Patellar Instability After TKR

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Predisposing Factors

- Pre-op:
 - Pre-existing patellar instability
 - Bony alignment / shapes
 - Patellar alta
 - Lateral contracture

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Predisposing Factors

- Intra-op
 - TKR design femoral trochlea, ? Mobile bearing better
 - T-F component malalignment
 - Over-stuffing PFJ
 - Poor soft tissue balance
 - There is a tendency to medialise the trochlea

Treatment

PREVENTION!

- Surgical technique
 - Use component positioning to advantage
 - Femur- lateralise, ER, 5° varus
 - Tibia- lateralise, ER
 BEWARE external tibial torsion
 - Patella- perpendicular cut



Treatment

- PREVENTION!
 Surgical technique
 - Beware the valgus
 - knee
 - Adjust landmarks for posterior deficiency LFC

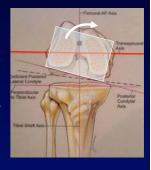


Treatment

PREVENTION! – Surgical technique

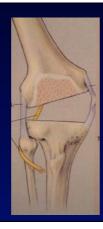
knee

- Beware the valgus
- Adjust landmarks for posterior deficiency LFC



Treatment

- PREVENTION!
 - Surgical technique
 - Beware the valgus knee
 - Release lateral contracture



Treatment

- Identify cause
- History
- Examination
- Imaging
 - Xrays (including pre-op)
 - CT



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 Xrays (including pre-op)
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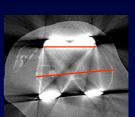
Treatment

- · Identify cause
- History
- Examination
- Imaging
 - Xrays (including pre-op)– CT



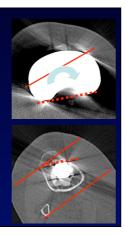
Treatment

- Identify cause
- History
- Examination
- Imaging
 - Xrays (including pre-op)



Treatment

- · Identify cause
- History
- Examination
- Imaging-
 - Xrays (including pre-op) -CT



Treatment

- Minor / T-F alignment good - Non-surgical unlikely to work
 - SurgeryLateral retinacular release [at TKR]
 - Extensor mechanism realignment alone

 MPFL reconstruction
 Proximal realignment
 Tibial tuberosity transfer

Treatment

Major



- Malalignment-
 - T-F revision (+/- constraint in MCL laxity)
 - +/- P-F realignment

Treatment

• Major

- In patellectomy cases - make patella
 - Iliac graft
 - Trabecular metal
 - Allograft extensor mechanism







Treatment

- Major
 - External tibial torsion
 - <45° deal with by \uparrow tibial ER (? downsize)
 - >45 °- proximal tibial de-rotation osteotomy Ramaswamy et al, Toronto, *JBJS(Br)* 2009

Summary

- Common (especially minor)
- Usually surgical error
- Prevention definitely best