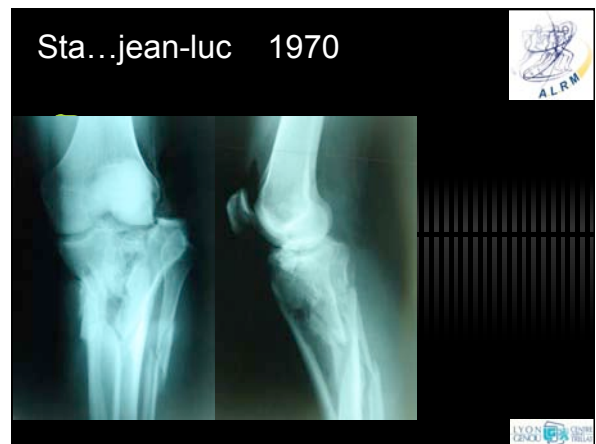
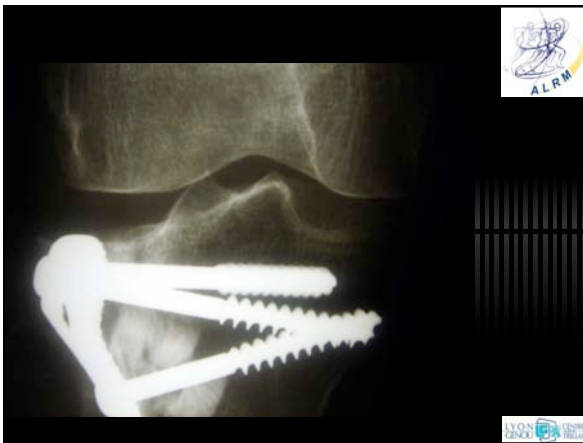
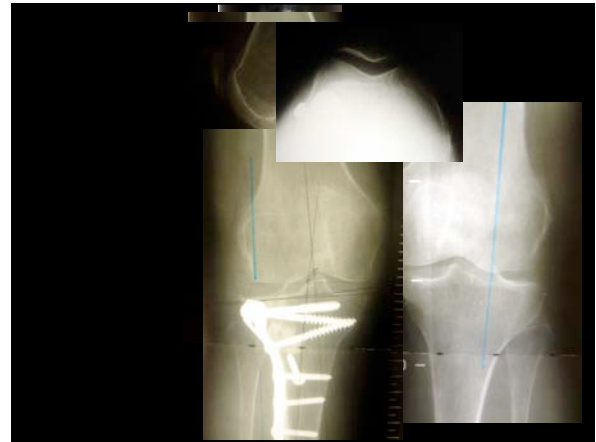
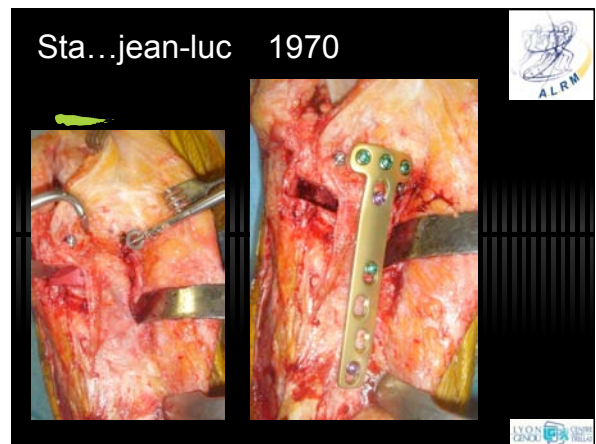
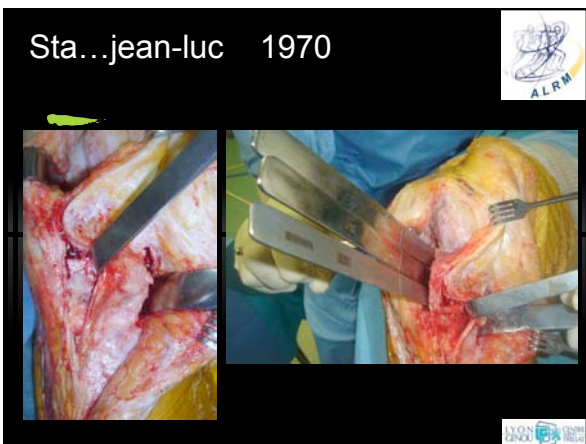
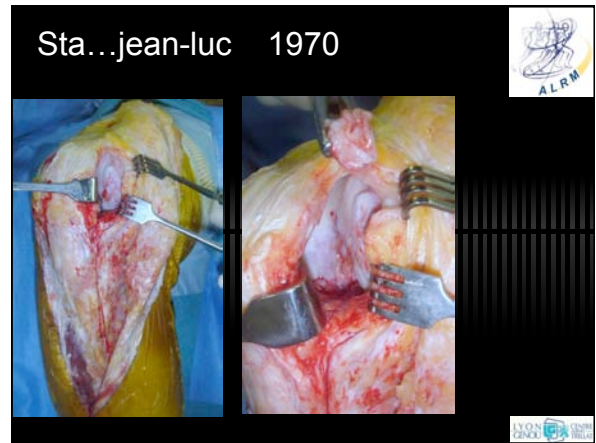
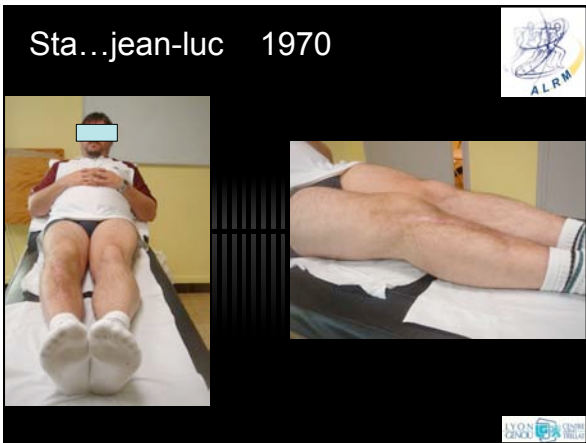
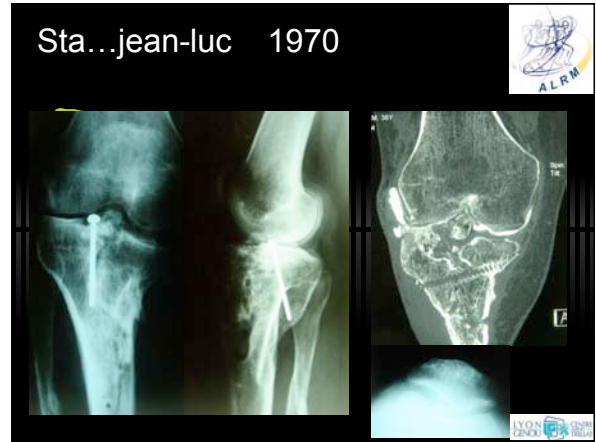


