Oxford® Cementless Partial Knee

Brochure





Clinical Results

Eliminating Cement

- · Saves time and reduces cost
 - No cost for cement and cement accessories
 - Pandit et al, have shown a 9 minute reduction in operating time with cementless compared to cemented¹
 - Retained cement may increase wear of the polyethylene bearing
- Cementing errors may result in lose cement debris
- Cementing errors may cause pain due to medial overhang, tight flexion gap, and impingement

Other Benefits of the Oxford Partial Knee:

- A multi-center study^{2*} found that Oxford PKR patients were 2.7 times more satisfied with their ability to perform activities of daily living compared to TKA patients
- A multi-centre study demonstrated decreased morbidity and complications of PKA compared to TKA^{3**}
- Proven,^{4*} safe and reproducible technique^{5*} with Oxford Microplasty[®] Instrumentation
- Better functionality^{6*} and more natural motion^{7*} compared to TKA
- Best-in-class continuous education programme
- * Oxford Cemented Partial Knee study
- ** Study included Oxford Partial Knees as well as other 'non-Zimmer Biomet' partial knees

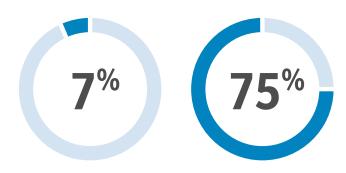
Reducing X-ray Misinterpretation

Radiolucent lines are often observed under the tibial tray of fixed and mobile bearing partial knee replacements. Misinterpretation of these radiolucent lines may result in unnecessary revision. This could possibly help explain the higher revision rate of partial knee replacement seen in the joint registers. 10

Reduction of radiolucent lines under the tibial component, could result in better survivorship. Multiple studies of the cementless Oxford Partial Knee have found a reduction of radiolucent lines.

 Hooper, et al found only 1.5% of cementless Oxford Partial Knee replacements were found to have a radiolucent line under the tibial tray¹²

At 1 year, Pandit, et al found no increase of radiolucent lines in the cementless group¹¹



Radiolucent lines in Oxford Cementless PKRs¹¹

Radiolucent lines in Oxford Cemented PKRs¹¹



1 Tibial Component

- PPS coating on all implant/bone interfaces provides mechanical interlock with the substrate
- Improved fixation compared with cemented fixation¹⁴

2 Mobile Meniscal Bearing

- Mobile bearing designed to remain fully congruent with femoral component throughout entire range of motion¹
- Proven wear resistance with ArCom[®] Direct Compression Molded polyethylene^{5,6}

3 Femoral Component

- PPS coating on all implant / bone interfaces provides mechanical interlock with the substrate
- Twin-peg femoral design to allow for additional rotational stability
- 6.35 mm large stepped peg is designed to provide a press fit to aid initial fixation
- Improved fixation compared with cemented fixation¹⁴

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