

My Perfect Lateral Approach



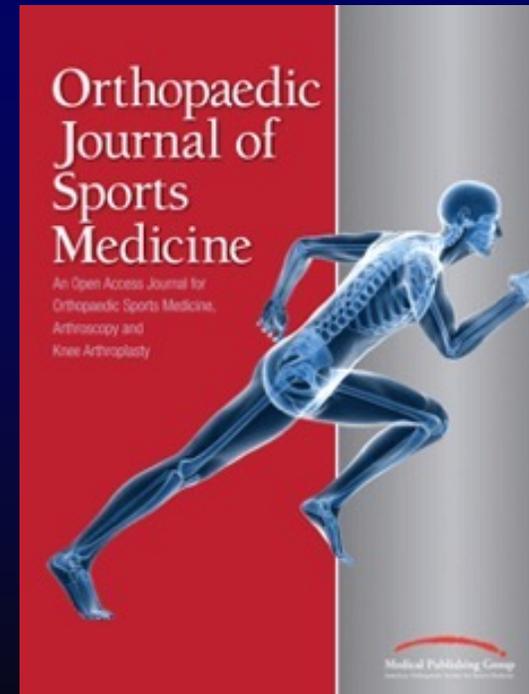
Daniel C. Wascher, M.D.

**Department of Orthopaedics
University of New Mexico**

Disclosures

- **Fellowship Support**
 - **Arthrex**
- **Editorial Board**
 - **AJSM**
 - **J of Knee Surgery**
- **Board of Directors**
 - **ISAKOS**

Associate Editor



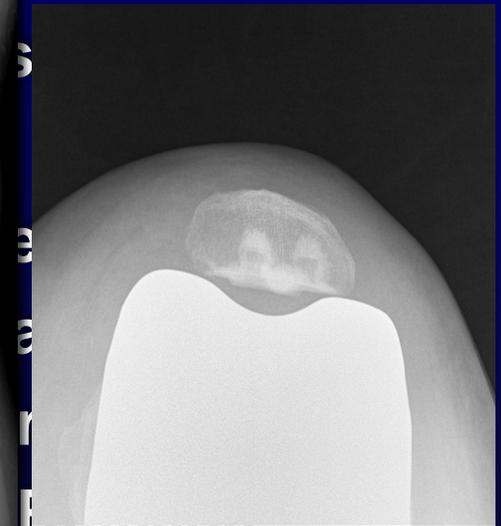
Thanks for the Invitation



The Reason I Started Using The Lateral Approach



Id Lawyer



Medial Approach

Advantages

- Familiar
- Utilizes Previous Incisions

Disadvantages

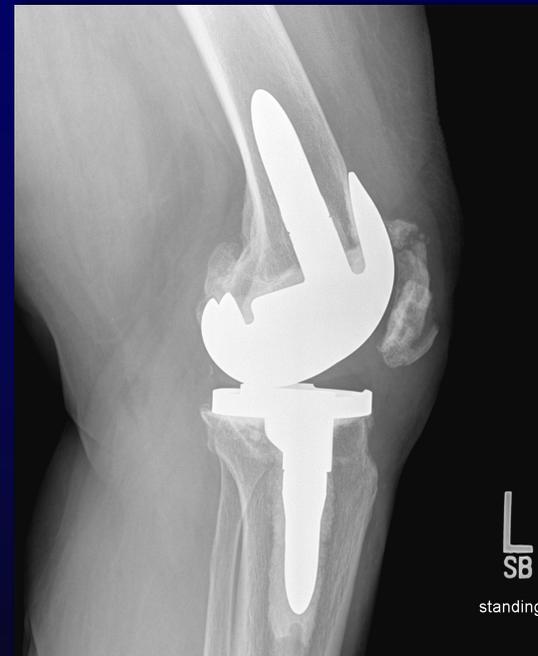
- Difficult to Release IT Band and Lateral Structures
- Visualization of Posterolateral Plateau
- Patellar Tracking