Ser...marie denise 1947

23.2.99 PR NEYRET (est privée)
 Genou droit : a eu en mars 98 fracture plateau tibial exte
 ostéosynthésée par le Dr [redacted] à Avignon.
 Faisait randonnée, gym, ski.
 Ostéosynthèse externe + greffe endobon.
 Enfoncement secondaire
 Actuellement se plaint de genu valgum, douleur à la mar
 son travail
 A l'examen : genu valgum 5 TD asymétrique 9° pour 3°
 VARI + Très bonne réduction. Pas de laxité. Mob 0/130
 XR déformation en valgus petit baillement interne
 enfoncement plateau externe
 Scanner confirmant les lésions

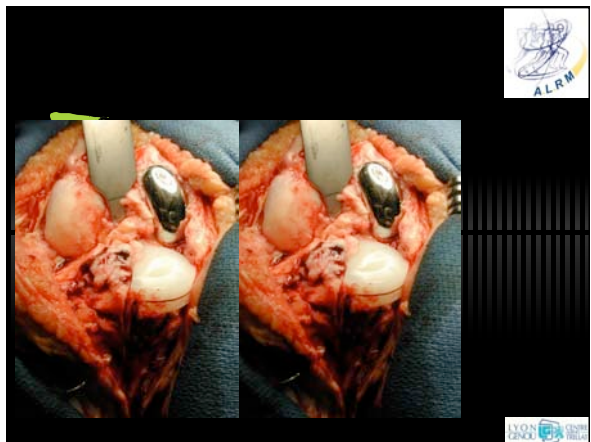
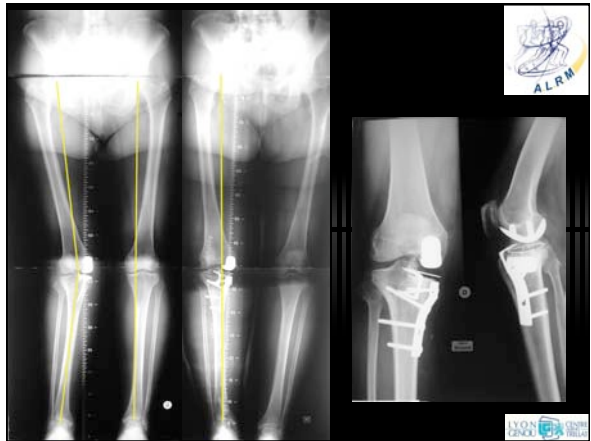
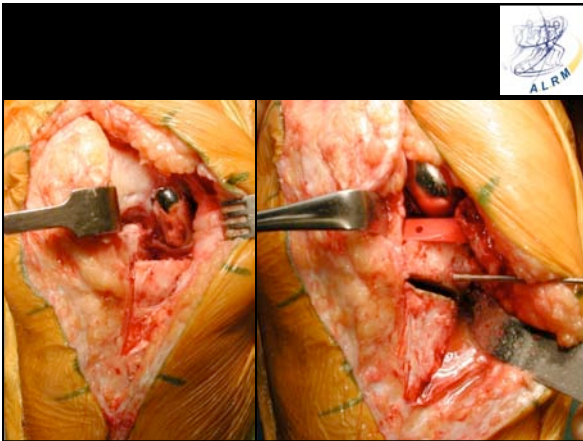
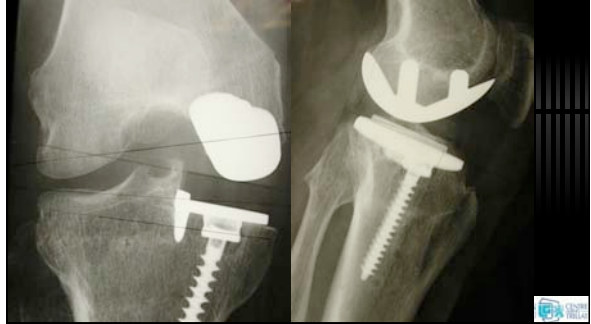


