

Knee Prosthesis Models & Materials, Surgical Techniques and Approaches



1. Nov. 2014
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University Hospital Balgrist



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INTRODUCTION



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VARUS

VALGUS



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CSSR

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46 Y OLD MALE

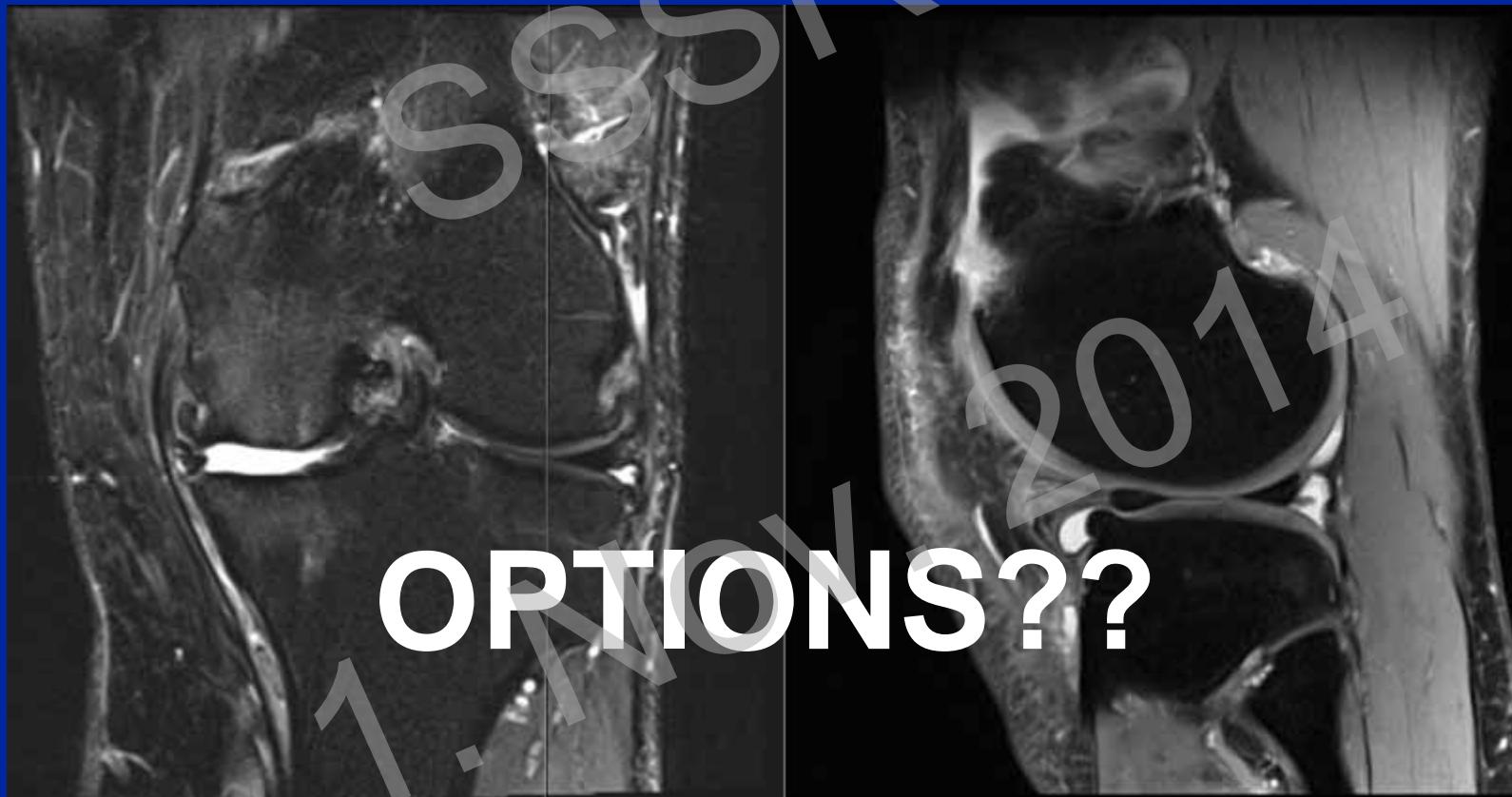
Pain in the medial compartment
left more than right

- Status post 2 times partial medial meniscectomy
- Varus of 11 °
- Medial unicompartmental osteoarthritis



46 Y OLD MALE

MRI for evaluation of the lateral and patellofemoral compartment



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46 Y OLD MALE

Conservativ:

- Lateral shoesole raise
- Corticosteroid Infiltration

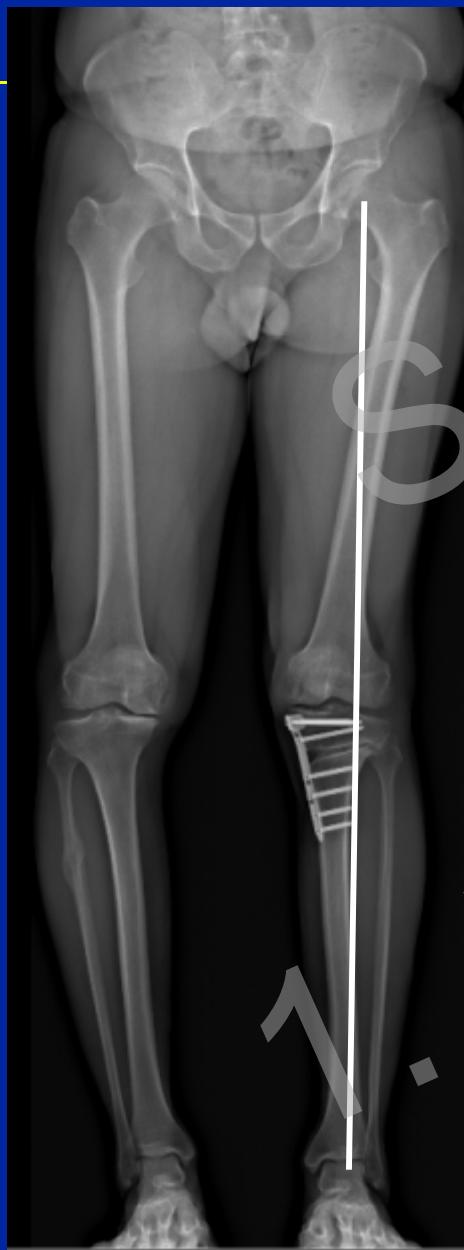
Operativ:

- High tibial open wedge valgus osteotomy
- Unicompartmental knee prosthesis



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46 Y OLD MALE



Medial unicompartmental
Osteoarthritis

Young and active, good lateral and
patellofemoral compartment

- High tibial open wedge valgus
osteotomy



Titanium
Locking Plate
(Tomofix)



