

Oxford[®] Partial Knee



A Definitive Implant

With over 40 years' clinical experience, the Oxford Partial Knee is the most widely used,¹ clinically proven² partial knee system in the world.

Compared with total knee patients, Oxford PKR patients have demonstrated a more physiological gait at 1 year post-op,³ fewer postoperative complications,⁴ and a higher likelihood of wanting to undergo the surgery again⁵.

1 Femoral Component

- Conforming, spherical design minimizes contact stress throughout entire range of motion¹
- Curved inner geometry for minimal bone removal¹

2 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 the femoral and tibial components throughout entire range of motion⁶
- Proven wear resistance with ArCom[®] Direct Compression Molded Polyethylene⁷

3 Tibial Component

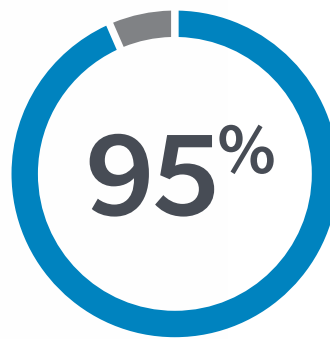
Anatomical shape for optimal bone coverage



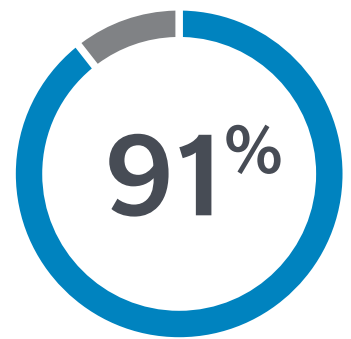


- After one year, a randomized, controlled study showed that significantly more partial knee patients would have the operation again compared to total knee patients.⁵
- A multi-center study demonstrated decreased morbidity and complications of PKA compared to TKA^{4*}
- Proven² and reproducible technique with Microplasty[®] Instrumentation⁸
- Retention of the ACL is reported to result in better proprioception⁹
- Best-in-class continuous education program
- PKA is a cost effective¹¹⁻¹³ treatment for uni-compartmental osteoarthritis

Survivorship



at 15 years¹⁰



at 20 years²

Microplasty® Partial Knee Instrumentation

Microplasty Instrumentation simplifies the surgical technique, providing for accurate and reproducible implant positioning.⁸

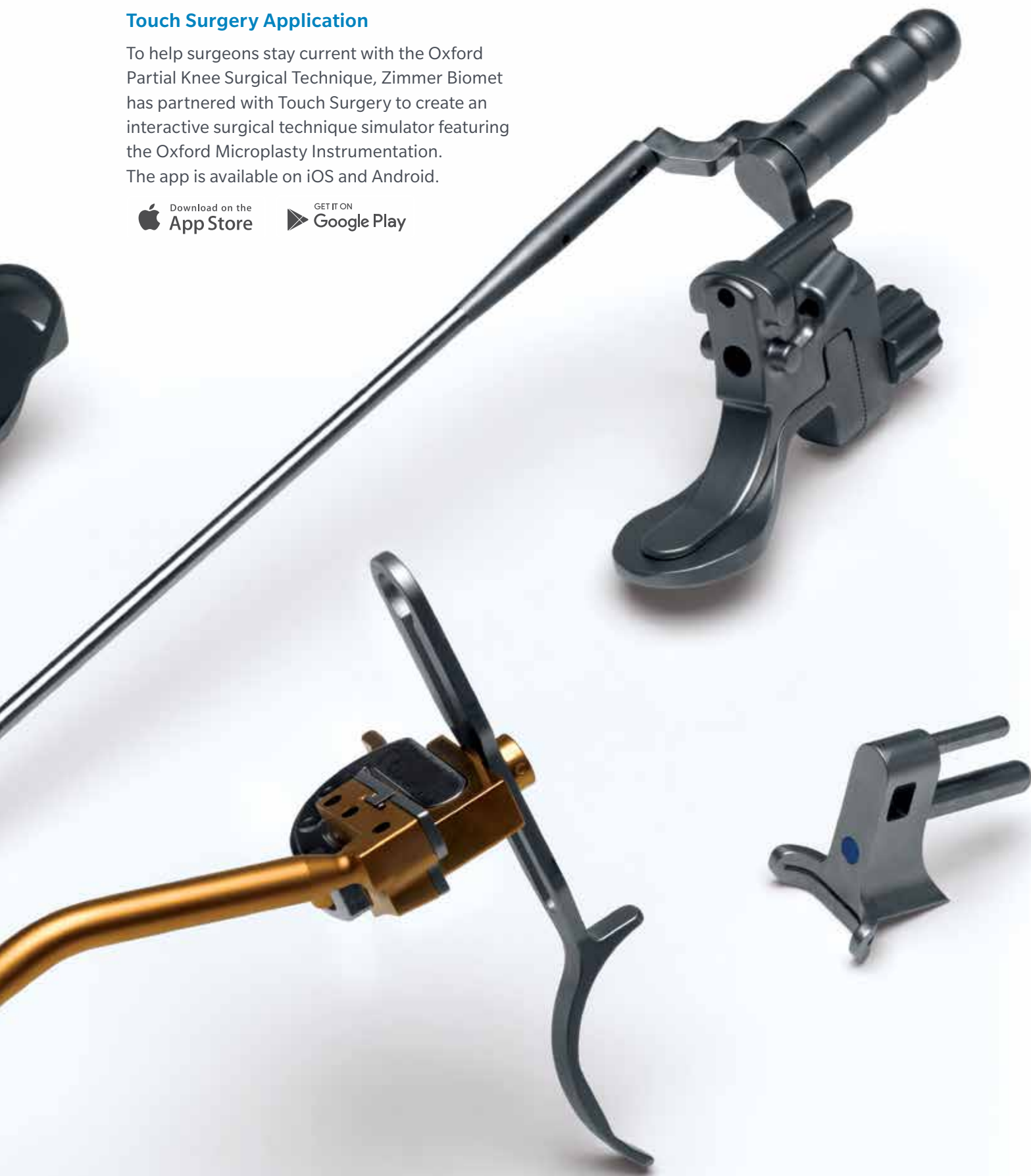
The soft-tissue referencing Microplasty Instrumentation references the posterior femoral condyle to set the amount of tibial resection. This bone-conserving approach to tibial preparation resulted in a greater number of thinner, 3 mm and 4 mm, bearings implanted (92% vs. 84%; $p=0.001$)⁸ compared to Phase 3 Instrumentation, which has demonstrated better survivorship than bearings 5 mm or thicker.¹⁵