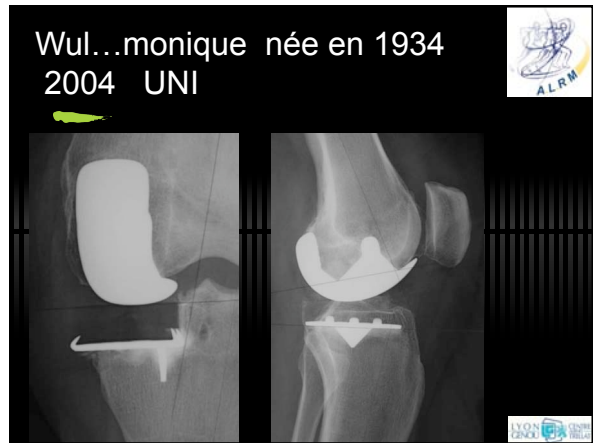
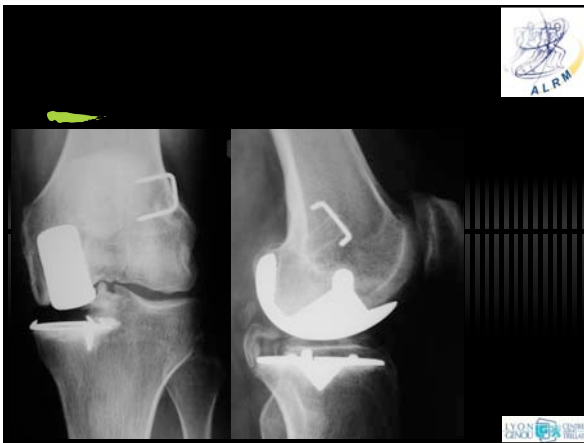
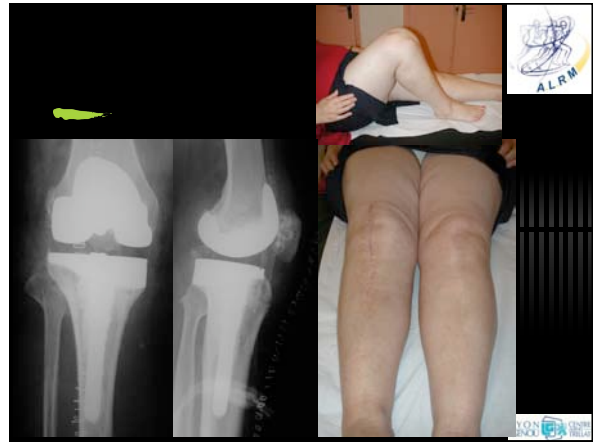
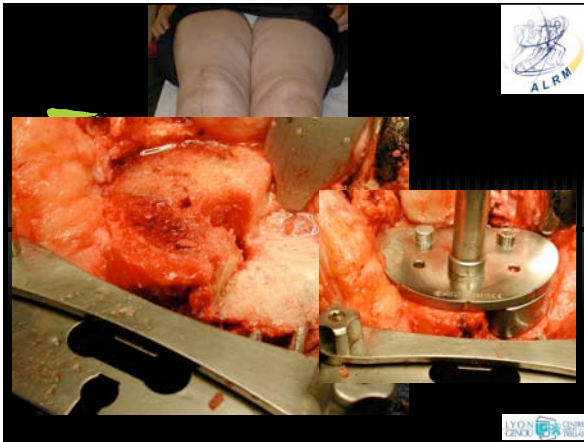


