

## Advantages of an Ambulatory Surgery Center (ASC)

Joint replacement surgery can be performed in an outpatient setting, also known as an Ambulatory Surgery Center (ASC). Unlike hospitals, ASCs allow recovery to take place in your home. This means patients will typically spend less than a day in a surgery center, compared to a multi-day stay at a hospital.

### Education is Key

As an ASC patient, you will be provided with comprehensive educational materials regarding the surgical procedure and its outcomes. This ensures your questions are answered prior to the procedure and you have understanding of what to expect. As part of this education, strengthening exercises and a comprehensive nutrition plan are provided to help achieve optimum health before surgery and during recovery.

Your surgeon may also implement a unique pain management program. This program is designed to reduce pain after surgery and is a critical component in helping your rehabilitation therapy and to quicken your recovery.

Recovery times vary, but most patients may drive after two weeks, garden after three to four weeks, and golf after six to eight weeks. However, your surgeon will advise as to when you may resume activities and will describe which activities to avoid. Most patients are typically not allowed to participate in high-impact activities or contact sports, as these place extreme pressure on joints, possibly leading to complications.

### Summary

Determining to have surgery can be a difficult decision. We hope this brochure has provided a basic understanding of Oxford Partial Knee replacement in the Ambulatory Surgery Center setting. Our goal is to help you make the best possible decision for your particular situation. This information is not intended to replace the experience and counsel of your orthopedic surgeon. For further information and inquiries, please speak directly with your orthopedic surgeon.

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\* Compared to total knee replacement

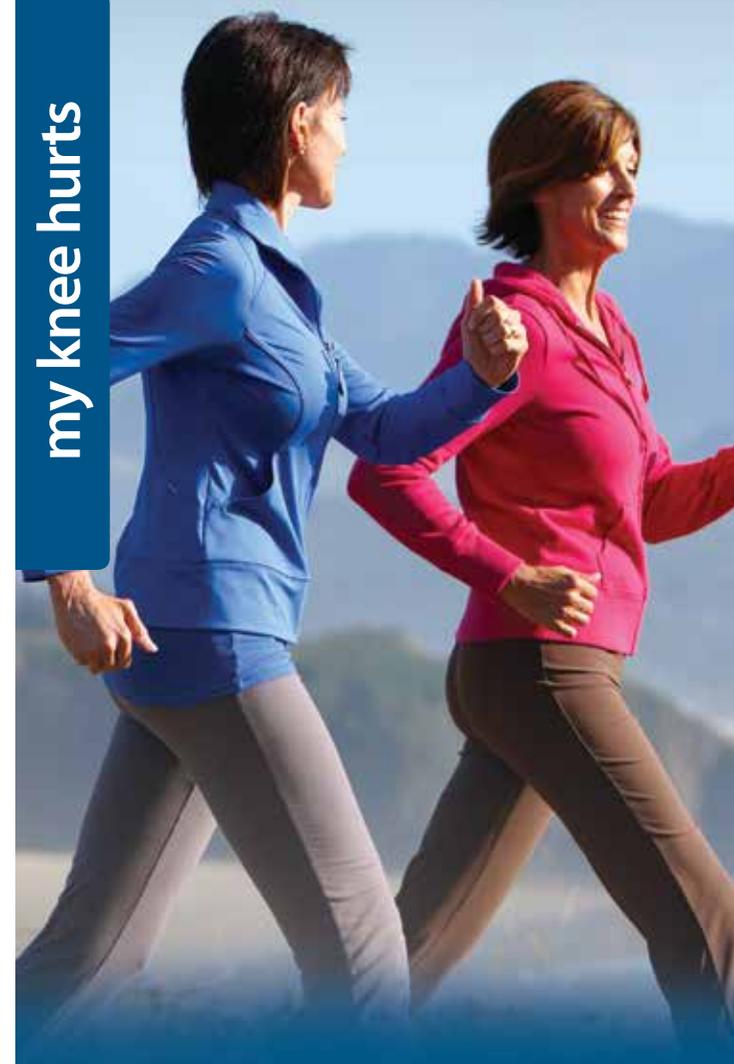
\*\* Adjusted odds ratio-controlled for gender, age, minority, income, and center. The multi-center study was led by researchers at Washington University in St. Louis, Missouri. Patients included in the study were treated with either total knee replacement, fixed-bearing unicompartmental knee replacement, or the Oxford Partial Knee. Centers contributing data on both total knee and partial knee replacement were Washington University, St. Louis, Missouri; Rush University Medical Center, Chicago, Illinois; and Mt. Carmel Hospital, New Albany, Ohio. Data for the study were gathered through comprehensive interviews, conducted by the University of Wisconsin, of 1,263 consecutively identified arthroplasty patients who met the inclusion/exclusion criteria. This is a Biomet-funded study and the data is on file.

