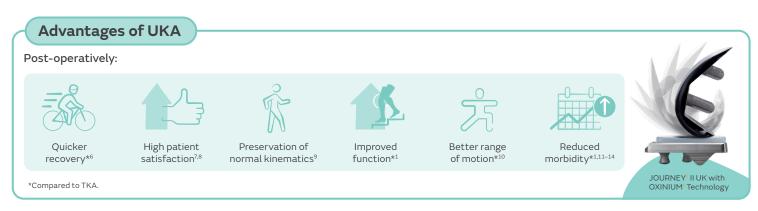
+ Evidence in focus

SmithNephew

Accuracy and reproducibility: the clinical value of robotics in unicompartmental knee arthroplasty (UKA)

Despite the clear benefits and improved outcomes of UKA versus total knee arthroplasty (TKA), the number of UKA procedures performed remains low. Although 25–47% of patients undergoing TKA are eligible for UKA, only 8–15% of all knee arthroplasties are accounted for by UKA. Low utilisation of UKA is partly accounted for by surgical complexity, are duced threshold for revision, and limited patient selection criteria.



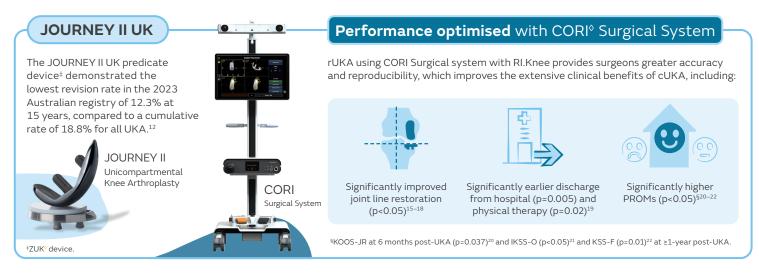
Surgeon needs have evolved with a growing preference for soft tissue preservation and functional alignment techniques tailored to the individual patient. With the introduction of robotic technology, the volume of UKAs is expected to increase, providing benefit to patients and healthcare systems alike. When implanted correctly, UKA patients experience greater functional outcomes and improved patient reported outcome measures (PROMs), compared to conventional UKA (cUKA).¹⁵⁻²²



17% decrease in risk of revision^{†12}

Robotically assisted-UKA (rUKA)

Compared to cUKA, rUKA allows for improved surgical outcomes²³ and enhanced knee alignment accuracy,²⁴ irrespective of individual surgeon experience.²⁵ 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.²⁶



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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.

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