Follow-up

6 Months Post-op

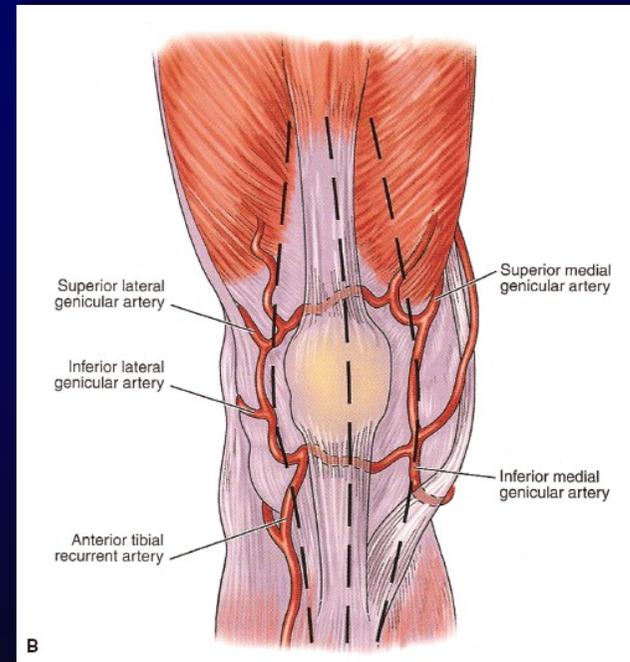
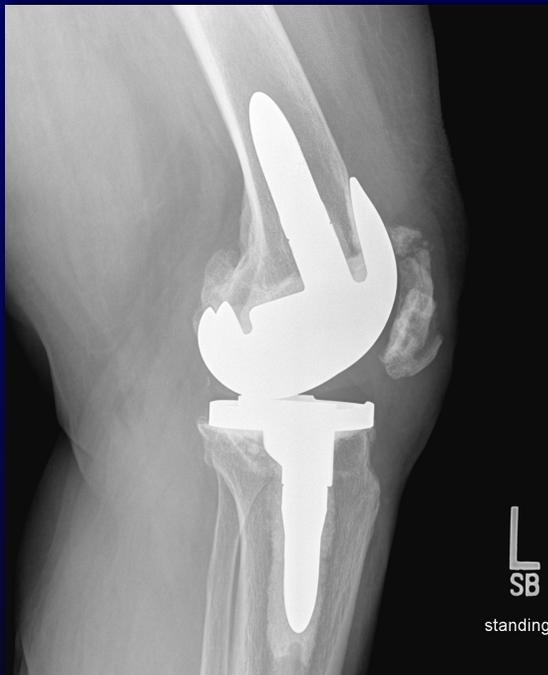


1 Year Post-op



Patellar Osteonecrosis

2 Year Post-op



What I Learned in Lyon

2015-16

Sabbatical Year in Lyon

Lateral Approach
For Any Amount of Valgus



What's Old is New

I Learned an
American Technique
From
French Surgeons

The Lateral Approach to the Valgus Knee
Surgical Technique and Analysis of 53 Cases With Over Two-Year
Follow-Up Evaluation

PETER A. KEBLISH, M.D., A.A.O.S.

Lateral Approach

Advantages

- Exposure Facilitates Release of Tight Structures
 - ITB
 - Lateral Capsule
 - Popliteus/LCL if needed
- Perfect Patellar Tracking
- Preserves Patellar Blood Supply

Disadvantages

- Unfamiliar
- Difficultly with Patellar Eversion
- Visualization of Posteromedial Plateau
- Difficulty with Arthrotomy Closure

