

Preop stiff knee : which expectations
Soft tissue release

**Sébastien Parratte, X Flecher,
JM Aubaniac, JN Argenson**

Sainte Marguerite Hospital, Marseille, France
www.chirurgie-arthrose.com

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Etiology

« Where the hand of the man already put his foot »

Post-traumatic
Post-osteotomy
Historical arthritis

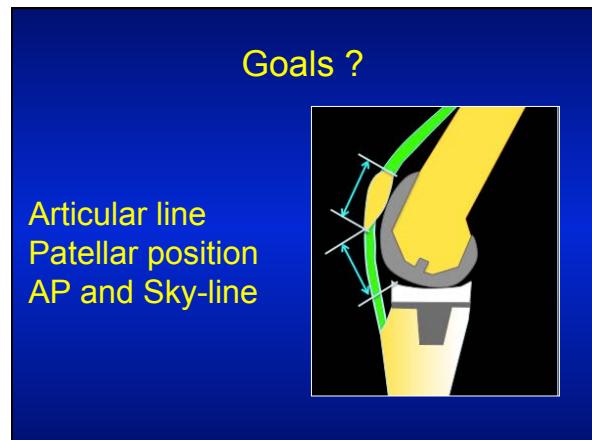
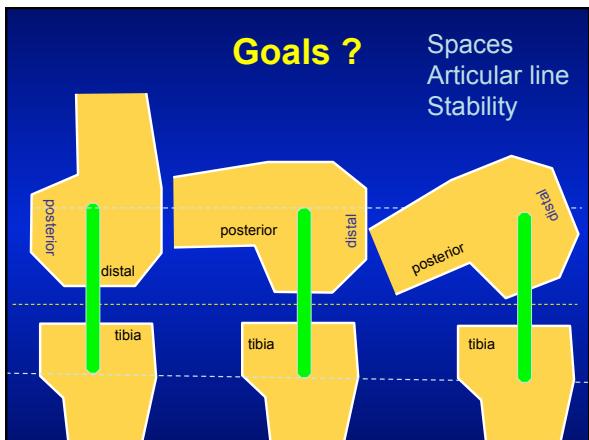
Secondary arthritis
hemophilia, rheumatoid arthritis

