

MIS emphasis has been on “half-knee” or "uni-compartmental" replacement utilizing acrylic cement. These partial knee replacements often do not achieve our surgical objectives such as optimal alignment and healthy bone integration (described in **Surgical Concepts**). Some surgeons have characterized partial implants as the “first stage” of a full implant. Most observers agree that a cemented half-knee replacement is not suitable for the greater demands of athletic patients.



Figure 9. X-ray of “half-knee” implant 2 years post-op reveals reduced bone density and deep impregnation of acrylic cement. Patient is unable to ski without serious pain.

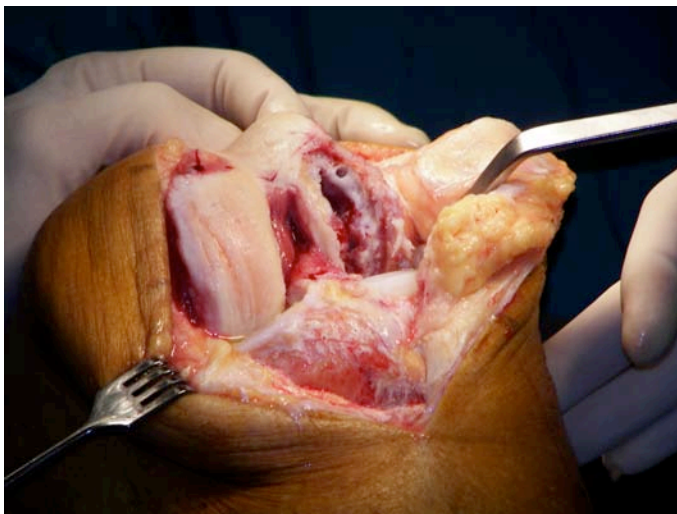


Figure 10. Deep bone loss is unavoidable during re-operation, necessitating bone grafting and making revision to AKI more challenging.