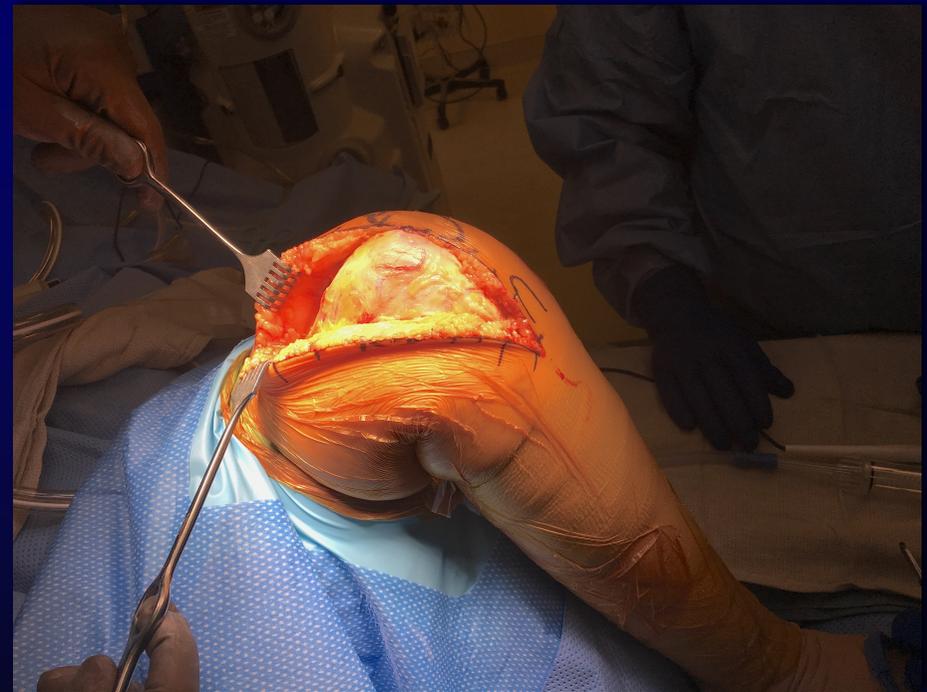
Skin Incision

**Incision Follows Q Angle
Centered Over
Lateral Aspect of Patella
And
Ending on Lateral
Aspect of Tibial Tubercle**



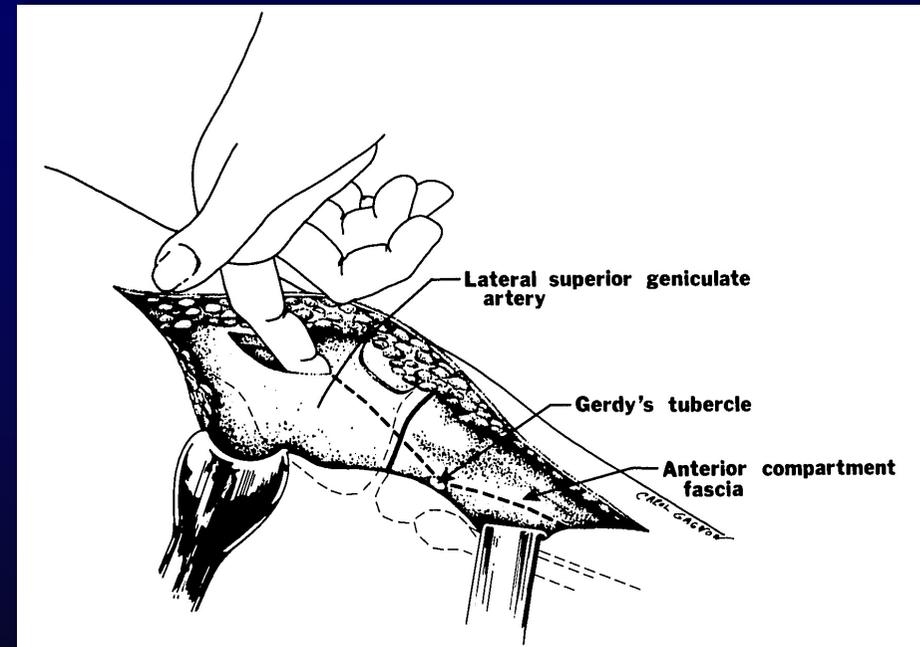
Skin Flaps

**Dissect to
Medial Aspect of
Patella
And
To Lateral
Epicondyle**



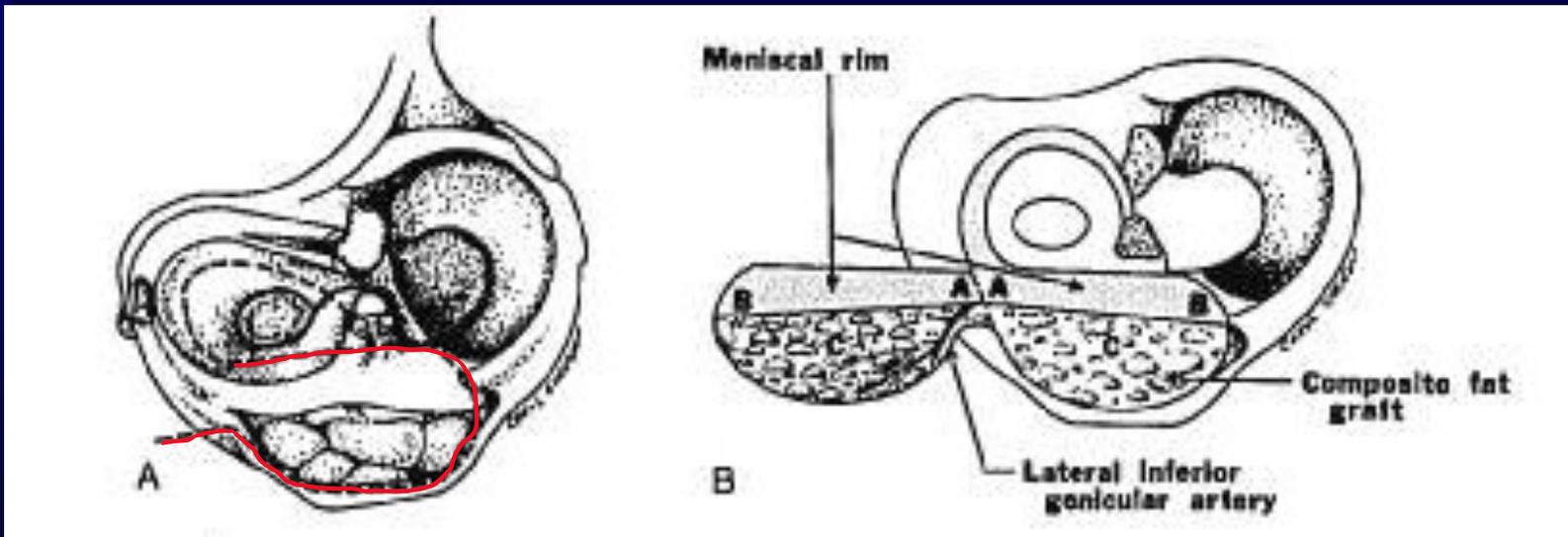