Not all patients are candidates for partial knee replacement. Only your orthopedic surgeon can tell you if you're a candidate for joint replacement surgery, and if so, which implant is right for your specific needs. You should discuss your condition and treatment options with your surgeon. The Oxford Meniscal Partial Knee is intended for use in individuals with osteoarthritis or avascular necrosis limited to the medial compartment of the knee with ligament sufficiency, and is intended to be implanted with bone cement.

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my knee hurts



Your guide to  
**Oxford partial knee replacement**  
in the Ambulatory Surgery Center setting



for more information, visit:  
[ihavejointpain.com](http://ihavejointpain.com)

Your guide to  
**Oxford partial knee replacement**  
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Osteoarthritis can affect every aspect of a person's life. In its early stages, symptoms can easily be ignored — yet as the disease progresses, activities like walking, driving, and even standing become increasingly painful and challenging. When this significant progression occurs, one potential treatment option may be partial knee replacement.

### Partial knee replacement

The knee is composed of three separate compartments. Osteoarthritis sometimes develops in only one compartment of the knee, while the other two areas remain relatively healthy. If osteoarthritis is limited to the inside compartment of the knee, you may be a candidate for partial knee replacement.

What is partial knee replacement?

The advantage of partial knee replacement is it resurfaces only the damaged compartment of the knee, preserving the undamaged areas. Together, you and your surgeon will determine if a partial knee is the right choice for you.

### Oxford Partial Knee

- Because the Oxford Partial Knee is designed to repair only one side of the knee, it is much smaller than a total knee implant.
- Additional advantages of a partial knee include less pain,<sup>2,3</sup> a faster recovery,<sup>1</sup> and more natural motion.<sup>\*4-5</sup>
- Thanks to its unique mobile bearing design, the Oxford Partial Knee is the only one of its kind in the U.S.
- Research has shown that partial knee replacements with moveable plastic bearings like the Oxford have low wear rates.<sup>12</sup>

### More natural motion

In a healthy knee, the meniscus serves as a shock absorber between the ends of the bones. The Oxford Partial Knee is the first partial implant with an artificial meniscal bearing designed to glide freely throughout the knee's range of motion.

Why is this important to you?

The free-floating nature of the device more closely replicates natural movement.

Patients receiving the Oxford Partial Knee at a minimum of one year post-operation were:

- 1.81 times more likely than total knee replacement recipients to report that their knee felt normal.\*\*
- 2.69 times more likely to be satisfied with their ability to perform activities of daily living.\*\*

### Long-term durability

Published long-term clinical results on the Oxford Partial Knee demonstrated a 92.4% survivorship at 10 years,<sup>\*6-12</sup> 94.0% at 15 years,<sup>\*9,11-12</sup> and 91% at 20 years,<sup>\*9</sup> proving The Oxford Partial Knee the most widely used and clinically proven partial knee in the world.

### Risks and Potential Complications of Partial Knee Replacement

There is no guarantee that any implant will successfully function for a specific length of time, as there are a multitude of variables that affect the life of an implant, including but not limited to weight, activity level, health, and adherence to your surgeons orders. Not all patients are candidates for Oxford Partial Knee replacement. Be certain to discuss your condition and treatment options with your surgeon.

While uncommon, complications can occur during and after surgery. Some complications include, but are not limited to infection, blood clots, implant breakage, malalignment, and premature wear—any of which may require additional surgery. Although implant surgery is extremely successful in most cases, some patients still experience stiffness and pain.

To minimize the potential for complications, your surgeon may ask you to see a medical physician to obtain tests prior to surgery, and may request for your dental work to be updated. Too, instructions may be provided regarding preparations in your home to avoid potential falling hazards during recovery.

No implant will last forever, and factors such as a patient's post-surgery activities and weight can affect longevity. However, the procedure can allow you to return to certain activities more quickly and with much less pain. Be sure to discuss these and other risks with your surgeon.

Potential risks include, but are not limited to, loosening, dislocation, fracture, wear, and infection, any of which can require additional surgery. For additional information on the Oxford knee, including risks and warnings, talk to your surgeon and see the full patient risk information on Biomet.com.

