

**Oxford**  
Partial Knee



**BIOMET**

# Oxford Partial Knee

A Definitive Implant

With over 35 years' clinical experience, the Oxford Partial Knee is the most widely used<sup>1</sup> and proven<sup>2</sup> partial knee system in the world.

**Tibial Component**  
Anatomical shape for optimal bone coverage



## Femoral Component

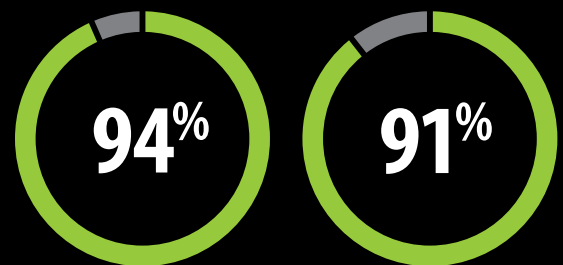
- Conforming, spherical design minimizes contact stress throughout entire range of motion<sup>1</sup>
- Curved inner geometry for minimal bone removal<sup>1</sup>

## Mobile Meniscal Bearing

- Only true mobile meniscal bearing knee system approved for use in the U.S.
- Mobile bearing designed to remain fully congruent with femoral component throughout entire range of motion<sup>3</sup>
- Proven wear resistance with ArCom Direct Compression Molded polyethylene<sup>4,5</sup>

- A multi-center study<sup>6</sup> found that Oxford PKR patients were 1.8 times more likely to report that their knee felt normal and 2.7 times more satisfied with their ability to perform activities of daily living compared to TKA patients
- A survey<sup>7</sup> showed that Oxford partial knee patients are happier with their knee replacements than total knee patients
- A multi-centre study demonstrated decreased morbidity and complications of PKA compared to TKA<sup>8\*</sup>
- Proven,<sup>2</sup> safe and reproducible technique<sup>9</sup>
- Better functionality<sup>10</sup> and more natural motion<sup>12</sup> compared to TKA
- Best-in-class continuous education program

## Survivorship



at 15 years<sup>2,13,14</sup>

at 20 years<sup>2</sup>

# Oxford Partial Knee

## Microplasty Partial Knee Instrumentation

The Oxford Partial Knee System continues to advance partial knee arthroplasty with Microplasty Instrumentation. This instrumentation platform provides surgeons with innovative tools to help with ease of use, precision, efficiency and reproducibility<sup>9</sup> for each patient:

- Proprietary tibial resection guide that uses patients' normal MCL tension to determine level of tibial resection
  - The soft-tissue referencing Microplasty instrumentation references the posterior femoral condyle to set the amount of tibial resection.
- Spherical mill and spigots provide a simplified approach to balancing the flexion and extension gaps
  - Size specific femoral instrumentation for precise 1 mm incremental bone removal
- The Femoral Drill Guide linked to the IM rod provides for accurate and reproducible alignment<sup>9</sup>
- The Anti-Impingement guide is designed to help surgeons minimize anterior bearing impingement with precise guided instrumentation





## Oxford Partial Knee and Today's Fixed Bearing Partial Knee Replacements

The Oxford Partial Knee has demonstrated 91% survivorship at 20 years.<sup>2</sup>

- Because of its congruent, forgiving design, the Oxford has demonstrated ultra low polyethylene wear in multiple retrieval studies<sup>14,15</sup>
- No significant correlation exists between preoperative evidence of PFJ (Patellofemoral Joint) disease\*\* and poor outcomes with Oxford Partial Knee<sup>16,17</sup>

One published study found the Oxford Partial Knee restored joint kinematics better than one fixed bearing partial knee replacement design, reporting the following:

- Larger and incremental increase in tibial internal rotation<sup>18</sup>
- More consistent AP translation of the medial femoral condyle<sup>18</sup>
- More consistent AP translation of contact point<sup>18</sup>

\*\*Patellofemoral joint damage must be limited to (or greater on) the medial facets

