# 10 points to improve primary TKA

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# TKA is not just an "implant" it is a "process"

**1-Indication** 

2- Strategy

**3- Preop planning** 

4- Patient's education

**5- Workflow in hospital** 

6- Implant

7-Instrumentation

8- Lig<sup>t</sup> tension

9- Rehab

**10- Evaluation** 

# CUSTOMIZED "PROCESS"

Restoring native alignment



### Restoring native alignment



ANATOMY: human variability is greater than what we thought



### KINEMATICS: influence of radii of curvature



### Multi-radii TKA in a single-radius knee



#### Single-radius TKA in a Multi-radii knee



#### $LIG^{T}$ TENSION : Anatomic restoration $\Leftrightarrow$ Respect tissue envelope

#### Old concepts

- Limited range of size
- Non-anatomic design
- Systematic alignment
- Asymetric cuts



#### Technical "tricks"

- Gap balancing
- Ligament release
- External rotation
- Retinaculum Release

#### $LIG^{T}$ TENSION : Anatomic restoration $\Leftrightarrow$ Respect tissue envelope



"TKA is a soft tissue procedure"

John Insall

#### LIG<sup>T</sup> TENSION : Anatomic restoration $\Leftrightarrow$ Respect tissue envelope



Reproduction of native anatomy

### CUSTOMIZED PROCESS



# Reduced instrumentation





### "Customization" is more than expanding range of size

- Native femoral shape
- Radii of curvature
- Tibial asymmetry
- Joint line
- Trochlear shape
- Native alignment



### 3-D analysis 🖙 Native alignment 🖙 Adapted implants



# **MATRIX** planification

#### Cuts ± 3° Implants ± 2° HKA 175°-183°





**SAFE ZONE** 

### Native alignment $\in$ safe zone $\implies$ Reproduce native anatomy



#### Native alignment $\notin$ safe zone $\implies$ correct but respect the phenotype



#### Native alignment $\notin$ safe zone $\implies$ correct but respect the phenotype



#### Native alignment $\notin$ safe zone $\implies$ correct but respect the phenotype



#### Pre-post operative alignment (n=266)

Bonnin et al KSSTA 2020



#### Preoperative long leg XR

#### Postoperative long leg XR



### Conclusion : Improving the global « TKA-process »

1- ANATOMY	<ul><li>Sizing</li><li>Kinematics</li></ul>
2- ALIGNMENT	<ul><li>Rotation</li><li>Coronal alignment</li></ul>
<b>3- LOGISTICS</b>	<ul><li>Workflow in OR</li><li>Economics</li></ul>
4- EDUCATION	<ul><li>Teaching</li><li>Road map</li></ul>
<b>5- CONFIDENCE</b>	<ul><li> "All in advance"</li><li>Traceability</li></ul>

### Conclusion : toward an hollistic process

- ANALYZE the patient
- STANDARDIZE the process
- CUSTOMIZE the implant