Sta...jean-luc 1970



Mar... angelina
Atcd OTV puis UNI





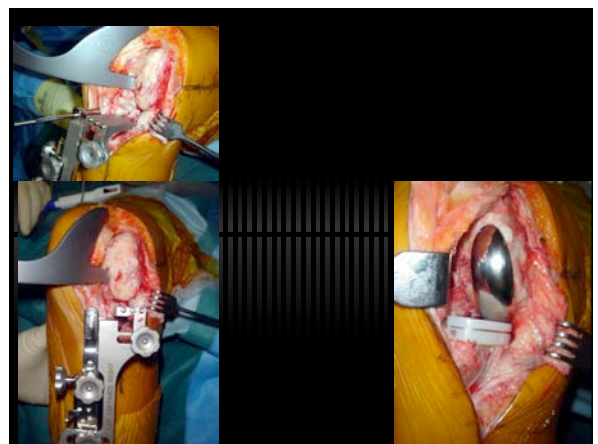
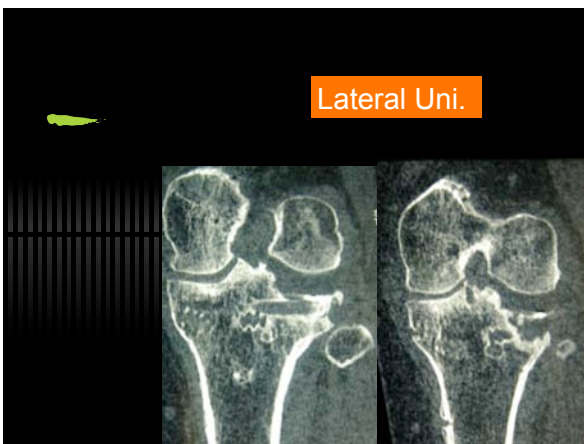
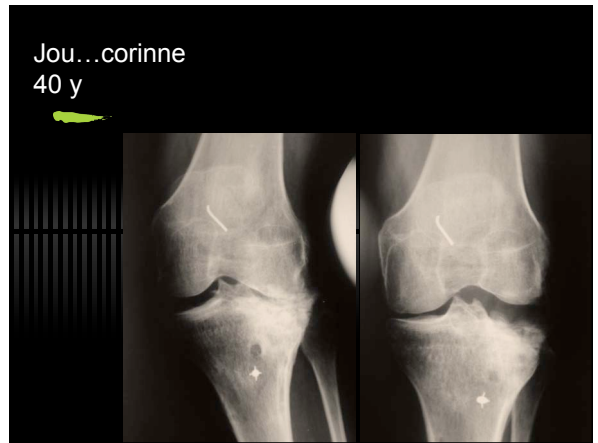
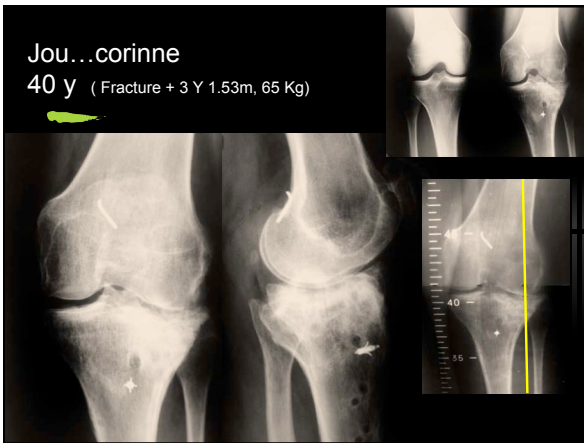
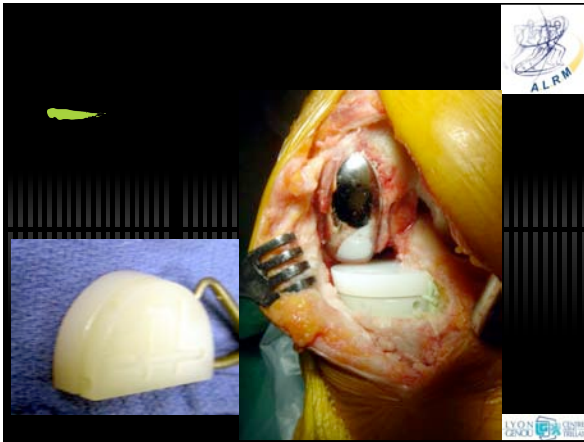
20.12.04 PR NEYRET
Genou gauche : avait eu ATCD canal lombaire étroit de Fiere bon résultat, cruralgie droite
A eu PUC interne GG dr A.H. [redacted] rs 2004
a toujours eu douleur antéro interne qui ne s'est pas améliorée
prend AINS fréquent.PM 1 km, canne=O, escalier
peu de douleur nocturne sur mouvement anormal
les douleurs sont horizontales tibiale et interne
A l'examen : 1,62m 60kgs genu varum 1 TD syndrome
antéro interne clinique nette