# Oxford Partial Knee

## Clinically Proven

Sources	Type (NJR, Publications etc.)	N (All patients are Oxford partial knees unless stated otherwise)	Survivorship
Berend, M. E. Mobile Bearing Partial Knee Arthroplasty. <sup>19</sup>	Presentation	2,029 knees	98.0% at a mean of 78 months
Bergeson, AG <i>et al.</i> Medial mobile bearing unicompartmental knee arthroplasty early survivorship and analysis of failures in 1000 consecutive cases. <i>Journal of Arthroplasty</i> . 2013 <sup>20</sup>	Publication	1,000 knees	95.2% at a mean of 44 months
Carr, A. <i>et al.</i> Medial Unicompartmental Arthroplasty: A Survival Study of the Oxford Meniscal Knee. <i>Clinical Orthopedics and Related Research</i> . 295:205–213. 1993. <sup>21</sup>	Publication	121	99.1% at 9 years (cumulative survivorship)
Faour-Martin, O. <i>et al.</i> Oxford phase 3 unicondylar knee arthroplasty through a minimally invasive approach: long term results. <i>International Orthopaedics</i> , 2013. <sup>22</sup>	Publication	511 knees	94.7% at 10 years (cumulative survival)
Gondusky, Joseph S., <i>et al.</i> "Day of Surgery Discharge after Unicompartmental Knee Arthroplasty: An Effective Perioperative Pathway." <i>The Journal of arthroplasty</i> (2013). <sup>23</sup>	Publication	160 knees (73.1% of implants were Oxford)	98.75% at a mean of 24 months
Jones, L <i>et al.</i> 10 year survivorship of the medial oxford unicompartmental knee arthroplasty. A 1000 patient non-designer series- the effect of surgical grade and supervision. <i>Osteoarthritis and Cartilage</i> . 2012;20:S290-S291 <sup>24</sup>	Publication	1,085 knees	91% at 10 years (cumulative survival)
Keys GW, UI-Abiddin Z, Toh EM. Analysis of first forty Oxford medial unicompartmental knee replacements from a small district hospital in UK. <i>Knee</i> . 2004; 11:375-377. <sup>25</sup>	Publication	40 knees	100% at a mean of 7.5 years
Kort <i>et al.</i> The Oxford phase III unicompartmental knee replacement in patients less than 60 years of age. <i>Knee Surg Sports Traumatol Arthrosc</i> . 2007 Apr;15(4):356-60. Epub 2006 Oct 7. <sup>26</sup>	Publication	46 knees	96% at for cases with follow up between 2 and 6 years
Lim, HC <i>et al.</i> Oxford phase 3 unicompartmental knee replacement in Korean patients. <i>JBJS</i> . 2012 Aug; 94-B(8) <sup>27</sup>	Publication	400 knees	94% at 10 years (cumulative survival)
Lisowski, LA <i>et al.</i> Oxford Phase 3 unicompartmental knee arthroplasty: medium term results of a minimally invasive surgical procedure. <i>Knee Surg Sports Traumatol Arthrosc</i> . 2011; 19:277-84 (Biomet Author) <sup>28</sup>	Publication	244 knees	94.4% at 7 years (cumulative survival)
Lloyd, JM <i>et al.</i> Medium term results of per-operative knee arthroscopy in confirming suitability for unicompartmental arthroplasty. <i>The Knee</i> . 2012;908-912 <sup>29</sup>	Publication	151 knees	97.5% at a mean of 5.1 years

Sources	Type (NJR, Publications etc.)	N (All patients are Oxford partial knees unless stated otherwise)	Survivorship
Lombardi, AV <i>et al.</i> Is recovery faster for mobile-bearing unicompartmental than total knee arthroplasty? Clin Orthop Relat Res. 2009 Jun;467(6):1450-7 <sup>30</sup>	Publication	115 knees	94% at a mean of 30 months
Matharu, G <i>et al.</i> The Oxford medial unicompartmental knee replacement: survival and the effect of age and gender. The Knee. 2012: 913-917 <sup>31</sup>	Publication	459 knees	93% at 8 years (cumulative survival)
Murray, DW <i>et al.</i> The Oxford medial unicompartmental arthroplasty: a ten-year survival study. Journal of Bone and Joint Surgery. 1998;80-B:983-989 <sup>32</sup>	Publication	143 knees	98% at 10 years (cumulative survival)
Pandit, H <i>et al.</i> Minimally invasive Oxford phase 3 unicompartmental knee replacement. Results of 1000 cases. J Bone Joint Surg Br. 2011;93-B:198-204 <sup>33</sup>	Publication	1,000 knees	96% at 10 years (cumulative survival)
Price AJ, Waite JC, Svard U. Long-term clinical results of the medial Oxford unicompartmental knee arthroplasty. Clin Orthop Relat Res. 2005; 435:171-180 <sup>14</sup>	Publication	439 knees	93% at 15 years (cumulative survival)
Price, AJ and Svard, U. A second decade lifetable survival analysis of the Oxford unicompartmental knee arthroplasty. Clin Orthop Relat Res. 2011;469:174-179 <sup>2</sup>	Publication	682 knees	91.0% at 20 years (cumulative survival)
Rajasekhar C, Das S, Smith A. Unicompartmental knee arthroplasty. 2- to 12-year results in a community hospital. J Bone Joint Surg Br. 2004; 86:983-985. <sup>34</sup>	Publication	135 knees	94.04% at 10 years (cumulative survival)
Smith, <i>et al.</i> Accelerated rehabilitation following Oxford unicompartmental knee arthroplasty: five year results from an independent centre. Eur J Orthop Traumatol 2012; 22: 151-158. <sup>35</sup>	Publication	225 knees	95% at 5 years (cumulative survival)
Sun, PF and Jia YH. Mobile bearing UKA compared to fixed bearing TKA: a randomized prospective study. The Knee. 2012;19:103-106 <sup>36</sup>	Publication	28 knees	100% at a mean of 52 months (after adjusting for learning curve)
Svard UC, Price AJ. Oxford medial unicompartmental knee arthroplasty. A survival analysis of an independent series. JBJS. 2000 <sup>37</sup>	Publication	124 knees	95.0% at 10 years (cumulative survival)
White, Stephen H., Sharon Roberts, and Peter W. Jones. "The twin peg Oxford partial knee replacement: the first 100 cases." The Knee 19.1 (2012): 36-40. <sup>38</sup>	Publication	100 knees	100% at 2 years (cumulative survival)
Yoshida, Kenjiro, <i>et al.</i> "Oxford Phase 3 Unicompartmental Knee Arthroplasty in Japan – Clinical Results in Greater Than One Thousand Cases Over Ten Years." The Journal of arthroplasty 28.9 (2013): 168-171. <sup>39</sup>	Publication	1,279 knees	95% at 10 years (cumulative survival)

## References

\* Study included Oxford Partial Knees as well as other 'non-Biomet' partial knees

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The Oxford Partial Knee is intended for osteoarthritis or avascular necrosis limited to the medial knee compartment and is to be implanted with bone cement. The Oxford Knee is not indicated for use in the lateral compartment or for patients with ligament deficiency. Potential risks include, but are not limited to, loosening, dislocation, fracture, wear, and infection, any of which can require additional surgery. For complete prescribing information, see the package insert and [www.biomet.com](http://www.biomet.com).

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