- Proprietary tibial resection guide that uses patients' normal MCL tension to determine level of tibial resection
- Spherical mill and spigots have been designed to provide a simplified approach to balancing the flexion and extension gaps
 - Size specific femoral instrumentation for precise 1 mm incremental bone removal
- The femoral drill guide linked to the IM rod provides for accurate and reproducible alignment⁸
- The anti-impingement guide is designed to help surgeons minimize anterior bearing impingement with precise guided instrumentation
- Microplasty Instrumentation has shown an average reduction in OR time of 9 minutes when compared to Phase 3 Instrumentation¹⁶
- Oxford Microplasty Instrumentation has also been shown to reduce the risk of dislocation compared to Phase 3 Instrumentation¹⁷



Touch Surgery Application

To help surgeons stay current with the Oxford Partial Knee Surgical Technique, Zimmer Biomet has partnered with Touch Surgery to create an interactive surgical technique simulator featuring the Oxford Microplasty Instrumentation. The app is available on iOS and Android.



Clinically Proven

Sources	Type	N at Start*	Survivorship
Bergeson, A., <i>et al.</i> Medial mobile bearing unicompartmental knee arthroplasty early survivorship and analysis of failures in 1000 consecutive cases. <i>Journal of Arthroplasty</i> . 2013. ¹⁸	Publication	1,000 knees	95.2% at a mean of 44.4 months
Carr, A., <i>et al.</i> Medial Unicompartmental Arthroplasty: A Survival Study of the Oxford Meniscal Knee. <i>Clinical Orthopedics and Related Research</i> . 295:205–213. 1993. ¹⁹	Publication	121 knees	99.1% at 9 years (cumulative survivorship)
Jones, L., <i>et al.</i> 10 year survivorship of the medial oxford unicompartmental knee arthroplasty. A 1000 patient non-designer series- the effect of surgical grade and supervision. <i>Osteoarthritis and Cartilage</i> . 20:S290-S291. 2012. ²⁰	Publication	1,085 knees	91% at 10 years (cumulative survival)
Keys, G., Ul-Abiddin, Z., Toh E. Analysis of first forty Oxford medial unicompartmental knee replacements from a small district hospital in UK. <i>Knee</i> . 11:375-377. 2004. ²¹	Publication	40 knees	100% at a mean of 7.5 years
Lim, H., <i>et al.</i> Oxford phase 3 unicompartmental knee replacement in Korean patients. <i>Journal of Bone and Joint Surgery</i> . 94-B(8). 2012. ²²	Publication	400 knees	94% at 10 years (cumulative survival)
Lisowski, L., <i>et al.</i> Oxford Phase 3 unicompartmental knee arthroplasty: medium term results of a minimally invasive surgical procedure. <i>Knee Surgery Sports Traumatology Arthroscopy</i> . 19.2 (2011): 277-284. (Biomet Author). ²³	Publication	244 knees	94.4% at 7 years (cumulative survival)
Lombardi, A., <i>et al.</i> Is recovery faster for mobile-bearing unicompartmental than total knee arthroplasty? <i>Clinical Orthopedics and Related Research</i> . 467(6):1450-7. 2009. ²⁴	Publication	115 knees	94% at a mean of 30 months
Matharu, G., <i>et al.</i> The Oxford medial unicompartmental knee replacement: survival and the effect of age and gender. <i>The Knee</i> . 913-917. 2012. ²⁵	Publication	459 knees	93% at 8 years (cumulative survival)
Murray, D., <i>et al.</i> The Oxford medial unicompartmental arthroplasty: a ten-year survival study. <i>Journal of Bone and Joint Surgery</i> . 80-B:983-989. 1998. ²⁶	Publication	143 knees	98% at 10 years (cumulative survival)