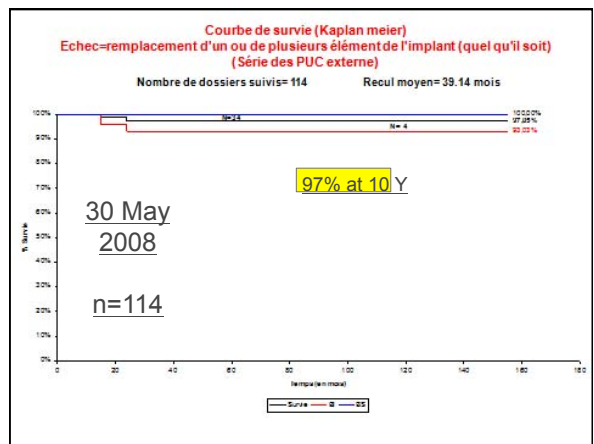
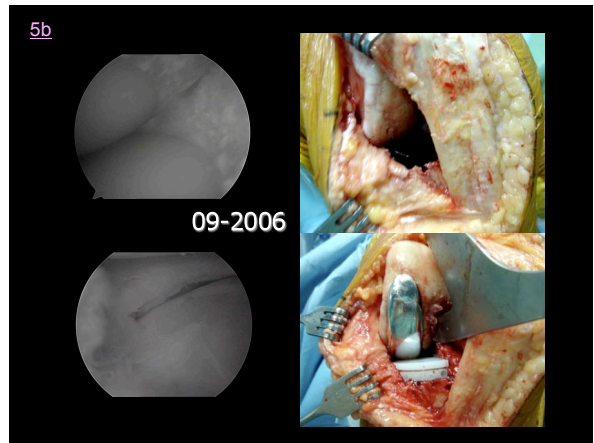
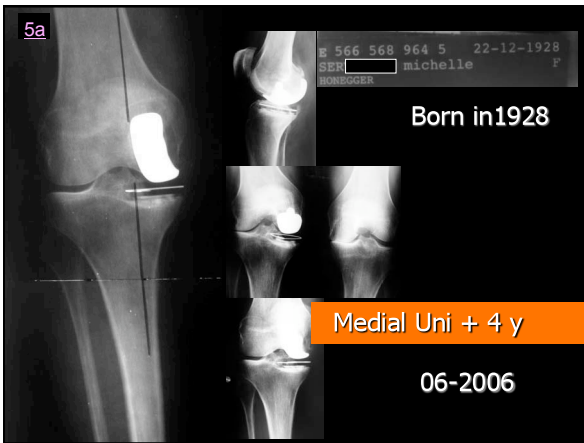
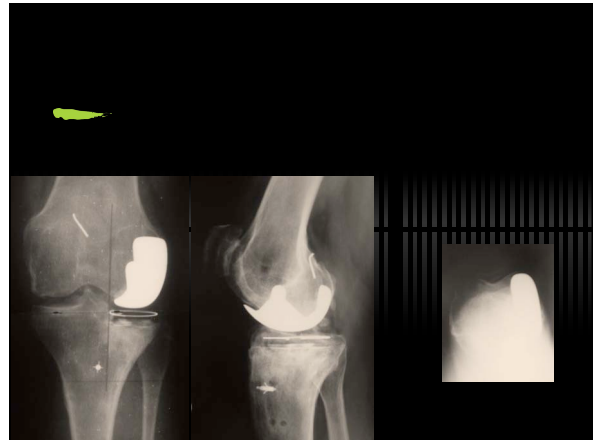
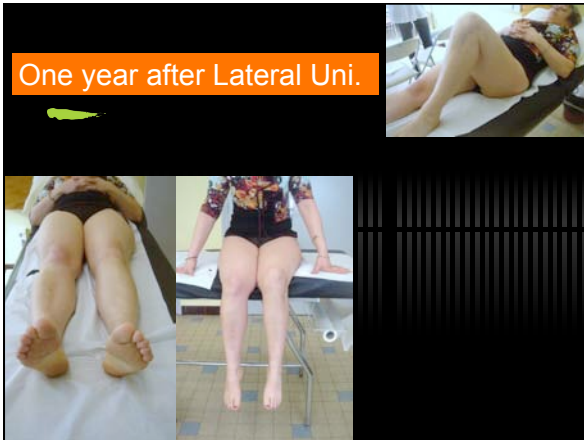
CRP à 6 VS à 14
A vu B.Moyen qui a proposé changement PUC
Tornier, a vu M.Bonnin et D. Dejour qui ont proposé
transformation en PTG
ON maintient avis énoncé on réserve date opératoire

GENOU GAUCHE P.I. T.T.