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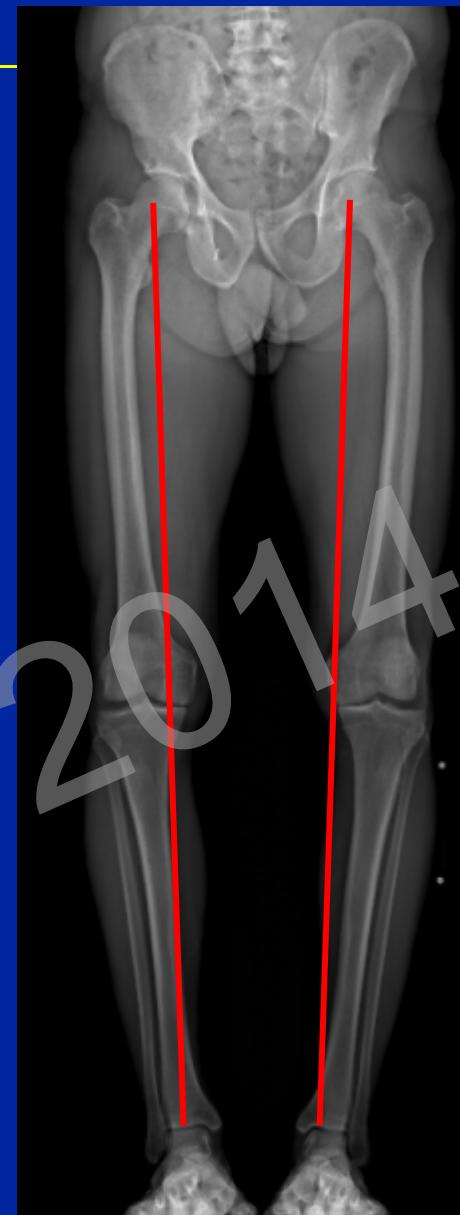
63 Y OLD MALE

SSSR

Pain in the medial compartment both knees

- Varus left: 9 ° right: 7 °
- Medial unicompartmental osteoarthritis

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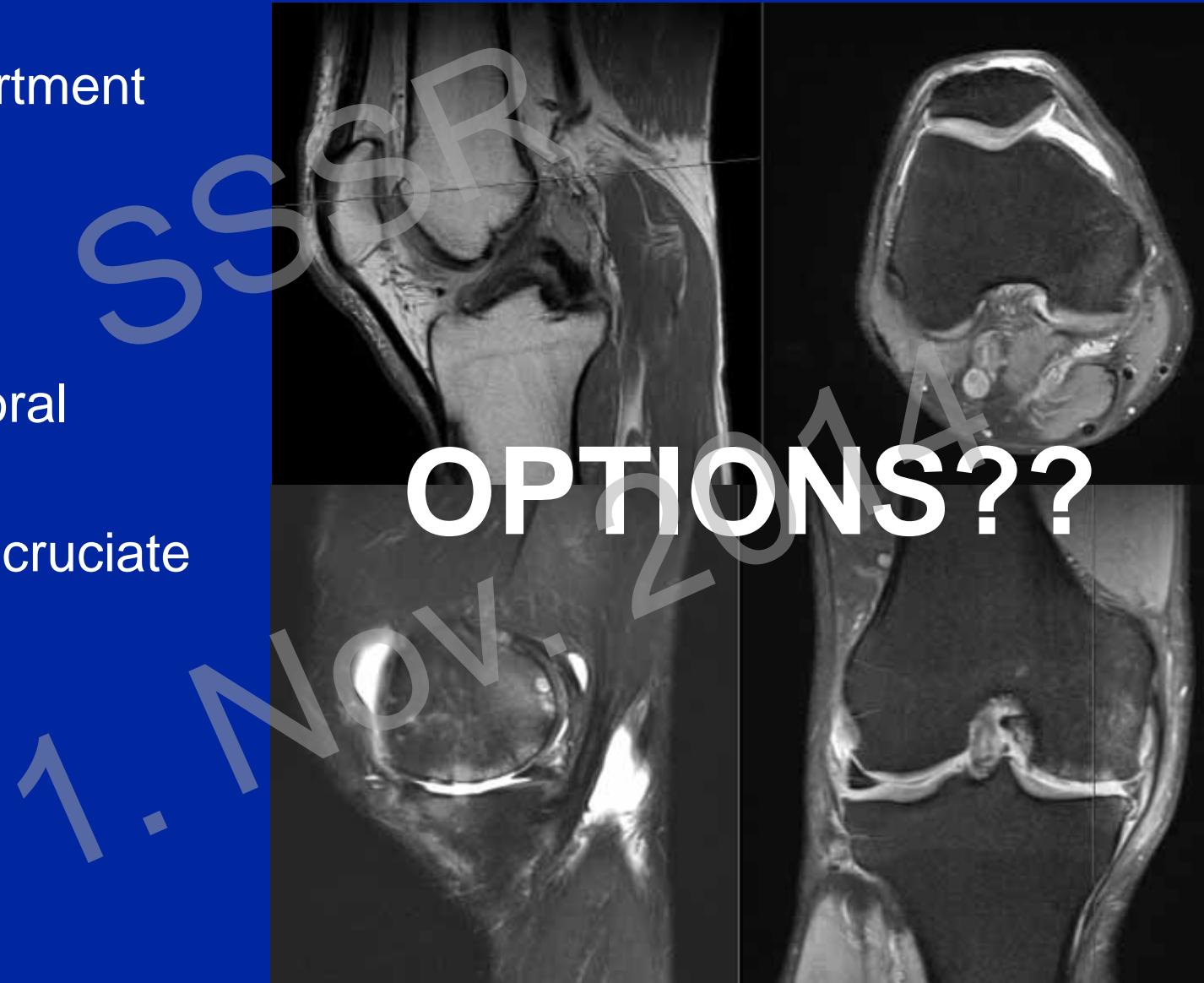


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63 Y OLD MALE

- Medial compartment Osteoarthritis
- Middle aged
- Good lateral and patellofemoral compartment
- Intact anterior cruciate ligament



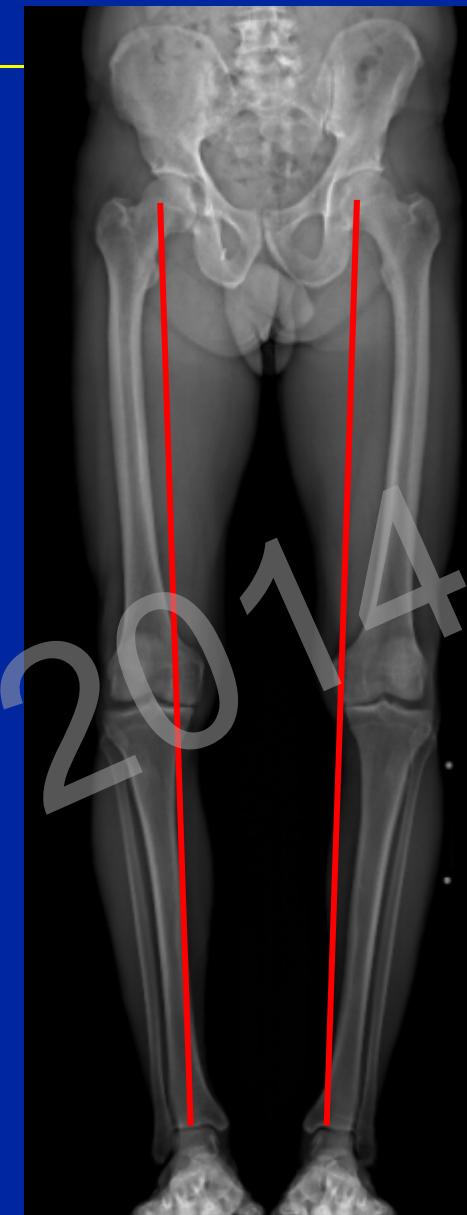
63 Y OLD MALE

Conservativ:

- Lateral shoesole raise
- Corticosteroid Infiltration

Operativ:

