



Oxford[®] Partial Knee

BIOMET[®]

Oxford® Partial Knee

A Definitive Implant

With over 35 year's clinical experience, the Oxford® Partial Knee is the most widely used¹ and proven partial knee system in the world.

- A multi-center study² 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 survey³ 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^{4*}
- Proven⁵, safe and reproducible technique¹
- Better functionality⁶ and more natural motion⁷ compared to TKA
- Best-in-class continuous education program

Tibial Component

Anatomical shape for optimal bone coverage



*Not all partial knees in this study were Oxford knees

** Adjusted odds ratio controlled for gender, age, minority, income, and center, $p < 0.05$, multivariate analysis

Femoral Component

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

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 motion⁸
- Increased wear resistance with ArCom[®] Direct Compression Molded polyethylene^{9,10}

The most widely used¹ and clinically proven partial knee system in the world.

Clinical Survivorship

92.4% at 10 Years^{5, 11-16}

94.0% at 15 Years^{5, 15, 16}

91.0% at 20 Years¹⁶

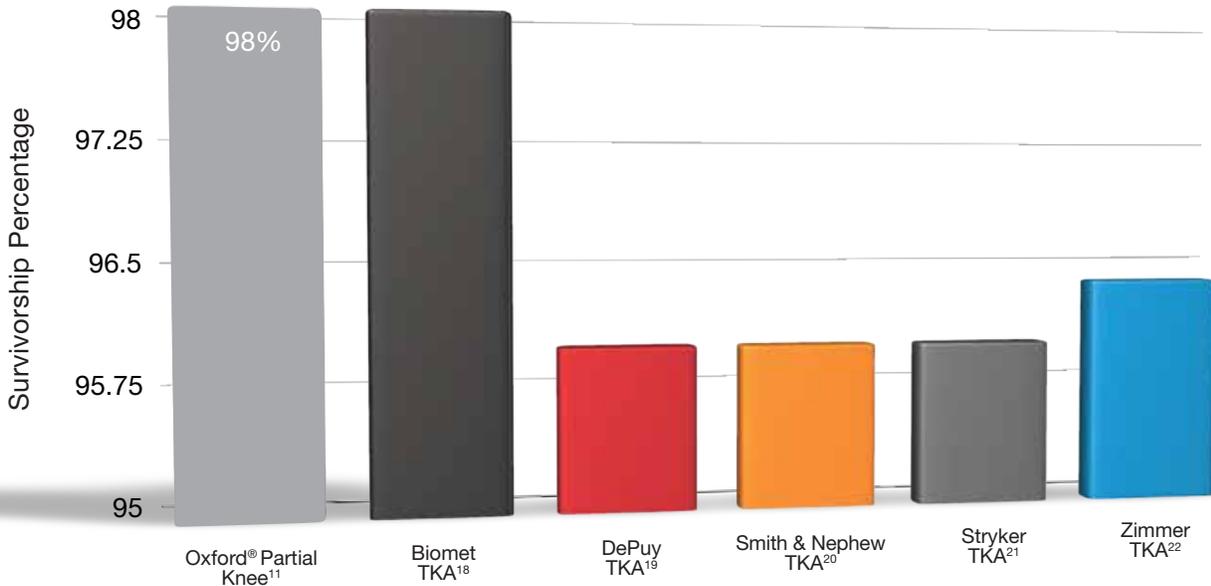


Oxford® Partial Knee

Clinical Performance

The long-term clinical performance of the Oxford® Partial Knee is supported by world-wide clinical studies.¹⁷ The Oxford® Partial Knee has comparable, if not better, long-term survivorship results than competitive total knee arthroplasties.^{11, 18-22} It is the only partial knee replacement that rivals the clinical heritage of total knee replacements.^{11, 18-22}

Clinical Survivorship at 10 Years



Overview of Oxford® Unicompartamental Knee Arthroplasty
Gaurav Khanna, MD; Bruce A. Levy, MD¹⁷
Oxford® Unicompartamental Knee Replacement: Literature Review. *Orthopedics Supplement. 30(5): 12. 2007.*

