- pain, swelling or redness in the calf
- a high temperature, or feeling shivery and unwell

Contact Mr Umar's team the same day if:

- the wound becomes red, hot or more painful, or leaks fluid after the first few days
- pain or swelling is getting worse rather than better
- you cannot put weight on the leg

Sources

This guide is based on Mr Umar's practice and follows NICE guideline NG157 (joint replacement), NICE guideline NG226 (osteoarthritis in over 16s), British Orthopaedic Association guidance and National Joint Registry information for patients.

Questions?

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This is general guidance. Always follow the specific instructions from your own surgical and physiotherapy team, as your care may differ.

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