Arthrotomy

**Lateral Aspect of
Patellar Tendon
Medial Border of
Gerdy's Tubercle
2 cm of Anterior
Compartment
Just Through Capsule!!**



Arthrotomy

Reflect Fat Pad With Lateral Capsule



Lateral Retinacular Release

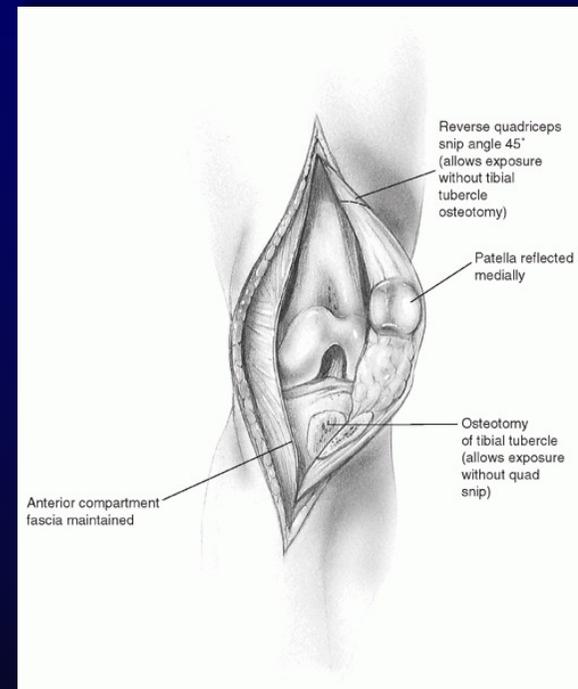
If Lateral Retinaculum
Is Extremely Tight,
You Can Perform a
Z-Lengthening



