

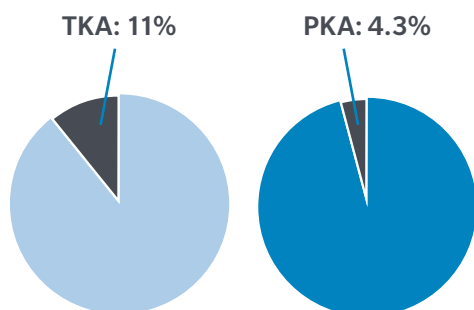
# Why a Partial Knee?

There are many clinically proven health economic benefits for knee arthroplasty, in particular Partial Knee Arthroplasty (PKA). PKA is a cost effective,<sup>1-3</sup> proven solution<sup>4</sup> for uni-compartmental osteoarthritis.

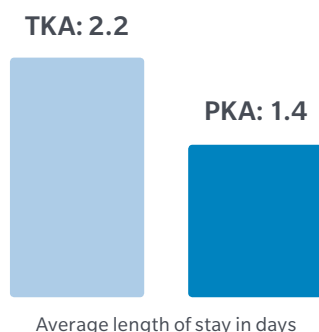
# 98%

Patients Returned to Work  
After Total Knee Replacement<sup>7</sup>

Reduced Risk of Complications  
as Reported in One  
Multi-Centre Study<sup>9</sup>



Shorter Hospital Stays  
in One Study<sup>11</sup>



## Benefits to Society

- Total lifetime societal savings for PKA in 2015 ranged from \$56 to \$336 million when the percentage of knee replacement patients 65 and older qualifying for PKA varied from 10% to 21%, respectively.<sup>5</sup> These savings are predicted to increase from \$84 to \$544 million in 2020<sup>5</sup>
- Total knee replacement generates net societal savings of approximately \$18,930 per patient lifetime:<sup>6</sup>
  - 85% of savings originated from increased probability of employment and earnings
  - 15% of savings were from fewer missed workdays and lower disability payments
- A study showed that 98% of working patients returned to work following total knee replacement<sup>7</sup>
- A multi-center study found that Oxford PKR patients were 1.8 times more likely to report that their knee felt normal and 2.7 times more satisfied with their ability to perform activities of daily living compared to TKA patients<sup>8</sup>

## Reduced Risk of Complications

The cumulative risk of having a reoperation for infection, at some later time, was reported in one study to have increased in TKA, by 2.6 times that of PKA (statistically significant,  $p < 0.001$ )<sup>10</sup>

Type of Complication	TKA	PKA
Overall risk of post-operative complications <sup>9</sup>	11%	4.3%
Risk of transfusion <sup>9</sup>	1.6%	0.2%
Likelihood of being discharged to a rehab facility <sup>9</sup>	18%	3.1%
90-day risk of readmission to ICU (Intensive Care Unit) <sup>9</sup>	1.4%	0.2%
90-day rates of readmission <sup>9*</sup>	4.2%	2.7%

\* Not statistically significant

## Potential Cost Savings

- PKA has on average at least 18% lower procedural cost savings compared to TKA<sup>1, 10, 12-15</sup>
- Reduced length of stay; on average 1.4 days for PKA vs 2.2 days for TKA (0.8–4 days variation)<sup>1, 9-15</sup>
- In one study, fewer patients required rehabilitation & physiotherapy. (PKA \$450 vs TKA \$2,455)<sup>16</sup>
- Substantial cost savings of approximately \$3,261 per knee<sup>1</sup>
- In a UK study 47.6% of all knee replacement procedures were potentially suitable for PKA which could result in annual savings in excess of approximately \$105 million<sup>1</sup>
- According to Peersman et al, PKA is a more cost-effective treatment at all ages compared to TKA (cost reduction of \$3,729) and the incremental benefit increased with age.<sup>16</sup>

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