## + Evidence in focus

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## Accuracy and reproducibility: the clinical value of robotics in UKA

Despite the clear benefits and improved outcomes of UKA versus TKA, the number of UKA procedures performed remains low.<sup>1</sup> Although 25–47% of patients undergoing TKA are eligible for UKA,<sup>1</sup> only 8–15% of all knee arthroplasties are accounted for by UKA.<sup>2</sup> Low utilisation of UKA is partly accounted for by surgical complexity,<sup>3,4</sup> reduced threshold for revision,<sup>5</sup> and limited patient selection criteria.<sup>5</sup>



Surgeon needs have evolved with a growing preference for soft tissue preservation and functional alignment techniques tailored to the individual patient. With the introduction of robotic technology, the volume of UKAs is expected to increase, providing benefit to patients and healthcare systems alike. When implanted correctly, UKA patients experience greater functional outcomes and improved patient reported outcome measures (PROMs), compared to conventional UKA (cUKA).14-21

## Robotically assisted-UKA (rUKA)

Compared to cUKA, rUKA allows for improved surgical outcomes<sup>24</sup> and enhanced knee alignment accuracy,<sup>25</sup> irrespective of individual surgeon experience.<sup>26</sup> Pre- and intra-operative surgical planning capabilities enable a personalised approach whilst alleviating surgical complexity, tailored to achieve optimal implant sizing, precise positioning, and balancing of soft tissues.<sup>27</sup>

<sup>†</sup>Compared to cUKA

Up to 58%

decrease

in risk of

revision<sup>†22,23</sup>



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Abbreviations: IKSS-O = International Knee Society Score-Objective; KOOS-JR = Knee Injury and Osteoarthritis Outcome Score for Joint Replacement; KSS-F = Knee Society Score-Function; UK NJR = National Joint Registry of England, Wales, Northern Ireland, the Isle of Man and the States of Guernsey.

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