T.TARDIF

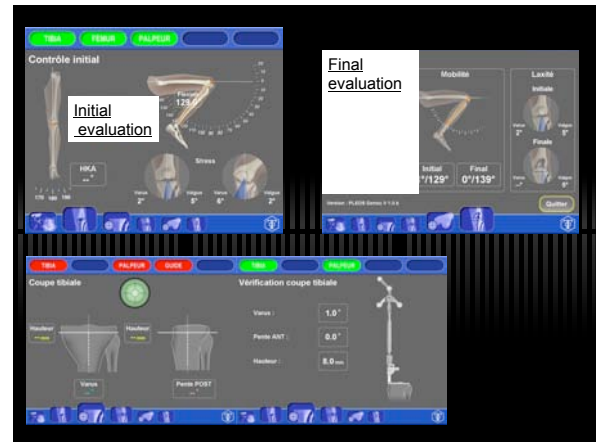
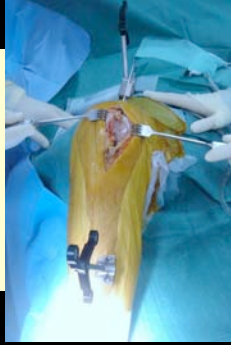




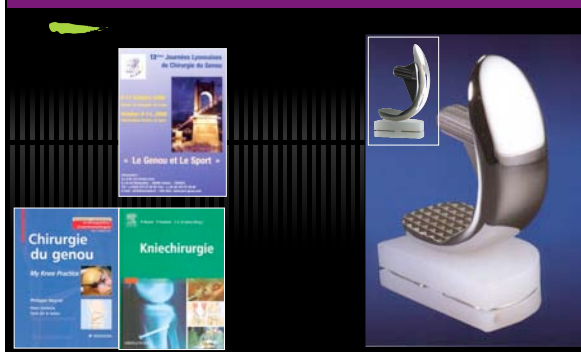




Future Directions

- CAOS allows to know precisely initial alignment, frontal laxity and reducibility of the deformity
- CAOS allows to perform with a great accuracy the tibial cut
- CAOS allows to check with a great precision the final alignment and residual laxity.



A bientôt a Lyon en Octobre, et...Osaka en 2009




Uni versus TKA

Is less better in middle Aged athlete ?

Failures and selection of patients
Reasons for failure

T Aitsiselmi
E Servien
S Lustig
G Demey

Ph Neyret
University of Lyon



Uni versus TKA
Is less better in middle Aged athlete ?

- Etiology
- Level of sport activities & expectation

Very few patients !

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Uni versus TKA
Is less better in middle Aged athlete ?

- Etiology
 - Monocompartmental
 - ~~Tricompartmental~~
 - inflammatory diseases
 - articular cartilage disease
 - torsional diaphysis malunion
 - Complex fractures

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Uni versus TKA
Is less better in middle Aged athlete ?

- Etiology
 - Monocompartmental
 - cartilage and bone
 - ~~Ligament injuries~~
 - acl insufficiency
 - collateral lateral insufficiency

45

Uni versus TKA
Is less better in middle Aged athlete ?

- Etiology
 - Monocompartmental
 - cartilage and bone
 - severe fracture
 - tibial plateau fr.
 - osteonecrosis
 - Idiopathic +++

46

Uni versus TKA
Is less better in middle Aged athlete ?

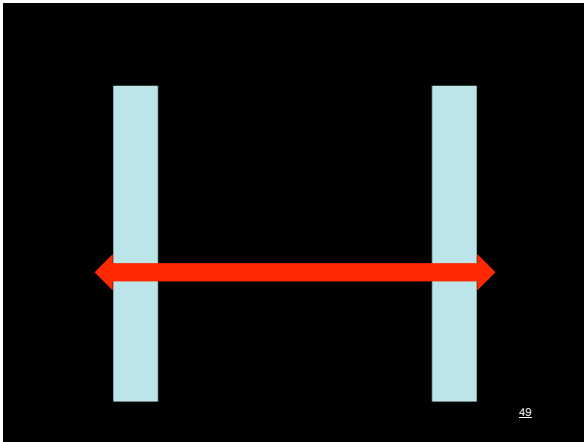
- Etiology
 - Monocompartmental
 - cartilage and bone
 - tibial plateau fr.
 - osteonecrosis
 - obese
 - Idiopathic +++
 - Severe malalignment

47

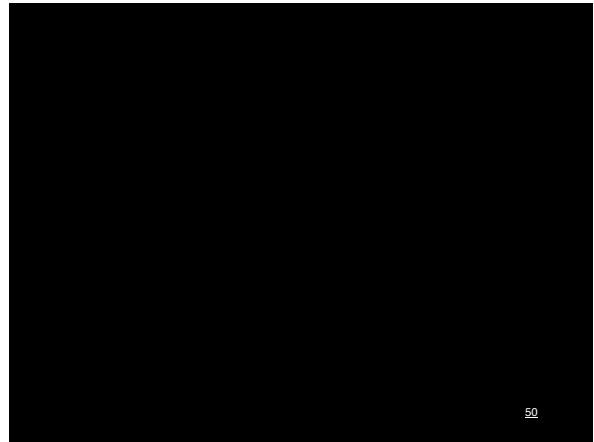
Uni versus TKA
Is less better in middle Aged athlete ?