*All patients are Oxford Partial Knees unless stated otherwise

Sources	Type	N at Start*	Survivorship
Pandit, H., <i>et al.</i> The clinical outcome of minimally invasive Phase 3 Oxford unicompartmental knee arthroplasty. A 15-year follow-up of 1000 UKAs. <i>The Bone and Joint Journal</i> . 97-B:1493–1500. 2015. ¹⁵	Publication	1,000 knees	91% at 15 years
Pandit, H., <i>et al.</i> Minimally invasive Oxford phase 3 unicompartmental knee replacement. Results of 1000 cases. <i>The Bone and Joint Journal</i> . 93-B:198-204. 2011. ²⁷	Publication	1,000 knees	96% at 10 years (cumulative survival)
Price, A., Waite, J. Svard, U. Long-term clinical results of the medial Oxford unicompartmental knee arthroplasty. <i>Clinical Orthopaedics and Related Research</i> . 435:171-180. 2005. ¹⁴	Publication	439 knees	94% at 15 years (cumulative survival)
Price, AJ., Svard, U. A second decade lifetable survival analysis of the Oxford unicompartmental knee arthroplasty. <i>Clinical Orthopaedics and Related Research</i> . 469:174-179. 2011. ²	Publication	682 knees	91.0% at 20 years (cumulative survival)
Rajasekhar, C., Das, S., Smith, A. Unicompartmental knee arthroplasty. 2- to 12-year results in a community hospital. <i>The Bone and Joint Journal</i> . 86:983-985. 2004. ²⁸	Publication	135 knees	94.04% at 10 years (cumulative survival)
Svard, U., Price, A. Oxford Medial Unicompartmental Knee Arthroplasty. A Survival Analysis of an Independent Series. <i>Journal of Bone and Joint Surgery</i> . 83: 191-94, 2001. ¹⁰	Publication	124 knees	95.0% at 10 years (cumulative survival)
White, S., Roberts, S., Jones, P., The twin peg Oxford partial knee replacement: the first 100 cases. <i>The Knee</i> . 19(1) 36-40. 2012. ²⁹	Publication	108 knees	100% at 2 years (cumulative survival)
White, S., Roberts, S., Kuiper, J. The cemented twin-peg Oxford partial knee replacement survivorship: A cohort study. <i>The Knee</i> . 22(4):333-7. 2015. ³⁰	Publication	288 knees	98% at 9 years
Yoshida, K., <i>et al.</i> Oxford Phase 3 Unicompartmental Knee Arthroplasty in Japan – Clinical Results in Greater Than One Thousand Cases Over Ten Years. <i>The Journal of Arthroplasty</i> . 28(9) 168-171. 2013. ³¹	Publication	1,279 knees	95% at 10 years (cumulative survival)

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For product information, including indications, contraindications, warnings, precautions, potential adverse effects, and patient counseling information, see the package insert and www.zimmerbiomet.com.

The Oxford Partial Knee is intended for patients with osteoarthritis or avascular necrosis limited to the medial knee compartment and is to be implanted with bone cement. The Oxford Knee is not indicated for use in the lateral compartment or for patients with ligament deficiency. Potential risks include, but are not limited to, loosening, dislocation, fracture, wear, and infection, any of which can require additional surgery. For complete prescribing information, see the package insert and www.zimmerbiomet.com.

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0355.1-US-en-REV1016

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