- High tibial open wedge valgus osteotomy
- Unicompartimental knee prosthesis



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63 Y OLD MALE

Unicompartamental medial knee prosthesis



Approach:
Standard
anteromedial



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UNICCOMPARTMENTAL KNEE PROSTHESIS

Ideal Patient:^{*} ^{**}

- Over 60 y
- Low demand
- Under 80 kg
- Full extension
- 90 degrees flexion
- $< 10^\circ$ varus and
- $< 15^\circ$ valgus



* Pearse AJ et al. JBJS Br 2009

** Berger RA et al. JBJS 2005

UNICCOMPARTMENTAL KNEE PROSTHESIS



TABLE 7. Published Series of Unicompartmental Knee Arthroplasties

Year	Authors	Compartment	Prosthesis	Number	10-Year Revision Rate (percent) (95% CI)	15-Year Revision Rate (percent) (95% CI)
1992	Capra & Fehring ⁷	Medial/Lateral	Marmor	52	94 (?)	—
1993	Heck et al ¹⁵	Medial/Lateral	Marmor	294	91 (86–97)	—
1996	Cartier et al ¹⁰	Medial/Lateral	Marmor	207	93 (81–100)	—
1998	Tabor & Tabor ⁴⁰	Medial/Lateral	Marmor	67	84 (?)	79 (?)
1999	Squire et al ³⁹	Medial/Lateral	Marmor	140	89 (84–95)	87 (78–95)
1994	Knutson et al ¹⁷	Medial	Marmor	2354	92 (89–94)	—
2002	Lidgren ²⁴	Medial	Marmor	1923	86 (76–88)	—
1991	Neider ²⁹	Medial	St. Georg	548	80 (?)	—
1994	Weale & Newman ⁴⁴	Medial	St. Georg	42	90 (?)	88 (?)
1997	Ansari et al ²	Medial	St. Georg	461	87 (81–93)	—
1994	Knutson et al ¹⁷	Medial	St. Georg	1345	89 (82–92)	—
2002	Lidgren ²⁴	Medial/Lateral	St. Georg	396	94 (84–97)*	—
1998	Murray et al ²⁸	Medial	Oxford	144	98 (93–100)	—
2000	Kumar & Fiddian ¹⁹	Medial	Oxford	100	85 (?)	—
2002	Lidgren ²⁴	Medial	Oxford	749	86 (76–89)	—
1991	Scott et al ³⁸	Medial/Lateral	Brigham	100	85 (67–99)	—
2002	Lidgren ²⁴	Medial/Lateral	Brigham	978	90 (76–90)*	—
1998	Hasegawa et al ¹⁴	Medial	PCA	77	88 (?)	—
2002	Lidgren ²⁴	Medial/Lateral	PCA	135	70 (55–78)	—
1998	Bert ⁵	Medial	MBUKA	100	87 (?)	—
1999	Berger et al ⁴	Medial/Lateral	Miller-Galante	62	98 (96–100)	—
2002	Argenson et al ³	Medial	Miller-Galante	160	94 (91–97)	—
2002	Lidgren ²⁴	Medial/Lateral	Endo-Link	4784	91 (83–93)	—

*9-year survival



* Australian Orthopaedic Association National Joint Replacement Registry 2010 Annual Report. Table KP29. Page 102.

** Price AJ et al. CORR, 2005

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UNICCOMPARTMENTAL KNEE PROSTHESIS



SUMMARY:

- Only medial or lateral compartment osteoarthritis
- Stable ligaments
- Shorter rehab than with total knee arthroplasty (TKA)
- Osteoarthritis can go on -> revision to TKA*
- Not for younger active patients (revisionrate 19% in patients under 55y after 7 years)
- Results of TKA after Uni worse **



Berger RA et al. JBJS 2005
** Pearse AJ et al. JBJS Br 2009

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PATELLOFEMORAL JOINT PROSTHESIS

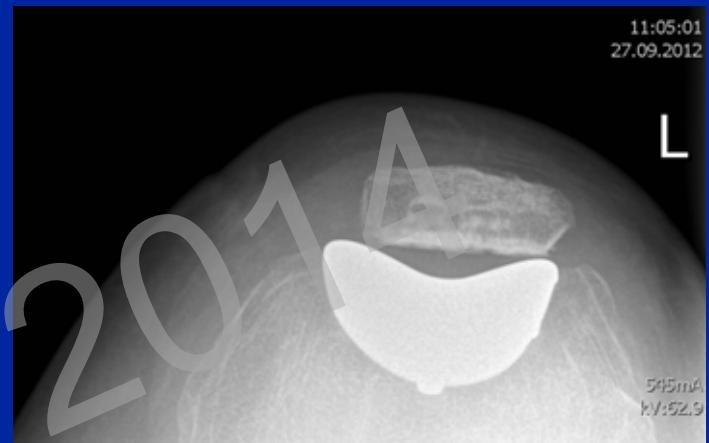


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PATELLOFEMORAL JOINT PROSTHESIS

High revision rate
Rare indication
Results lately better

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82 Y FEMALE



SURGICAL APPROACH FOR TOTAL KNEE ARTHROPLASTY (TKA)



The diagram illustrates the anterior aspect of the knee joint. Four surgical approaches are marked with black lines: Anteromedial (top), Midline (middle), Anterolateral (bottom left), and Subvastus (bottom right). The surrounding soft tissue, including the vastus lateralis muscle and its tendons, is shown in shades of red and purple.

Figure 104-3. Preferred anterior approaches to the knee. (Redrawn from Scott WN: The knee, vol 1, St Louis, 1994, Mosby-Year Book, p 67.)



PERSONALIZED CUTTING BLOCKS



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PERSONALIZED CUTTING BLOCKS



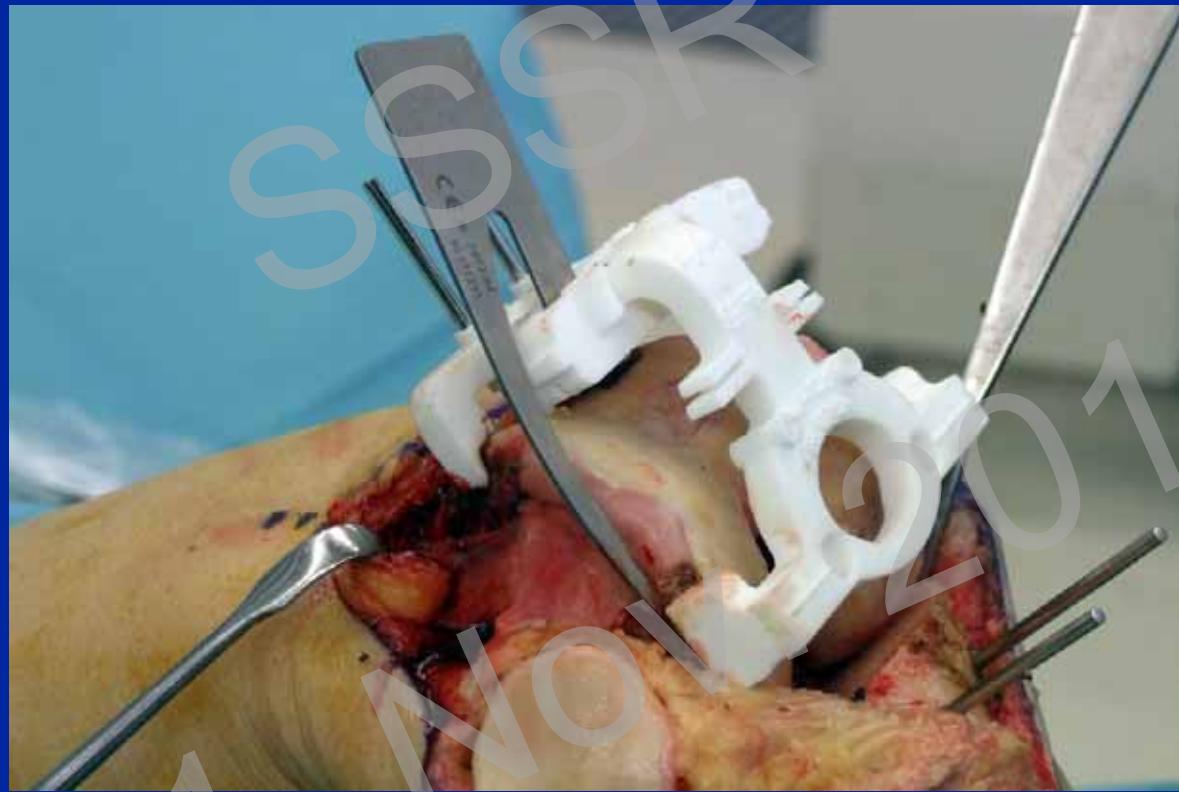
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PERSONALIZED CUTTING BLOCKS



