



# RTS and Outcomes



## KEY OF SUCCESSFULL KO

Indication => 30% of the Job

Planning => 20%

Surgery 50%

- Technique 5%

- Adapted Correction 30%

- Optimal Materials (Void fillers) 5%

- Unscathed Hinge 10%



Make it easy :

KO Is indicated when

There is a **mechanical** issue inside of the joint

That's originated at least partially **outside** of the joint

**KO IS INDICATED IN SUBSTANTIAL METAPHYSAL  
DEFORMITY**

**WITH INTRA-ARTICULAR RELATED PAIN !**

Make it easy :

KO Is CONTRAindicated when

**THE DEFORMITY IS MAINLY INTRA-ARTICULAR**

THERE IS AN INFLAMMATORY REASON

THERE IS A HIGH RISK OF FAILURE

Massive osteopenia

Skin problem

tobacco ? Drugs...

## CROSSING THE BORDER-LINES

When should i think about it (level 2)

MENISCUS TEARS + EXTRA-A D (ADDITIONAL O)

CHRONIC KNEE INSTABILITY (SAGITAL O)

PATELLA INSTABILITY (TORSIO O)

POST-TRAUMA (INTRA-A O)

GAIT ABNORMALITIES (TRIPPLANAR O)

MASSIVE COMBINED DEFORMITY (KA O)

# Esska consensus background

Patients have high expectations of their osteotomy surgery and rate the return to work as the function of highest importance

67% of patients expect to return to work without any limitations and 19% with only minor adaptations

The median duration of incapacity was 87 days (range 14 – 450) // 9.4% of patients are unable to return to work at the same level

A systematic review from 2016 (19 studies, 1,189 patients) recorded 84.5% of patients overall returned to work within one year of high tibial osteotomy with 65.5% at equal or greater level than pre-operatively (4).

# Esska consensus background

Return to sport is safe when the osteotomy had radiographically healed !

Patients return to sports after HTO at the same or a higher level within 1 year of surgery. Return to play averages at 4.9 - 7.5 months.

DFO patients show a lower participation in high-impact activities (10 vs. 6%) and higher participation in intermediate-impact activities (32 vs. 39%)

Half of the patients returned to sports within 15 weeks of the surgery and 71% returned within 6 months.

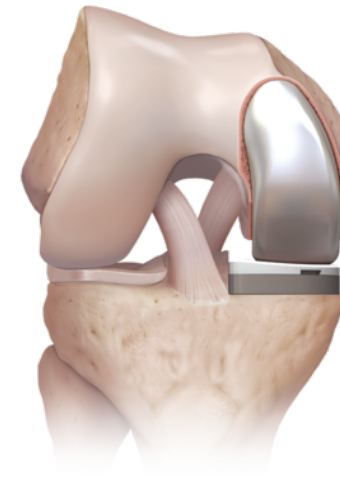


## Opening wedge high tibial osteotomy allows better outcomes than unicompartmental knee arthroplasty in patients expecting to return to impact sports

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Affiliations + expand

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**Results:** Mean time to return to sport activities  $4.9 \pm 2.2$  months for HTO group vs  $5.8 \pm 6.2$  months for UKA group ( $p = 0.006$ )

previous professional activities  $3 \pm 3$  months for HTO group vs  $4 \pm 3$  months for UKA group ( $p = 0.006$ ).

At 24-month 31 patients (62%) were practicing impact sport in the HTO group versus 14 (28%) in the UKA group (odd-ratio 4.2 CI 95% (1.8-9.7)  $p < 0.0001$ ).

**Conclusion:** HTO offers statistically significant quicker return to sport activities and previous professional activities with a higher rate of patients able to practice impact activity compared to UKA.

# THM

VERY LARGE INDICATIONs

FEW CONTRA-INDICATIONs

DEFORMITY ANALYSIS IS THE KEY

PLANNING => WAIT A LITTLE....

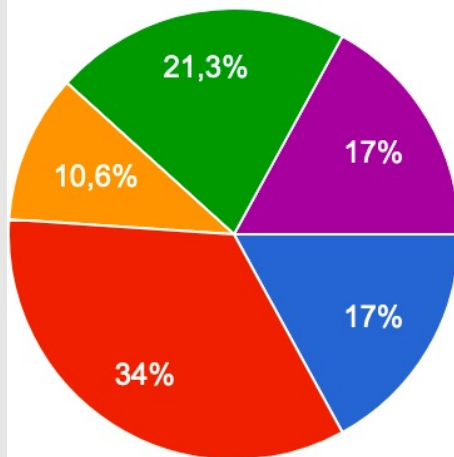
SURGICAL TECHNIQUE => LEARNING CURVE // WE START TOMORROW

# Patients will love you... 2 yr after surgery

Your level of satisfaction after surgery

19 réponses 47 réponses

All In  
the  
tibia



- 0 dissatisfied
- 1 not completely satisfied
- 2 satisfied
- 3 really satisfied
- 4 I would recommend to my family

ALL In the tibia > 10° correction









# Osteotomy Consensus : Chairs Matt Dawson // Matt Ollivier





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# 20<sup>TH</sup> ESSKA CONGRESS

27-29 APRIL 2022

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