Patellar Eversion

Occasionally Is Difficult

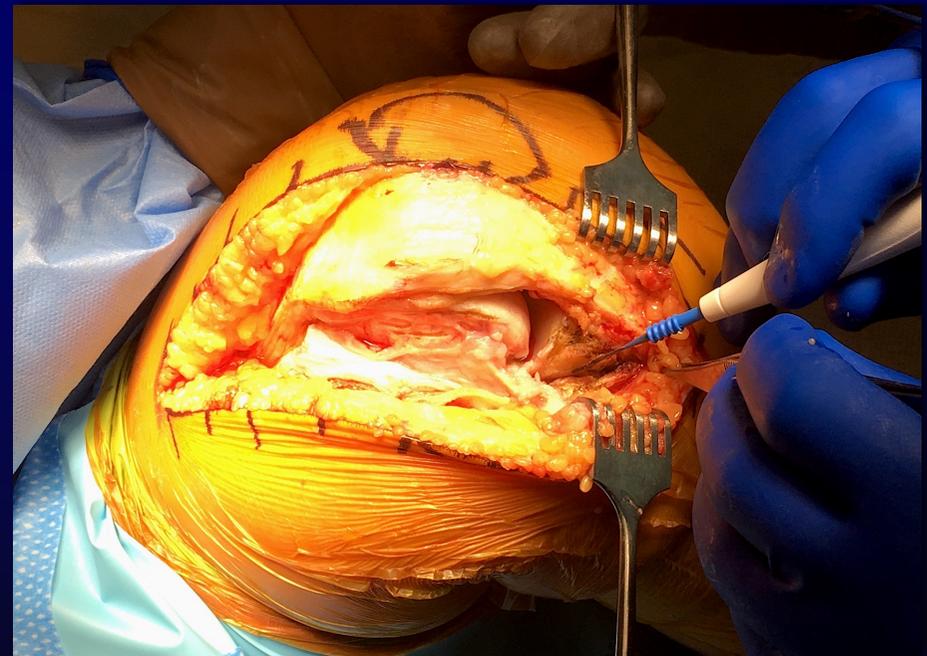
- **Extend Arthrotomy Proximal**
- **Reverse Quad Snip**
- **Tibial Tubercle Osteotomy**