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PERSONALIZED CUTTING BLOCKS



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PERSONALIZED CUTTING BLOCKS

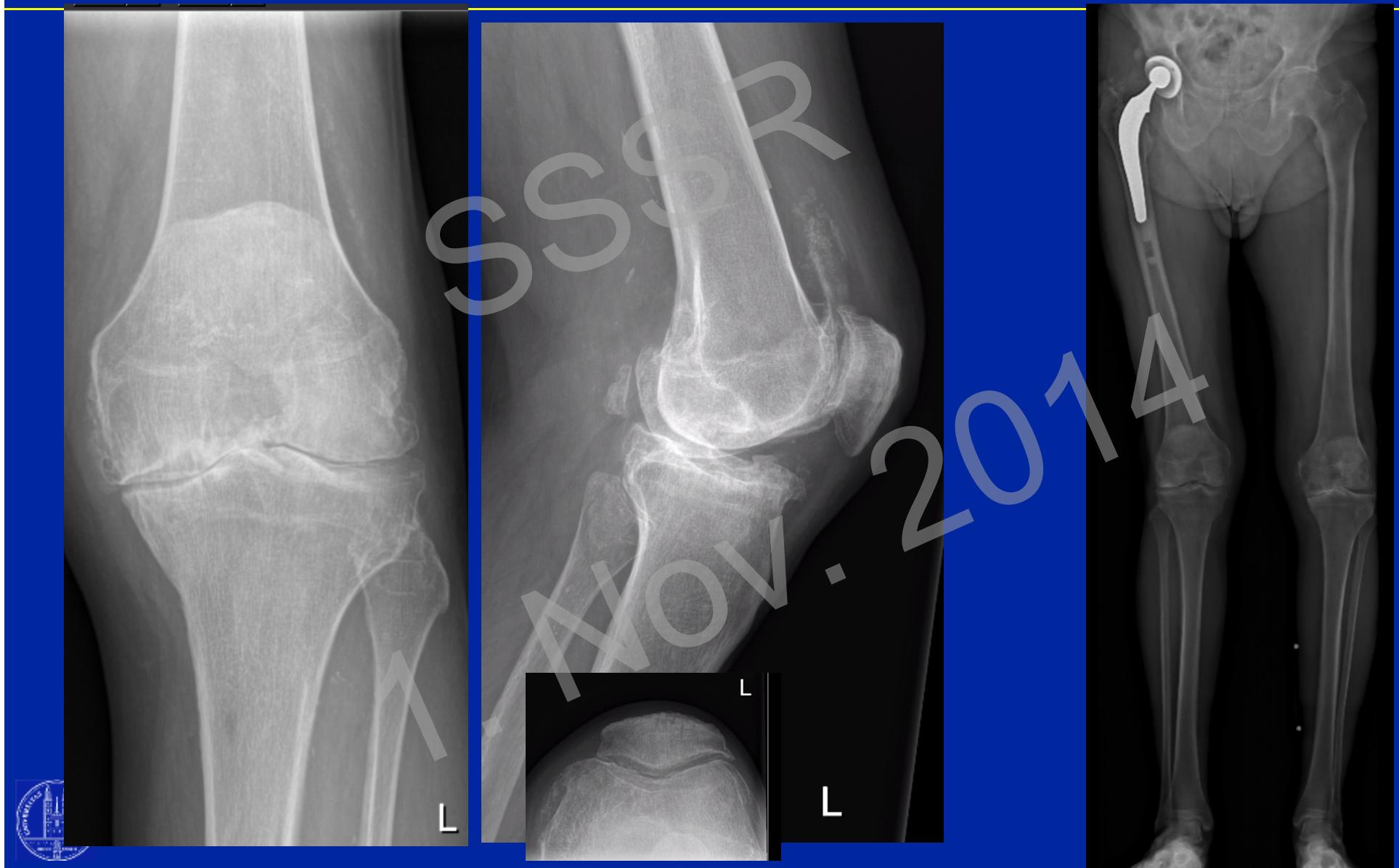


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82 Y FEMALE



83 Y MALE



COMPUTER ASSISTED SURGERY

Intraoperative pictures of computer navigation.



An imageless computer navigation system showing the computer screen and infrared camera.



Pointer for anatomic registration points



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TOTAL KNEE ARTHROPLASTY

Intraoperative pictures of computer navigation using



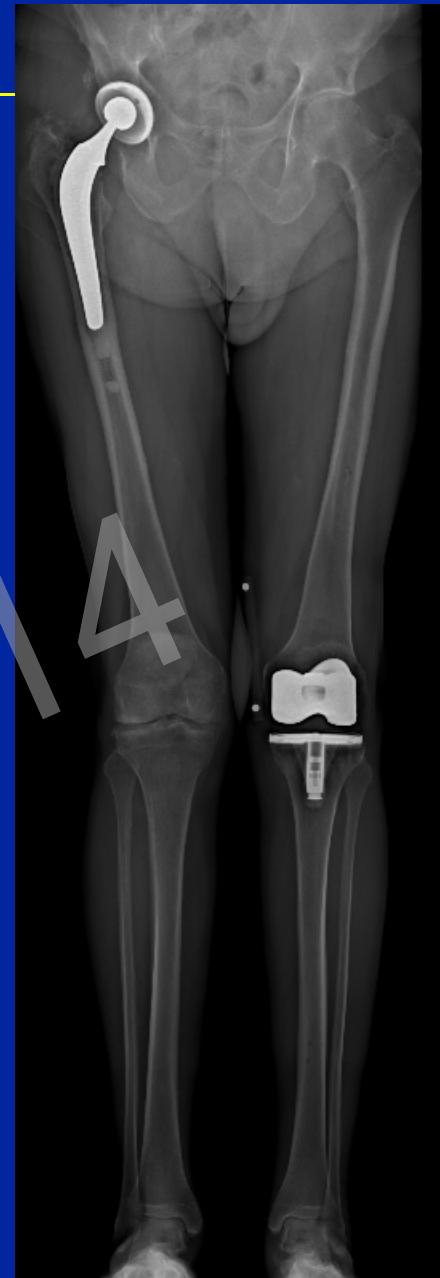
Femoral cutting block with navigator



Validation of femoral cut with tracker



83 Y MALE



TOTAL KNEE ARTHROPLASTY

Conventionel Technique:

standard

Computer-navigation:

preciser (less outliers)