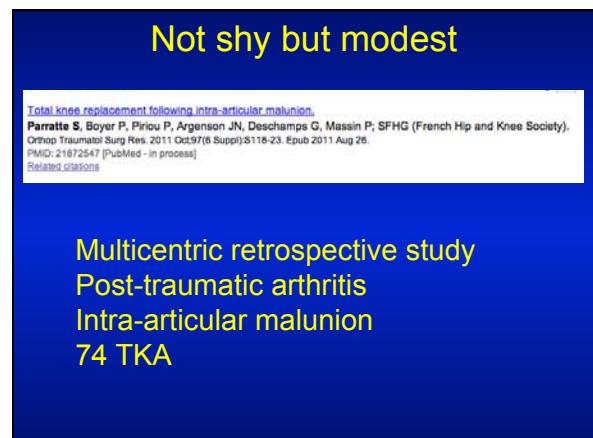
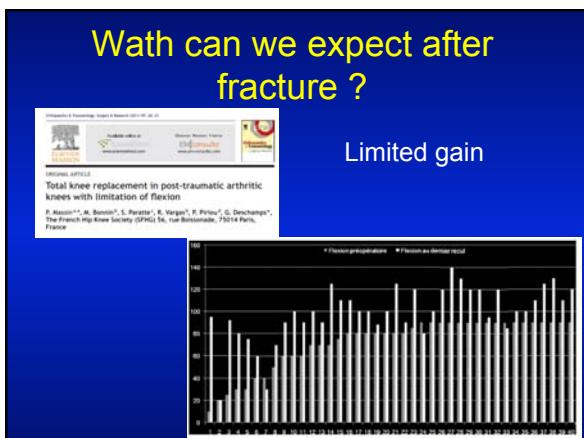
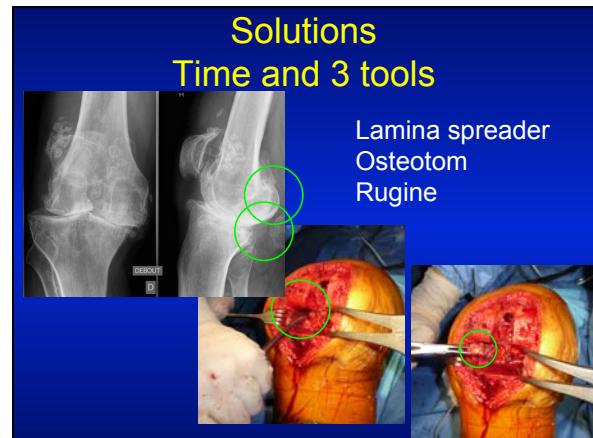
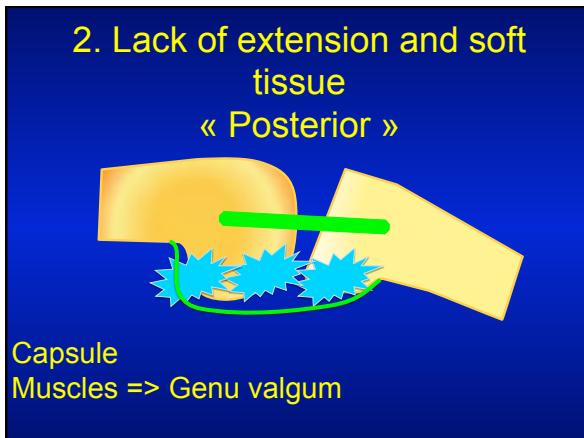
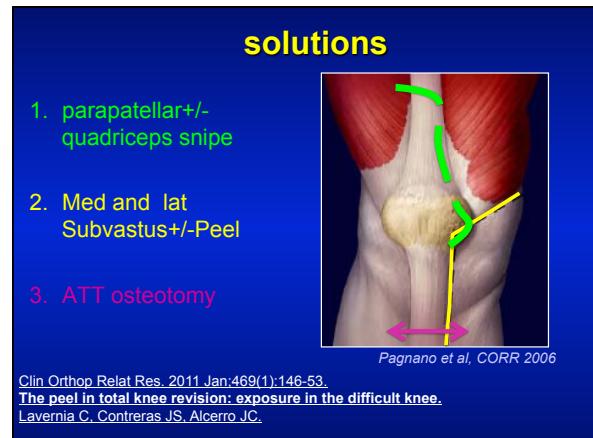
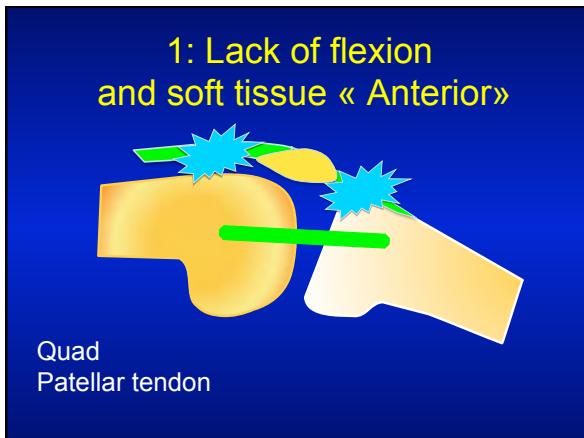
TKA Basic

“Just enough but not too much”

- Mobility → Contraindicates
- Stability
- Alignment
- Fixation → Augment and stem

Best compromise





Surgical technique

Specific action for the stiffness

- Bone:** 12% (10/74)
 - 7 distal femoral cut
 - 2 on tibial cut
 - 1 tibial slope
- Soft tissues:** 22% (16/74)
 - 6 posterior arthrolysis
 - 6 lateral retinaculum section
 - 2 MCL release and one lateral
 - 1 Judet