Extension Balancing

**Release IT Band and
Anterior compartment
As a Sleeve**

**Release Anterior Lateral
Capsule as Needed**



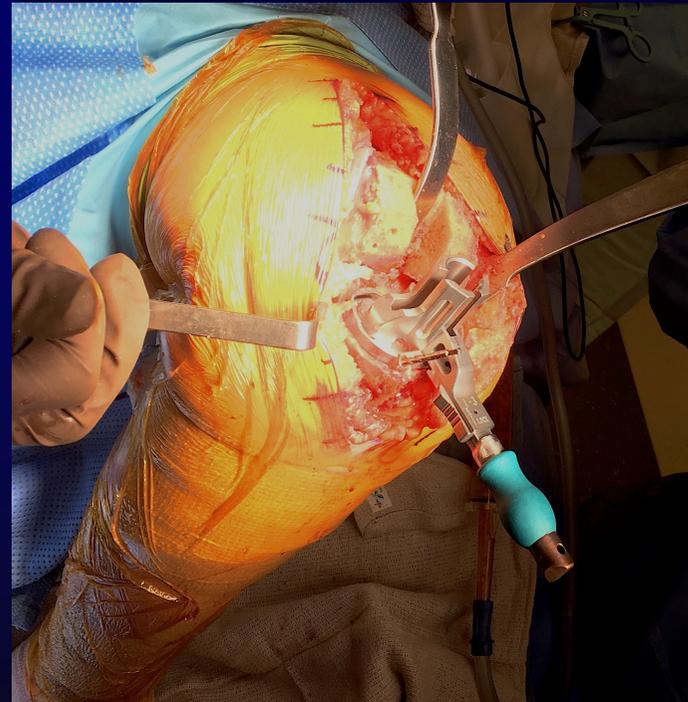
Final Exposure

Release Cruciates

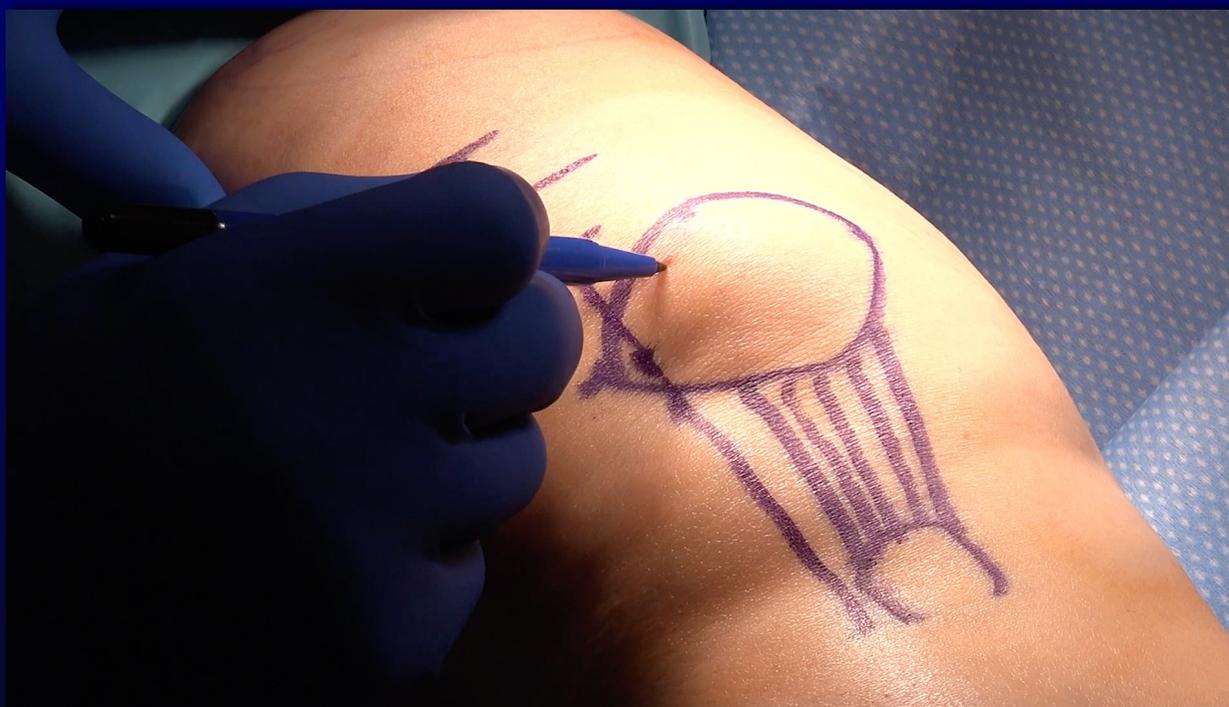
**Place Retractor Adjacent
Medial Joint**