Individuel
patient-specific technique:

even preciser*



* MacDessi SJ et al. The Knee, 2014

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MATERIAL

**Femur component (usually cemented)
(cobalt-chrome-molybdenum stainless steel)**

Ultra highly crosslinked Polyethylen Inlay

Tibia component (always cemented)

(cobalt-chrome-molybdenum stainless steel)



TOTAL KNEE ARTHROPLASTY (TKA)

I. DESIGN CATEGORIES

A. Designs are categorized based upon an increasing level of mechanical constraint in knee system.

1. Least constrained

- Cruciate-retaining TKA—keep PCL
- Cruciate-sacrificing TKA
- Both used for straightforward primary TKA

2. Constrained

- Constrained nonhinge TKA
- Used for complex primary or revision TKA

3. Highly constrained

- Hinge TKA
- Used for complex revision TKA



TYPES OF PRIMARY TOTAL KNEE ARTHROPLASTY

Cruciate retaining



sacrificing

Anterior stabilized



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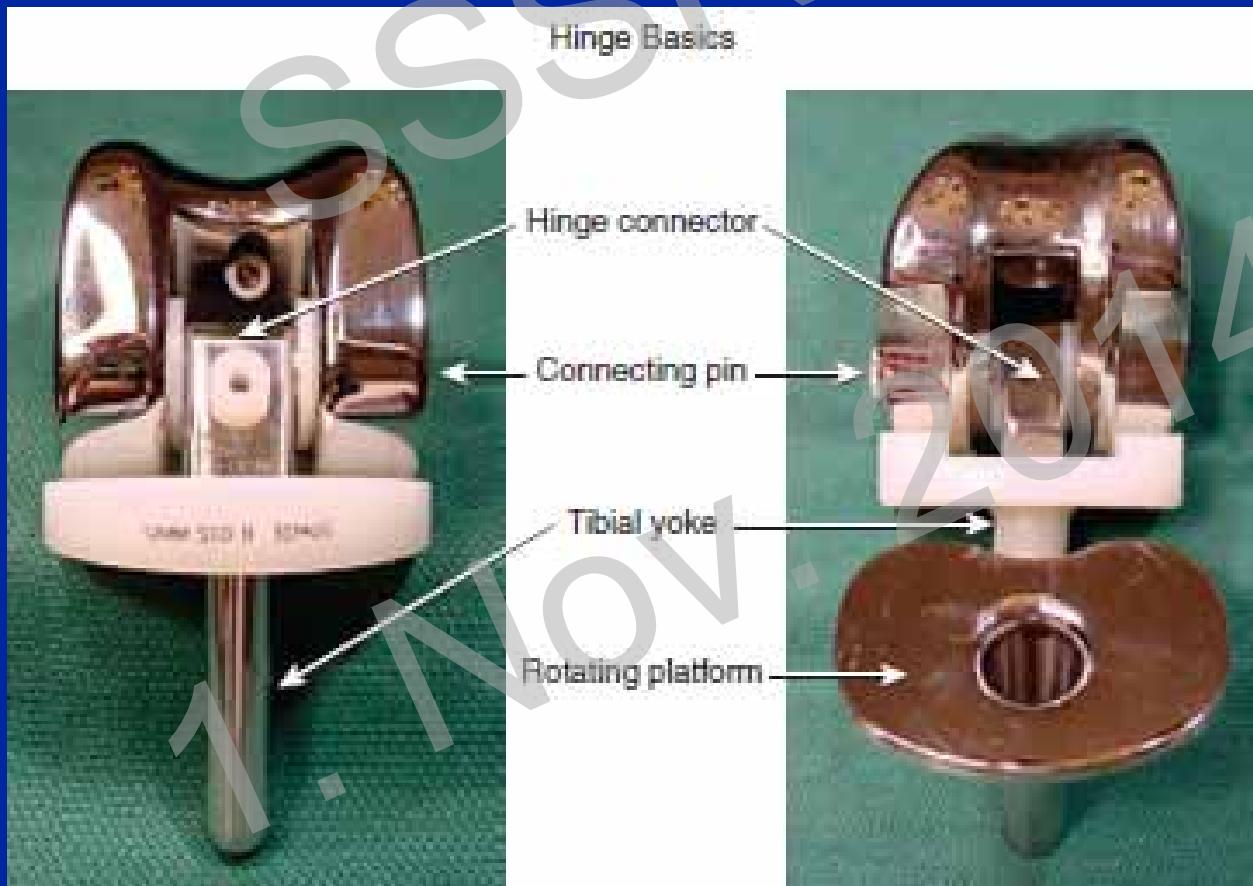
TYPES OF PRIMARY TOTAL KNEE ARTHROPLASTY