Arthroplastie du genou sur cal vicieux intra-articulaire

Complications

23/74 => 31% :

Avulsion of patellar tendon : 4 cases

Infections : 4 cases

Stiffness : 5 cases

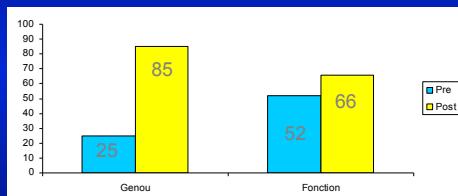
Instability: 1 case



Aseptic loosening : 1 case

Arthroplastie du genou sur cal vicieux intra-articulaire

Clinical results IKS Knee and Function scores



Arthroplastie du genou sur cal vicieux intra-articulaire

Which expectation after infection

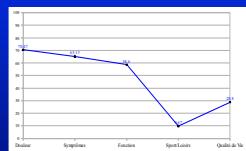
- 57 TKA staphylococcus infection
- Minimum five years
- Age: $71 \pm$ years
- 26.3% multiple surgeries (mean 3.53)
- Multiple risk factors +++

Functionnal results

Knee Society score

- Knee : 56.3
- Function : 50.3

KOOS



SF 12 MCS	56.7
SF 12 PCS	36.5

Aseptic Revision

consent for publication on the orthop. institution.

This work was performed at Orthopaedic Institute at Mercy Hospital.

C. Laveryn G. C. Orthopaedic Institute at Mercy Hospital, 3659 S Miami Avenue,

Suite 3000, Miami, FL 33133, USA
e-mail: claverina@orthomercy.miami.org

C. Laveryn, J. S. Contreras, J. C. Alvaro

Arthritis Surgery Research Foundation, Inc., Miami, FL, USA

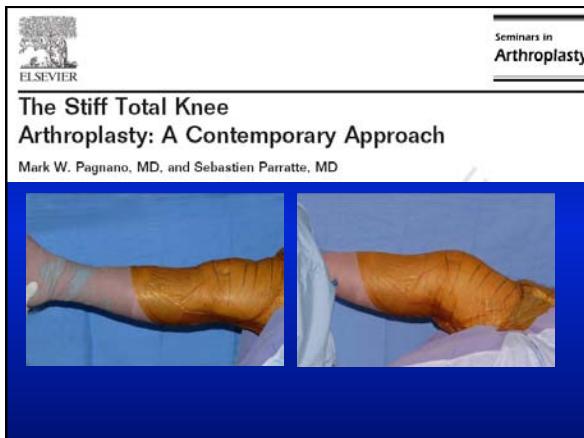
lead to potential complications, such as snap component and sizing errors. In the process of i adequate exposure, the surgeon or the assistant are at risk. Intraoperative fractures of t plateau, tibial tuberosity, or femoral condyles c be avoided. We believe that the medial parapatellar approach use the traditional medial parapatellar utilized in primary TKA. In the presence of a

Femoral component coronal (°)	6.29 (\pm 0.725)*	6.66 (\pm 0.275)*
Femoral component sagittal (°)	1.6 (\pm 1.19)*	0.74 (\pm 0.356)*
Tibial component coronal (°)	1.97 (\pm 0.537) [†]	0.61 (\pm 0.263) [‡]
Tibial component sagittal (°)	0.84 (\pm 1.24) [§]	2.92 (\pm 0.76) [§]

Values are expressed as mean \pm standard errors in parentheses. * valgus; [†]flexion; [‡]varus; [§]posterior; QWB = Quality of Well