Dislocate Tibia

Tibia is Internally Rotated



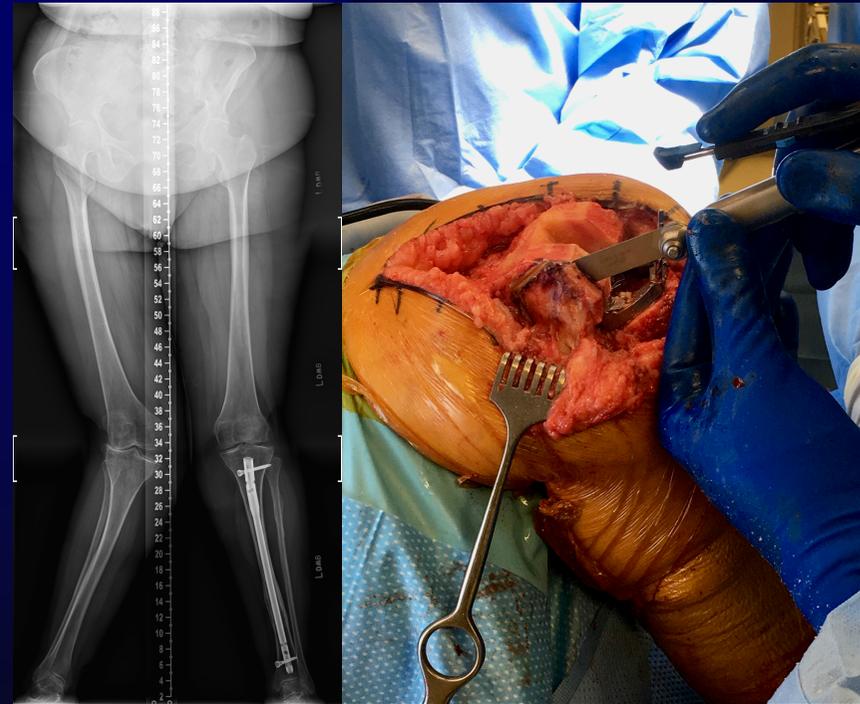
Exposure Video



Flexion Balancing

**When Needed
Release Can Be Easily
Performed Off Femur**

**Epicondylar Osteotomy
Can Also Be
Easily Performed**

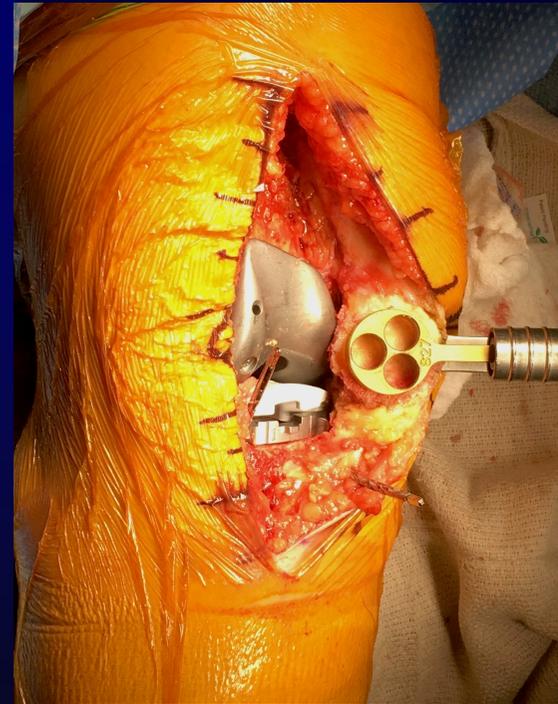


Patellar Exposure

**Center Patellar Guide
On Distal Pole of Patella**

Two Pegs Laterally

Lateral Facetectomy



Closure

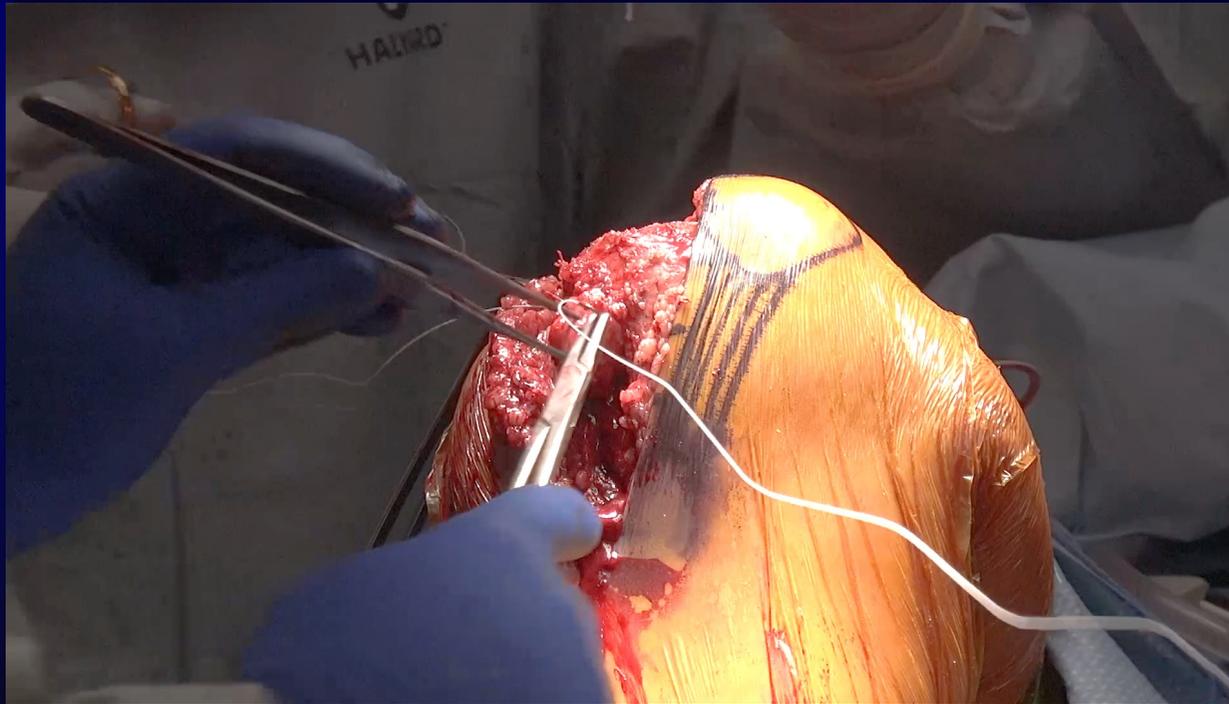
Interrupted Sutures

**Incorporate Fat Pad Into
Arthrotomy Closure**