Semiconstrained TKA



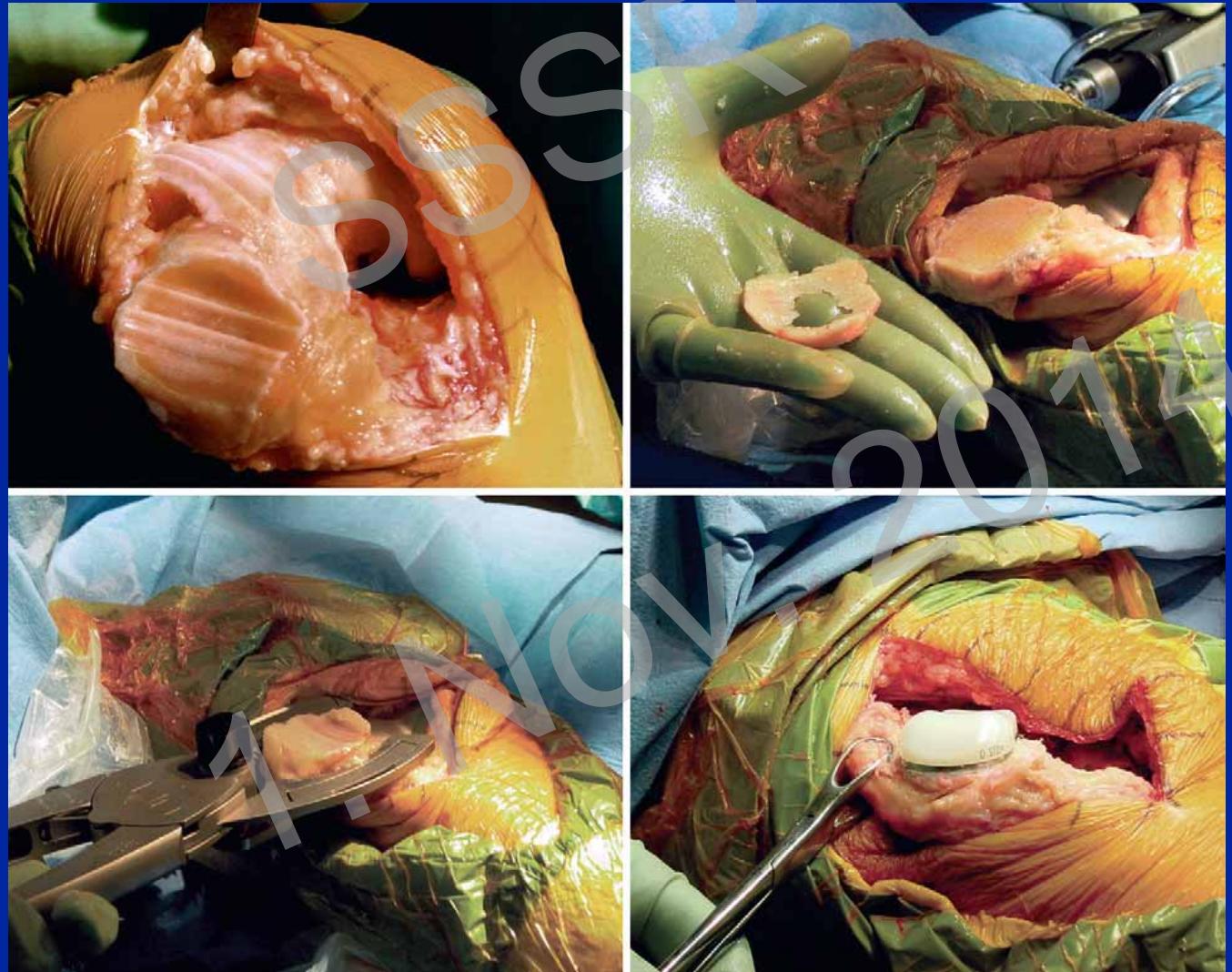
TYPES OF PRIMARY TOTAL KNEE ARTHROPLASTY

Highly constrained TKA



TOTAL KNEE ARTHROPLASTY

Patella resurfacing ?



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TOTAL KNEE ARTHROPLASTY

- Less range of motion
- Limited activity
- Pain
- Survivalship

10-20%!!!

Unknown reason !



TOTAL KNEE ARTHROPLASTY COMPLICATIONS

Survival of the prosthesis:

after 5 y

95%!!!