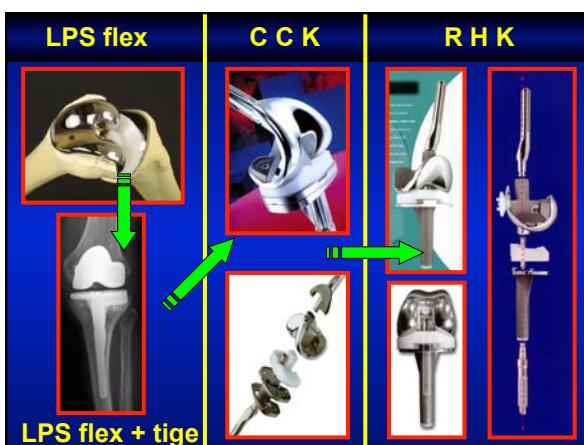
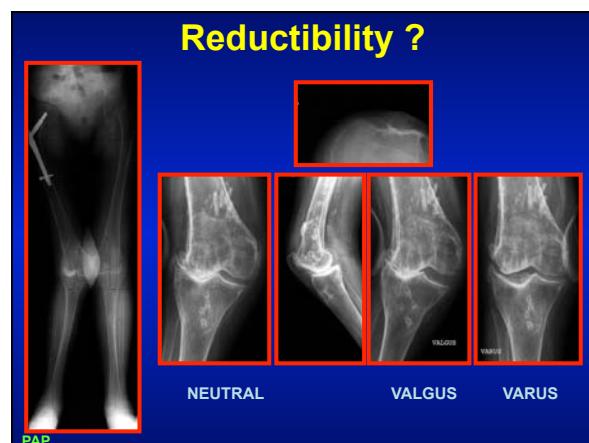
KS = Knee Society; HSS = Hospital for Special Surgery.

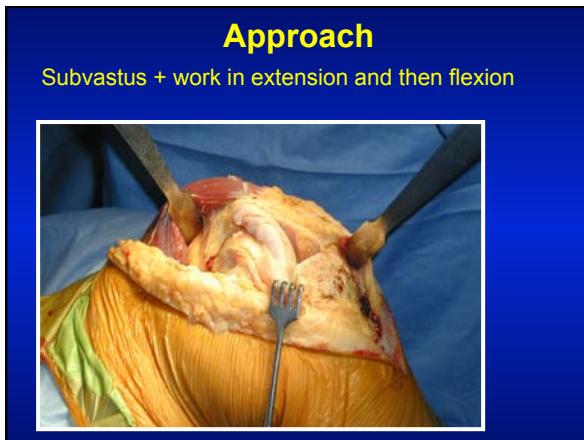
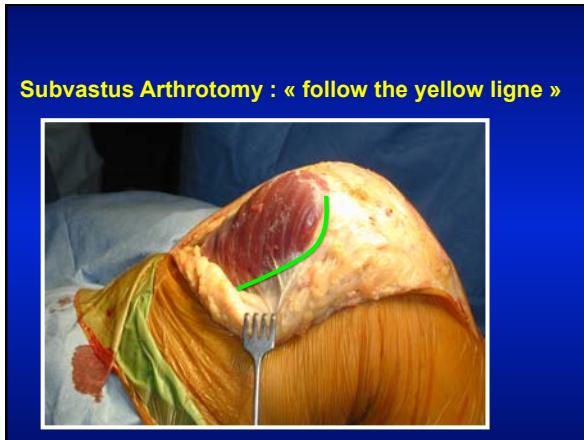
Springer



Results of Revision TKA for Stiffness

- Modest gains in ROM and function
- 17- 30 degree improvement in arc of motion
- Most knees still can not flex > 90 degrees
- Kim et al JBJS 86A, 2004
- Mont et al. CORR 446, 2006
- Keeney et al CORR 440, 2005
- Ries et al CORR 380, 2000
- Williams et al CORR 331, 1996
- Haidukewych et al J Arthroplasty 20, 2005
- Christensen et al J Arthroplasty 17, 2002









Conclusion

- Not shy but modest and prepared to the worst
- Frontal, sagittal and axial release
- Soft tissues ⇔ implant choice
- Stability is also a key factor

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Nos missions : Soigner, Enseigner, Chercher

Actualités Médicales

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