

PATIENT SATISFACTION

A recent multi-center study¹ found Oxford® Partial Knee Replacement (PKR) patients were:

2.7 times more likely to be satisfied than Total Knee Replacement (TKR) patients with their ability to perform activities of daily living

1.8 times more likely to report that their knee felt normal compared to TKR patients

Now compare this satisfaction data with AONJRR data² that reports that PKRs had a 0.9 times probability of survivorship at 10 years compared to TKRs



Today, the orthopedic community is driven by survivorship, yet there are many factors in choosing the right treatment for your patients.

In your decision as a surgeon, consider your patients' goals with a knee replacement.

There's more to consider than just survivorship when deciding between PKA and TKA.

* Some studies included Oxford® Partial Knees as well as other 'non-Biomet' partial knees

1. Study by researchers at Washington University in St. Louis, Missouri, US. Portions of study funded by Biomet. Determined based on adjusted odds ratio calculation.
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21. Belfast Satisfaction Score: Orthopaedic Outcomes Unit, Musgrave Park Hospital, Belfast.
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† Subject to terms and conditions within the written warranty

The Oxford® Partial Knee is intended for use in individuals with osteoarthritis or avascular necrosis limited to the medial compartment of the knee and is intended to be implanted with bone cement. The Oxford® Knee is not indicated for use in the lateral compartment. 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, see the full patient risk information on Biomet.com.



What would my patients choose?

As an orthopedic surgeon, you want what is best for your patient.

At Biomet, we want to give you the whole story on the **Oxford® Partial Knee** so you can make the most informed decision for your patients.

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SURVIVORSHIP DATA, IS THIS THE WHOLE STORY?

According to the AONJRR (Australian Orthopaedic National Joint Replacement Registry) PKRs have a lower survivorship rate (0.9 times) compared to TKRs at 10 years². This disadvantage is outweighed by the numerous advantages of PKRs, including fewer and less severe complications¹⁹⁻²¹ as well as higher patient satisfaction and improved long-term functional outcomes.

It is generally believed that the higher revision rate of PKR is due to a higher percentage of patients with poor results. However the NZJR (New Zealand Joint Registry) shows that TKR actually has a higher (1.6x) percentage of patients with poor results than PKR.

An alternative explanation is that the threshold for revision is different for PKR and TKR. Data from the NZJR shows that if the outcome following TKR is very poor (OKS < 20) then 11% are revised whereas if the outcome following PKR is similarly poor then 63% are revised. This clearly shows that the threshold for revision of TKR is higher than for PKR.

Furthermore PKRs have been proven to be easier to revise²².

CLOSING THE REVISION GAP: UTILIZATION

The good news is, according to recent studies, the revision gap between PKA and TKA reported in NJRs can be reduced.

- Surgeons performing at least 12 PKRs per year are found to have a decreased revision rate (NZJR)
- Liddle, AD. et al³ found that surgeons utilizing PKA for at least 20% of their annual knee replacement had a similar revision rate to that of TKA (Total Knee Arthroplasty)

When using criteria published by Kozinn & Scott in 1989 only 5% of patients are candidates for PKA. This may partly explain why there is low utilization of PKA today, with it only being used for 8-9% of knee replacements worldwide.

Today, research shows that nearly 50% of all knee replacement patients are actually candidates for PKA, meaning that the optimal usage of performing 12 per year can easily be achieved.

- In a study about prospective assessment of candidacy for PKA by Willis-Owen et al⁵ of 200 knees, 47.6% of knees were candidates for PKA
- A prospective analysis of over 6,000 knees by Berend M.⁶ found over 48% of knee replacement candidates had a normal, intact ACL
- In a study of over 4,000 knees, Romagnoli S.²³ found 52.2% were candidates for PKA

CLOSING THE REVISION GAP: TRAINING & EDUCATION

Training and education can make a huge impact in reducing revision rates. SKAR (Swedish Knee Arthroplasty Register) found "increased training of surgeons showed improved results leading to continued use."

We make it easy for you to become an Oxford® Trained Surgeon, through our ongoing lifetime education program.

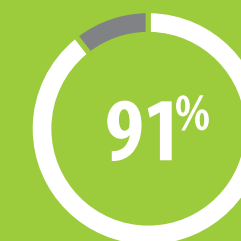
- Oxford® Partial Knee Advanced Instructional Courses – this course is required by the FDA before a surgeon can implant an Oxford® Partial Knee. It provides the opportunity to practice the surgical technique and learn more about the indications for PKA.
- Oxford® Master Classes – for more experienced users of the Oxford® PKR, classes are available locally throughout the year

THE OXFORD® PARTIAL KNEE: CLINICALLY PROVEN

The Oxford® Partial Knee has over 35 years of clinical experience. It's not only the most widely used, clinically proven partial knee in the world – it also has a unique mobile-bearing design and is the only partial knee that's been clinically proven in survivorship at minimum 15 and 20 years⁷⁻¹³. **With training (technique & indications) and volume (12 PKRs p.a./ 20%³) survivorship results similar to that of TKA have been achieved.**



at 15 years^{10,12,13}



at 20 years¹⁰

BENEFITS OF PKA VS. TKA**

Higher patient satisfaction may be the result of the many benefits that PKA offers patients, such as:

- A more natural fit than TKA, with only the affected medial compartment being replaced¹⁴
- Improved range of motion^{15-17*}
- Preserving more healthy bone^{17*}
- Better functionality¹⁷ and more natural motion¹⁷ than TKA
- Faster recovery and shorter hospital stay than TKA¹⁵
- Fewer and less severe complications including less morbidity compared with TKA¹⁹⁻²¹

Also, the Oxford® PKR is a bi-cruciate retaining knee, meaning the healthy ACL and PCL are kept intact. This provides stability and maintains natural kinematics for the patient after surgery. We believe the retention of the ACL is an important contributor to reported higher patient satisfaction following Oxford® PKR surgery vs. TKR¹. And for society...

- Substantial cost savings over TKA⁵ (£1761 per knee)
- Registry data reports that TKAs are 2.6 times more likely to have risk of reoperation for infection^{*20}

LIFETIME WARRANTY

Biomet strongly believes in the importance of patient satisfaction and the clinical survivorship of the Oxford® PKR, that's why every Oxford® Partial Knee implanted on or after April 29, 2013 now comes with the only Lifetime Partial Knee Implant Replacement Warranty[†] in the U.S. It's your assurance that Biomet not only makes a proven partial knee, we stand behind it 100%.

To find out more, speak to your local Biomet representative or register for a course at www.biometosa.com