after 10 y

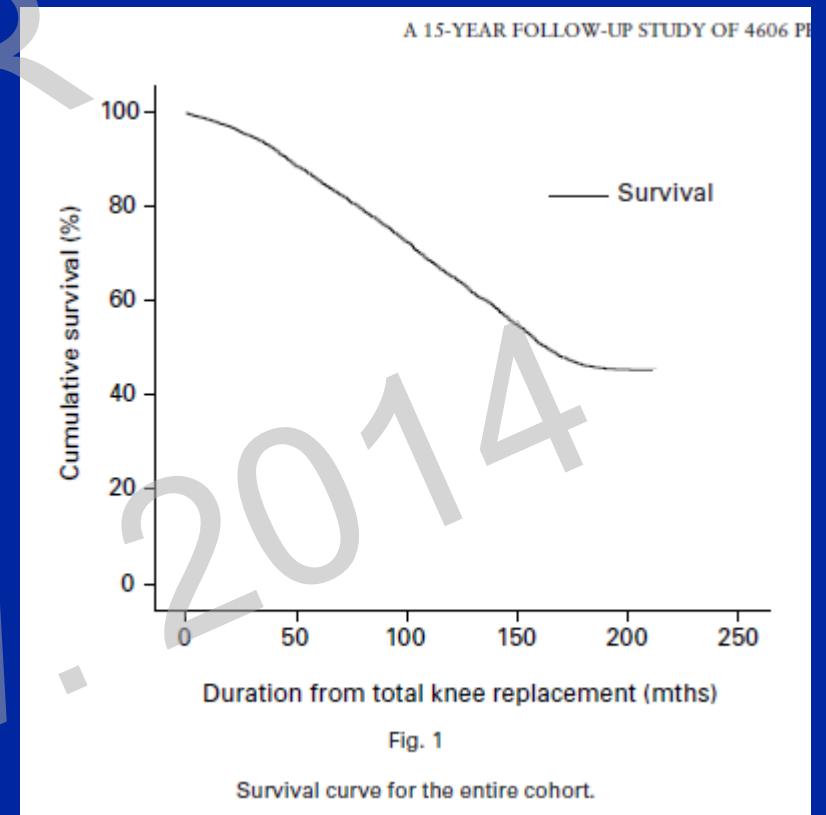
91%

after 15 y

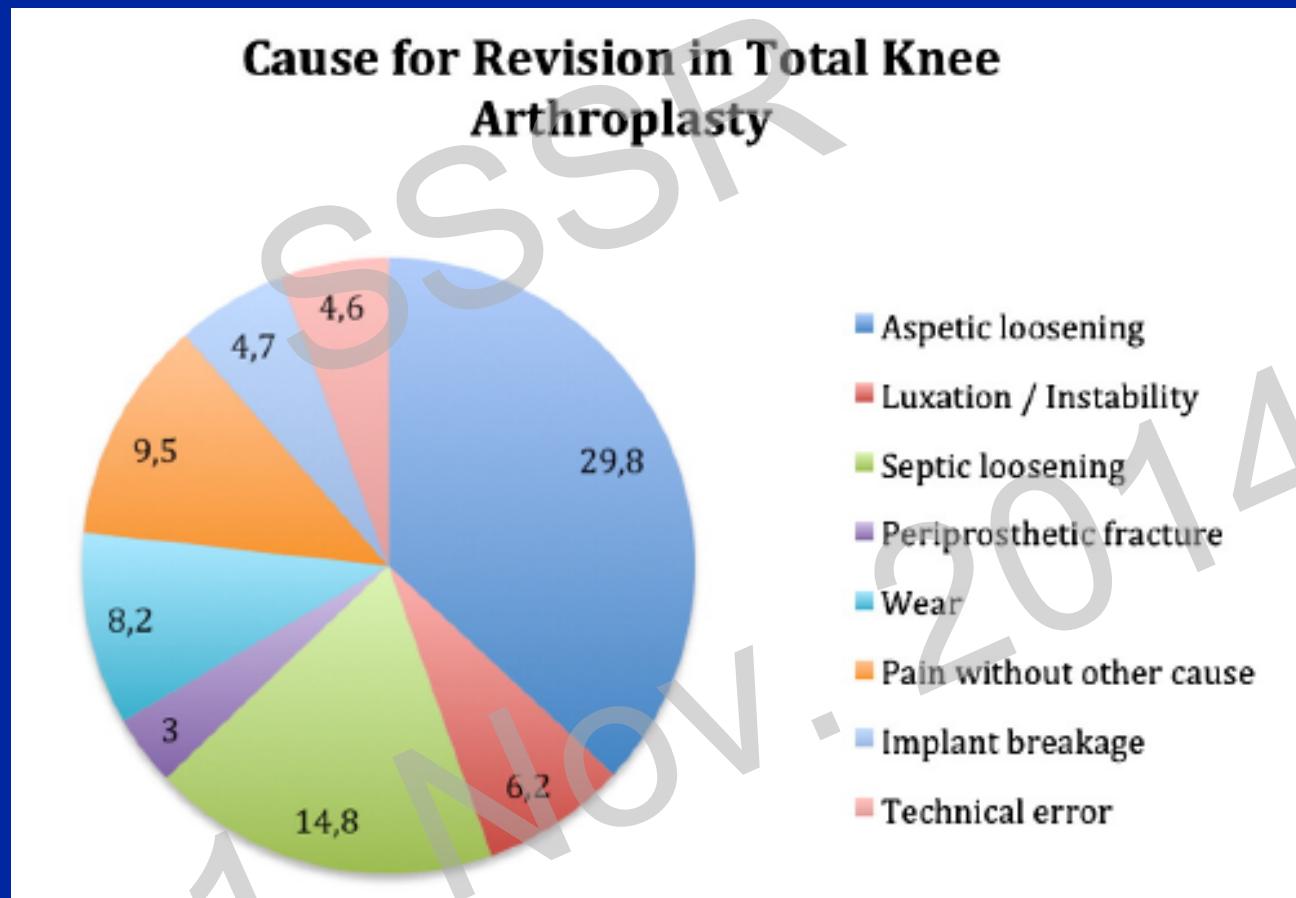
84%

after 20 y

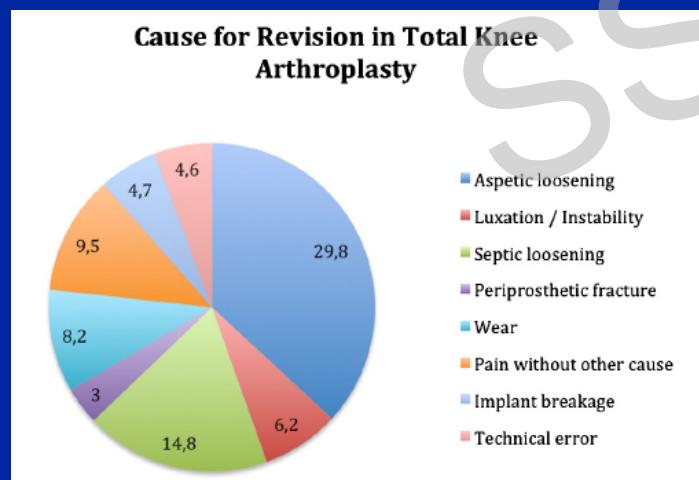
78%



TOTAL KNEE ARTHROPLASTY COMPLICATIONS



TOTAL KNEE ARTHROPLASTY COMPLICATIONS



Painful TKA: Rule out....

- Infection
- Instability
- Loosening
- Implant malposition



REVISION PROSTHESIS

Revision prosthesis

Results worse than
primary total knee
arthroplasty



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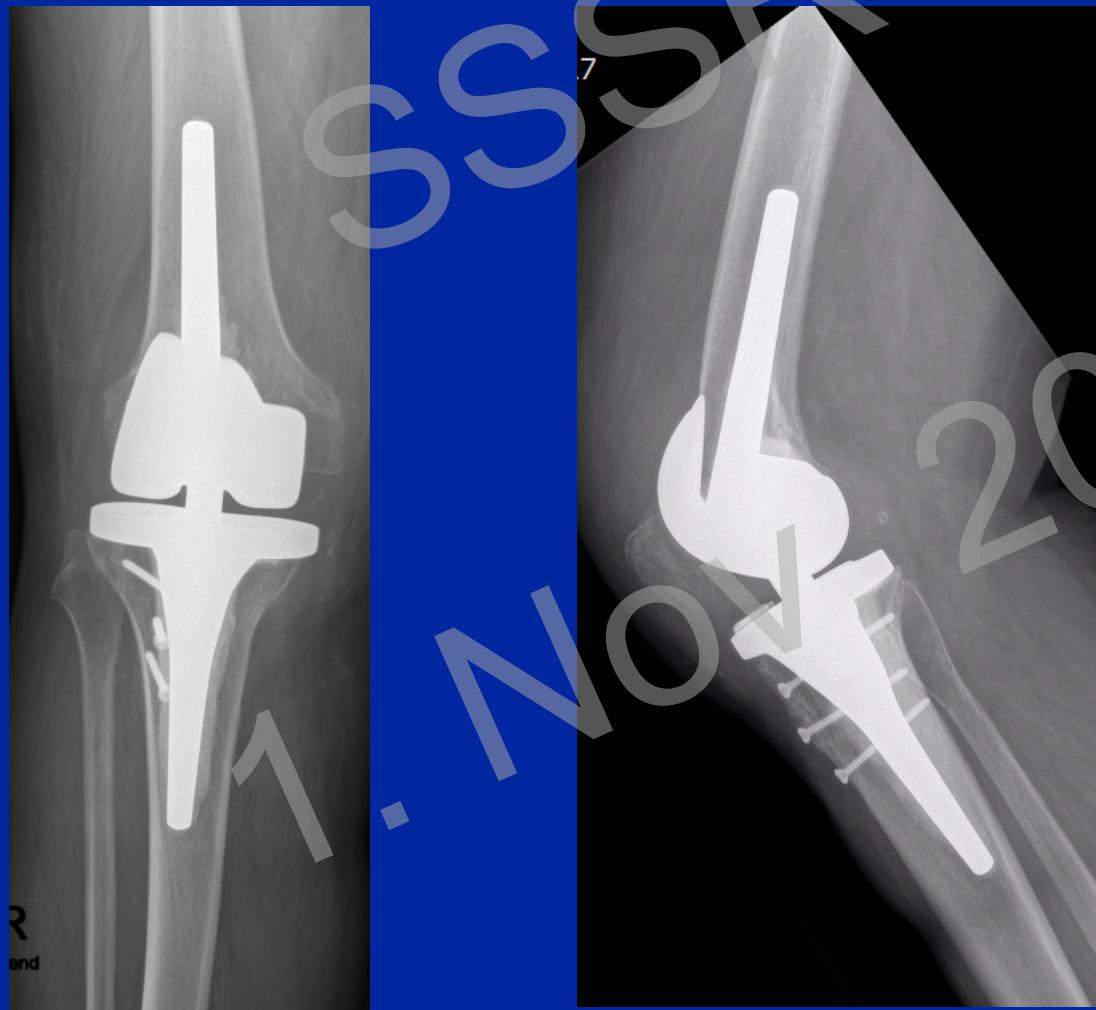
UNICCOMPARTMENTAL KNEE PROSTHESIS

66 y old female: status post acl reconstruction, tuberositas osteotomy and unicompartmental medial knee prosthesis 16 years ago with aseptic loosening



REVISION

Revision with RT plus Solution knee prosthesis (highly constrained = rotating hinge)



R
end

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77 Y MALE

Aseptic loosening of a primary knee
prosthesis 12 years ago
Loosened screw causing massive