- Etiology
- Level of sport activities & expectation

48



49



50

No True Algorithm

Anatomical criterias	Clinical criterias
<ul style="list-style-type: none"> • Stage of OA • Analysis of the deformity and its reducibility • Ligament status • Range of motion 	<ul style="list-style-type: none"> • Age and expectation • Activity • Weight • General medical status (cardiovascular diabetes, plavix...) • Infection history

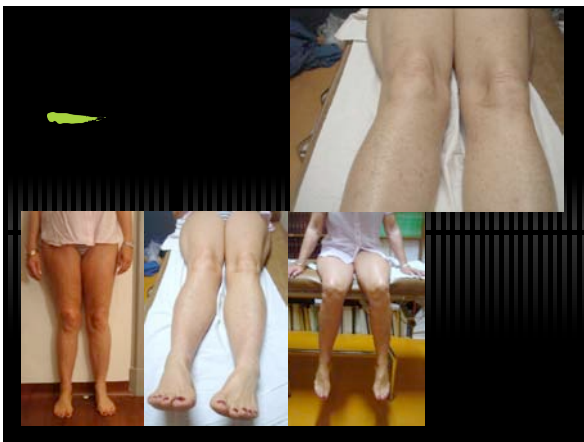
Osteotomy
Total Knee arthroplasty

Unicompartmental knee arthroplasty

Management of Lateral FT OA

T Aitsiselmi
E Servien
JL Paillet
P Verdonk

Ph Neyret
University of Lyon

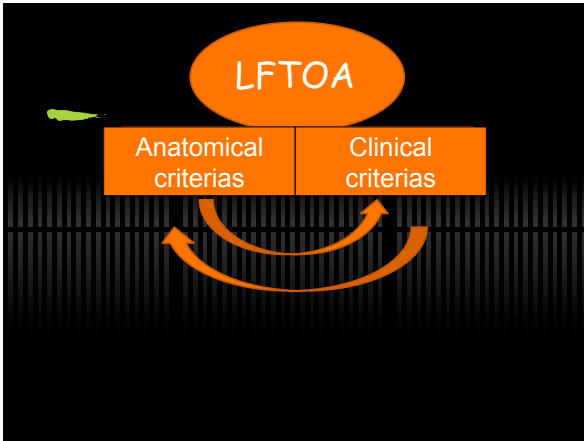


✓ Operative technique
 ✓ Indications



Economical considerations

- Reimbursement (In United States ...)
- Training programmes
- Cost (Grelsamer), short stay

Selecting the appropriate knee

Anatomical criteria

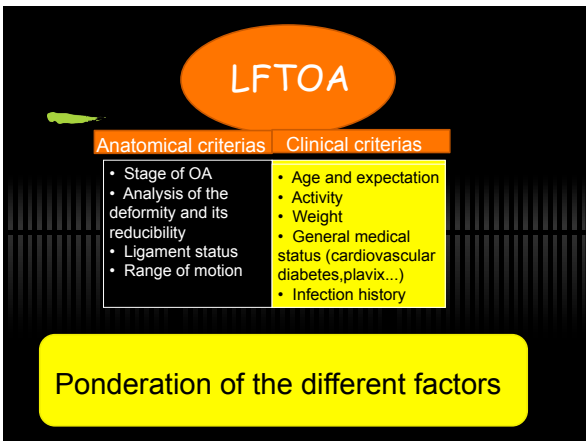
- ✓ Stage of Osteo-arthritis
- ✓ Analysis of the deformity and its reductibility
- ✓ Ligament status
- ✓ Range of motion

Selecting the appropriate knee

Selecting the patient

Clinical conditions

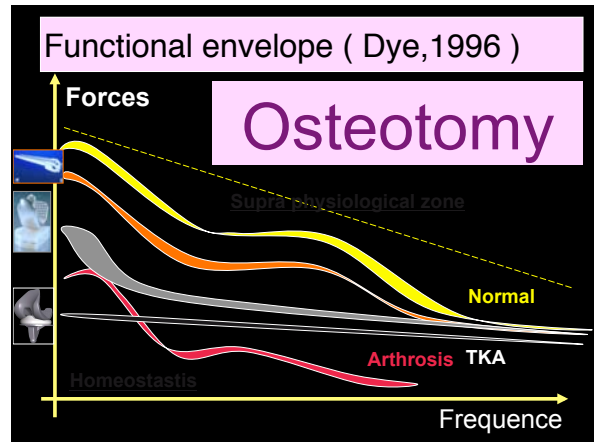
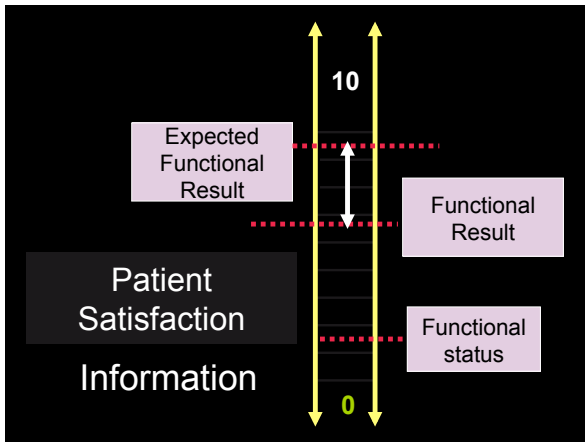
- ✓ Age and expectation
- ✓ Weight
- ✓ General medical status