**Drain and/or
Incisional Wound Vac**



Closure Video



Lateral Approach

Advantages

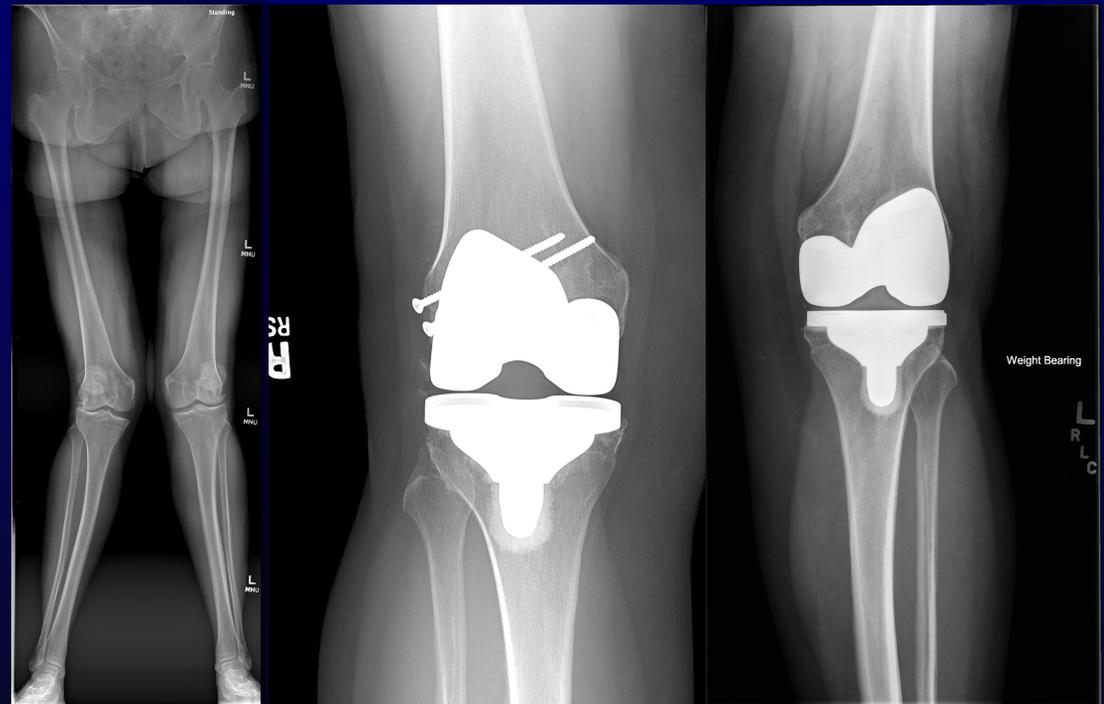
- Exposure Facilitates Release of Tight Structures
 - ITB
 - Lateral Capsule
 - Popliteus/LCL if needed
- Perfect Patellar Tracking
- Preserves Patellar Blood Supply

Disadvantages

- Unfamiliar
- Difficulty with Patellar Eversion
- Visualization of Posteromedial Plateau
- Difficulty with Arthrotomy Closure

Lateral Approach

**A Much Easier
Way to Achieve
A Balanced TKA
In the Valgus
Knee**



Thank You !!

