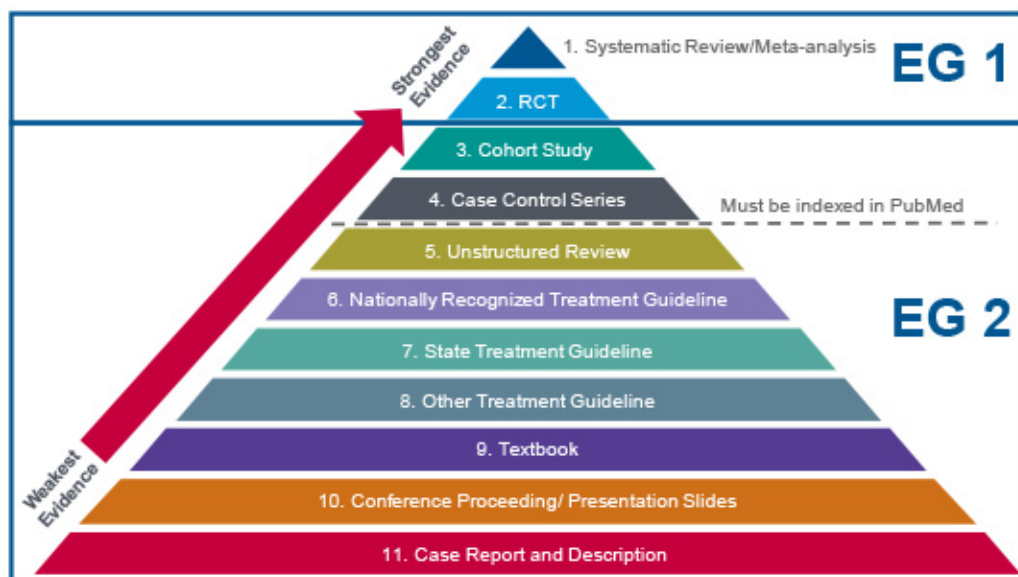


ODG by MCG Citation Formatting Changes

As part of a move to improve the end-user experience, ODG by MCG is simplifying our previous study rating system (study type 1-11 and study quality a-c) to one with just 3 Evidence Grades (which is also used by the MCG care guidelines). Cited references in the Evidence Summary are graded according to level of authoritativeness. The evidence hierarchy is as follows:

- **(EG 1) Evidence Grade 1:**
 - Meta-analyses
 - Randomized controlled trials with meta-analysis
 - Randomized controlled trials
 - Systematic reviews
- **(EG 2) Evidence Grade 2:**
 - Observational studies; examples include:
 - Cohort studies with statistical adjustment for potential confounders
 - Cohort studies without adjustment
 - Case series with historical or literature controls
 - Uncontrolled case series
 - Published guidelines
 - Statements in published articles or textbooks
- **(EG 3) Evidence Grade 3:**
 - Unpublished data; examples include:
 - Large database analyses
 - Written protocols or outcomes reports from large practices
 - Expert practitioner reports

The study type will be transitioned into the Evidence Grade as follows:



In addition, citations will change from the format of "(author, year)" to being numbered citations that correspond to a list of references at the end of the Evidence Summary. When more than one citation supports a given statement, only the highest Evidence Grade associated with those citations will be listed.

Old version:

Unicompartmental knee arthroplasty (UKA): Recommended as an option with single compartment disease. See also [Osteotomy](#).

UKA has generally been effective among patients with knee OA restricted to a single compartment. (Zhang, 2008) A randomized controlled trial reported that UKA resulted in fewer complications and more rapid rehabilitation than did TKA. At 5 years, there were equal number of failures, but the UKA group had better results and greater range of movement. The 15-year survivorship rate based on revision or failure for any reason was 90% for UKA and 79% for TKA. Early UKA outcomes are generally maintained at 15 years. (Newman, 2009) With appropriate patient selection, UKA and TKA are both recommended for treatment of medial compartment OA in the varus knee. Due to the more arduous rehabilitation and bone loss associated with traditional knee arthroplasty, some surgeons choose UKA, especially in young, high-demand patients. (McAllister, 2008) (Dalury, 2009) A systematic review and meta-analysis (SR/MA) of UKA vs. TKA reported that over the short to medium term (5 years), TKA had higher postoperative complications than UKA but lower revision rates. (Ariachakaran, 2015)

New version:

Unicompartmental knee arthroplasty (UKA): Recommended as an option with single compartment disease. See also [Osteotomy](#).

UKA has generally been effective among patients with knee OA restricted to a single compartment. (11) (EG 1) A randomized controlled trial reported that UKA resulted in fewer complications and more rapid rehabilitation than did TKA. At 5 years, there were equal number of failures, but the UKA group had better results and greater range of movement. The 15-year survivorship rate based on revision or failure for any reason was 90% for UKA and 79% for TKA. Early UKA outcomes are generally maintained at 15 years. (12) (EG 1) With appropriate patient selection, UKA and TKA are both recommended for treatment of medial compartment OA in the varus knee. Due to the more arduous rehabilitation and bone loss associated with traditional knee arthroplasty, some surgeons choose UKA, especially in young, high-demand patients. (13) (14) (EG 2) A systematic review and meta-analysis (SR/MA) of UKA vs. TKA reported that over the short to medium term (5 years), TKA had higher postoperative complications than UKA but lower revision rates. (15) (EG 1)

Please feel free to reach out to your ODG Account Executive or the ODG Helpdesk at odghelp@mcg.com if you have any questions.