LFTOA

Anatomical criterias	Clinical criterias
<ul style="list-style-type: none"> • Stage of OA • Analysis of the deformity and its reductibility • Ligament status • Range of motion 	<ul style="list-style-type: none"> • Age and expectation • Activity • Weight • General medical status (cardiovascular diabetes,plavix...) • Infection history

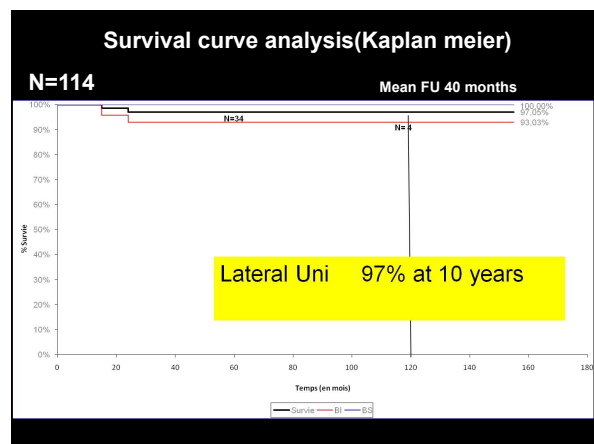
Ponderation of the different factors



- ### Expected result
1. Osteotomy
 2. No pain(95%), Forgotten knee(80%), Stability (90%), Walking distance (no limit), normal Stairs, no limping, no crutch, no swelling.
 3. All sports
 4. Complete extension, flexion 145° (preop ROM)
 5. Restricting surgery, Weight bearing delayed 2 months, (pre-op rehabilitation), Hospitalisation (5 days), no rehab center. adaptation 4 to 6 months. autonomy and driving
- Survival rate: 70% at 10 ys**
Infection : < 0.5%

- ### Patient information
- 2 crutches (training before surgery)
 - Bilaterality?
- No full weight bearing for 2 months ...
→ difficult if contralateral painful knee
→ 1 stage surgery for both knees?

- ### Expected result
- #### UKA
1. No pain(95%), Forgotten knee(70%), Stability (98%), Walking distance (10km), Normal stairs, no limping no crutch, no swelling.
 2. ... trekking, skating, Tennis
 3. Full extension, flexion 145° (preop ROM)
 4. "meniscus of the elderly" (health status), immediate weight bearing, Hospitalisation (5 days), home or rehabilitation center (2 weeks), autonomy and driving (30days).
 5. Monitoring++, Revision with TKA
- Survival rate : 90% at 10 ys**
Infection : 0.5% at 10 ys post-op.



Total knee arthroplasty

Clinical consideration

- ✓ Disabling pain
- ✓ Other therapeutic options are not mandatory
- ✓ Clinical relevance may influence decision (obesity...)



Expected result


TKA

1. No pain (95%), Forgotten knee (40%), Stability (98%), walking distance (5km), Stairs, no limp, no crutch, swelling possible.
2. Hunting, golf, tennis (double), gardening.
3. Complete extension, flexion 120° (preop ROM)
4. **Serious** surgery (health of patient), immediate weight-bearing, hospitalisation (5-7 days), rehabilitation center (3-4 w), autonomy and driving (30-45 days)
5. Monitoring +, Revision with TKA

Survival rate : 90% at 15 y
Infection : 1% for 10 y post-op.

No True Algorithm

Anatomical criterias	Clinical criterias
<ul style="list-style-type: none"> • Stage of OA • Analysis of the deformity and its reducibility • Ligament status • Range of motion 	<ul style="list-style-type: none"> • Age and expectation • Activity • Weight • General medical status (cardiovascular diabetes, plavix...) • Infection history



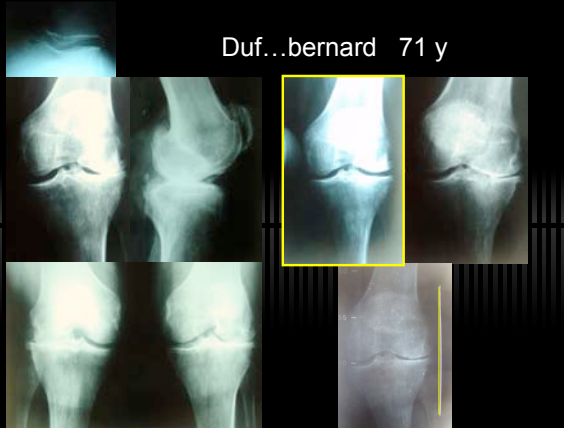
Osteotomy
Total Knee arthroplasty

Unicompartmental knee arthroplasty

✓ Clinical cases:

1. TKA
2. Lateral Uni
3. Osteotomy

Duf...bernard 71 y



Since 1988 until April 2008, we performed 299 TKA for Lateral FT OA among the 2086 TKA implanted during the same period

.....TKA