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77 Y MALE

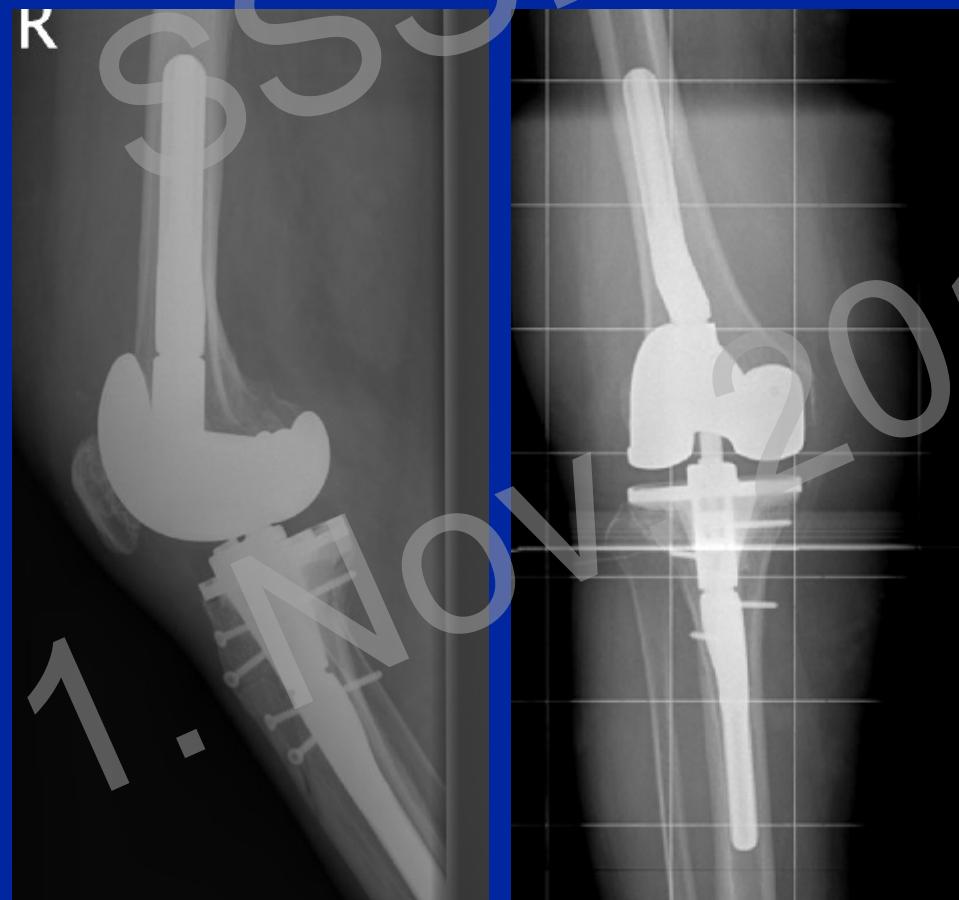
Metallosis



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77 Y MALE

Revision with a highly constrained
(rotating hinge) LINK knee prosthesis



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81 Y FEMALE



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81 Y FEMALE



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76 Y MALE



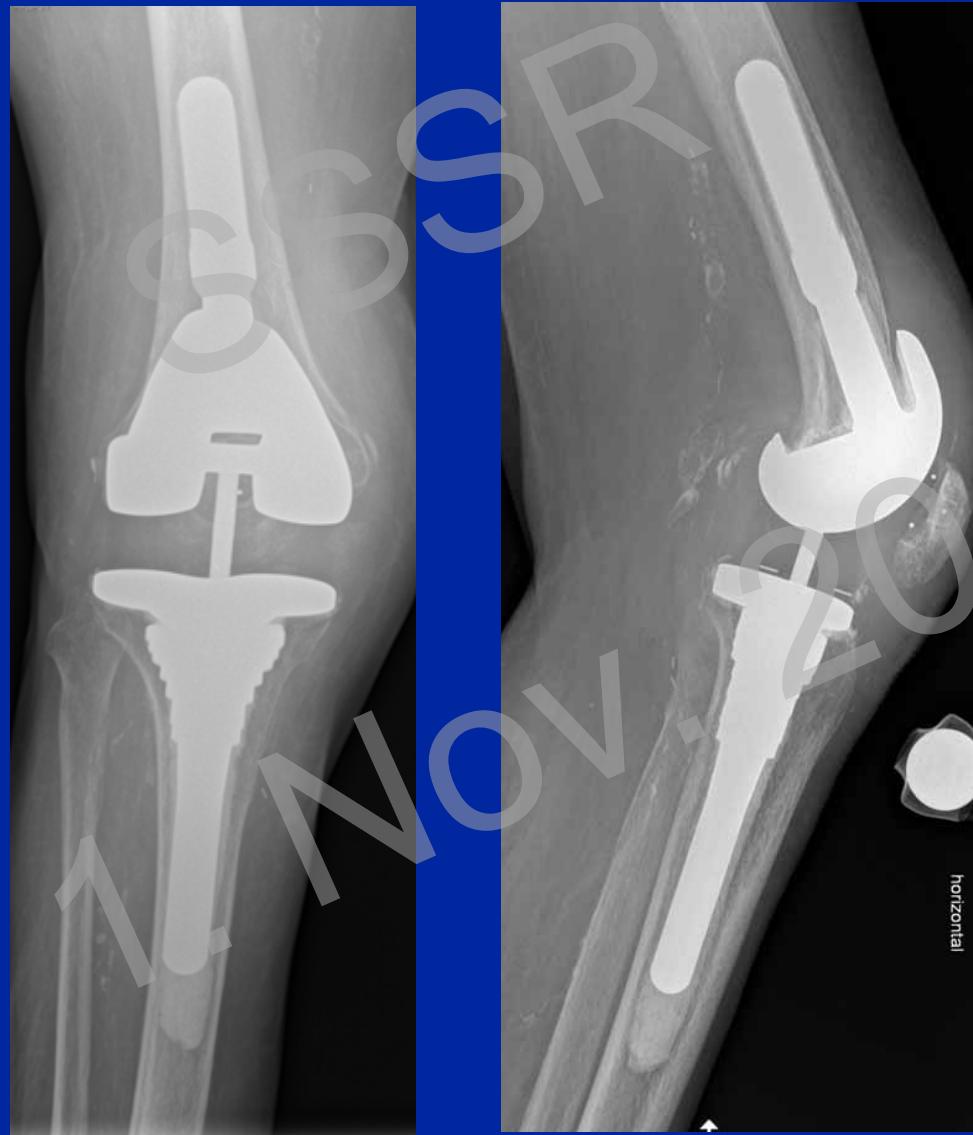
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76 Y MALE



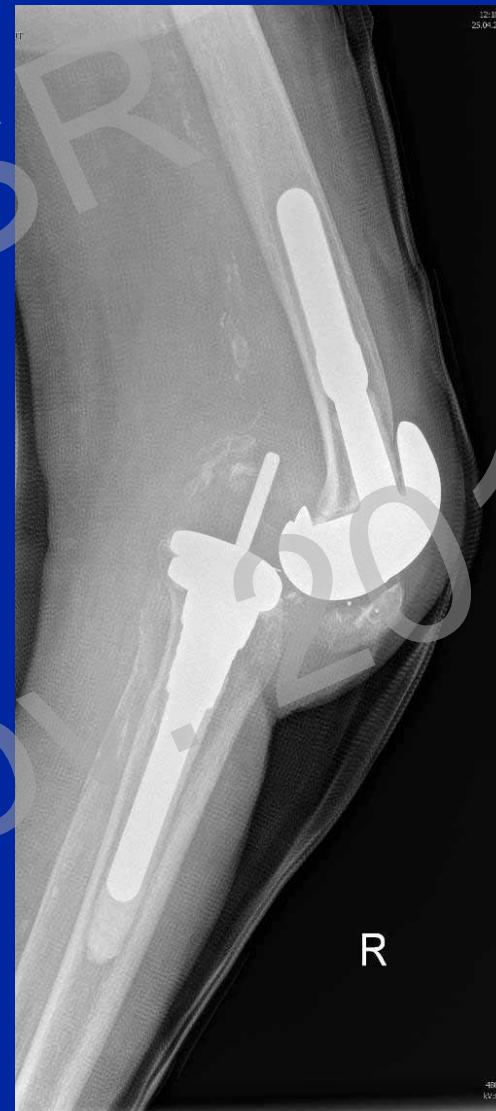
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74 Y FEMALE



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74 Y FEMALE REVISION BECAUSE OF INSTABILITY



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REVISION - ARTHRODESIS



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THANK YOU



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