Authors	Year	n	Age (years)	Disease	Knee Score	Follow-up (y)	% Survivorship (y)	Mode of Failure
Goodfellow <i>et al</i> ²³	1988	103 (27 lateral)	70 (range: 54–86)	Medial or lateral OA	None Given	3 (2–5)	91.0	9 revisions (5 component loosening, 3 bearing dislocation, 1 disease progression)
Carr <i>et al</i> ²⁴	1993	121	69 (range: 57–81)	Medial OA	40.1 (OKS)	3.8	99.0	1 revision (component loosening)
Murray <i>et al</i> ¹¹	1998	143	71 (range: 35–91)	Anteromedial OA	None Given	7.6 (6–14)	98.0 (10)	5 revisions (2 component loosening, 2 lateral OA, 1 unexplained pain)
Vorlat <i>et al</i> ²⁵	2000	41 (3 lateral)	62 (range: 46–84)	Medial or lateral OA	87.0 (HSS)	5 (2–8)	93.0	3 revisions (2 lateral OA, 1 component malalignment)
Svard <i>et al</i> ¹⁵	2001	124	70 (range: 51–86)	Anteromedial OA	None Given	12.5 (10.1–15.6)	95.0 (10)	6 revisions (3 bearing dislocation, 2 component loosening, 1 infection)
Emerson <i>et al</i> ²⁶	2002	50	63 (range: 38–85)	Medial OA	92 (AKS)	6.8 (2–13)	93.0 (10)	7 revisions (4 lateral OA, 1 bearing impingement, 1 inflammatory arthritis, 1 component loosening)
Keys <i>et al</i> ¹²	2004	40	68 (range: 0–80)	Medial OA	None Given	7.5 (6–10)	100 (10)	None
Rajasekhar <i>et al</i> ¹³	2004	135	71 (range: 53–88)	Medial OA	92.2 (AKS)	5.8 (2–12)	94.0 (10)	5 revisions (2 component loosening, 1 component loosening/bearing dislocation, 1 bearing dislocation, 1 unexplained pain)
Langdown <i>et al</i> ²⁷	2005	29	71 (46–85)	AVN	38.0 (OKS)	5.2 (1–13)	100 (10)	None
Price <i>et al</i> ²⁸	2005	52	pts <60: 56 (range: 35–60)	Medial OA	94.0 (HSS)	10	91.0 (10)	4 revisions (2 lateral OA, 1 component loosening, 1 bearing fracture)
		512	pts >60: 71 (range: 60–95)	Medial OA	86.0 (HSS)	10	96.0 (10)	20 revisions (8 lateral OA, 5 component loosening, 3 deep infection, 3 bearing dislocation, 1 unexplained pain)
Verdonk <i>et al</i> ²⁹	2005	97 (10 lateral)	61 (range: 46–84)	Medial or lateral OA	None Given	6.8 (2–14)	86.0	14 revisions (5 component loosening, 3 bearing dislocation, 3 lateral OA, 2 unexplained pain, 1 supracondylar femur fracture)
Price <i>et al</i> ¹⁶	2005	439	70 (range: 49–95)	Medial OA	86.0 (HSS)	15	93.1 (15)	23 revisions (7 lateral OA, 5 component loosening, 5 bearing dislocation, 2 infection, 2 unexplained pain, 1 component loosening/bearing dislocation, 1 bearing fracture)
Vorlat <i>et al</i> ³⁰	2006	149	66 (range: 46–89)	Medial OA	None Given	5.5 (1–10)	84.0 (10)	24 revisions (9 lateral OA, 6 component loosening, 4 bearing dislocation, 2 bearing fracture, 1 tibial subsidence, 1 instability, 1 unknown)
Kort <i>et al</i> ³¹	2006	46	56 (range: 43–60)	Medial OA	90.5 (AKS)	(2–6)	96.0	2 revisions (1 tibial loosening/femoral malalignment, 1 femoral malalignment)
Luscombe <i>et al</i> ³²	2006	78	63 (range: 41–79)	Medial OA	38.3 (OKS)	2	95.0	4 revisions (1 unexplained pain, 1 deep infection, 1 component loosening, 1 bearing dislocation)
Pandit <i>et al</i> ³³	2006	688	66 (range: 33–89)	Anteromedial OA (667) AVN (21)	39.0 (OKS)	7	97.3	9 revisions (4 deep infection, 3 bearing dislocation, 2 unexplained pain)
Price and Svard ⁵	2010	682	69.7 (range: 48–94)	Anteromedial OA, Secondary OA, Osteonecrosis	None Given	5.9 (0.5–22)	98 (10) 91 (20)	29 revisions (10 lateral arthrosis, 9 component loosening, 5 infection, 2 bearing dislocations, 3 unexplained pain)

Abbreviations: AKS=American Knee Score, AVN=Avascular Necrosis, HSS=Hospital for Special Surgery, OA=Osteoarthritis, and OKS=Oxford Knee Score.

Oxford® Partial Knee

Microplasty® Partial Knee Instrumentation

The Oxford® System continues to advance partial knee arthroplasty with Microplasty® Instrumentation. This instrumentation platform includes innovative tools to help the surgeon with accuracy and reproducibility.





Uniting Precision with Efficiency

The Oxford® Knee coupled with Microplasty® Instrumentation provides surgeons with the tools to allow for precise and accurate results for each patient:

- Spherical mill and spigots provide a simplified approach to balancing the flexion and extension gaps
- Minimal incision to avoid quadriceps disruption
- Size specific femoral instrumentation for precise 1 mm incremental bone removal

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