

Osteotomies for Treatment of Unicompartmental Arthrosis of the Knee

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Unicompartmental knee arthritis is a challenging problem to treat in the younger, active patient. The incidence is increasing due to higher number of patients being active at a younger age. Causes include trauma, prior meniscal or ligament surgery / injury, prior chondral injury, or primary osteoarthritis. In patients who are too young for an arthroplasty (knee replacement), an osteotomy is an excellent option. The goal of an osteotomy is to cut the bone (usually on the tibial side) to alter the alignment of the leg in order to unload and decrease the stress on the affected compartment of the knee. Given the magnitude of this procedure, it is only usually done after failing conservative treatments, including anti-inflammatories, bracing, injections, and physical therapy. Despite improvements in techniques, osteotomies have a high complication rate, including malunion or nonunion, under or over correction, fracture, infection, or blood clots. Despite these complications, osteotomies are an excellent option to help control pain and allow patients to maintain an active lifestyle. Patient selection and patient education is the key to successful outcomes.