Arthroscopic Arthrolysis for Stiff TKA

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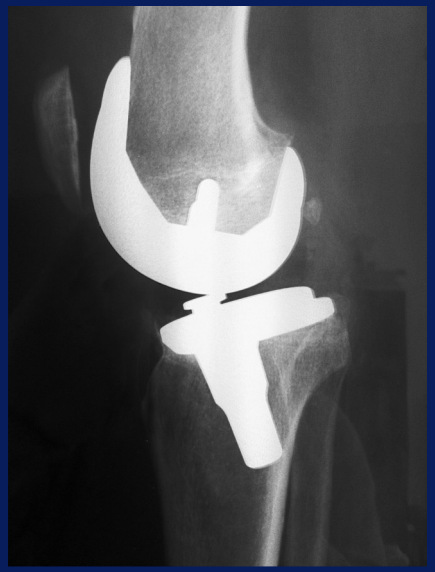
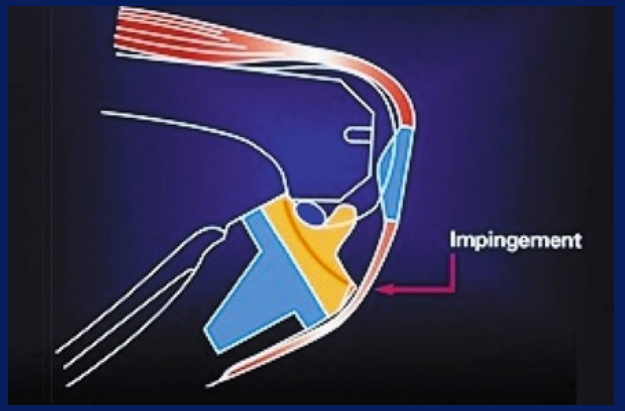
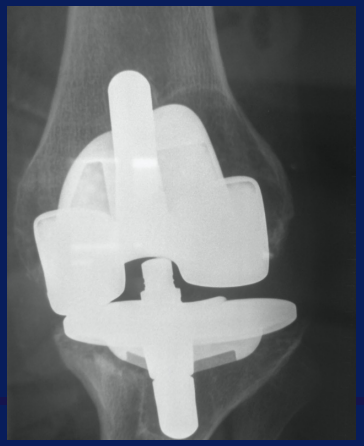
Excluding technical mistakes

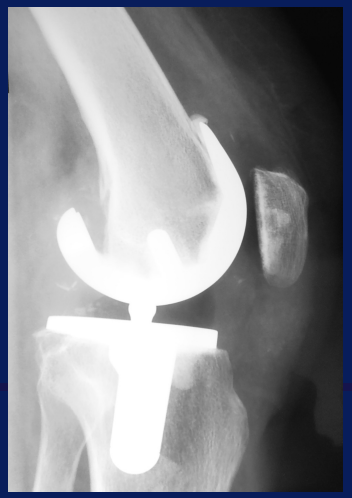
- Oversizing





- Malpositioning

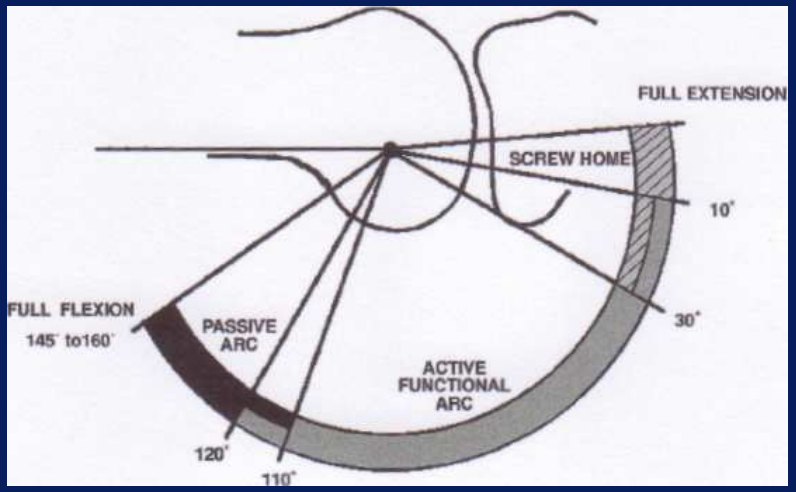




- Cuts errors

Normality

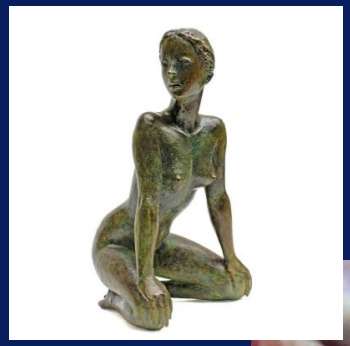
- Full extension
- Active flexion 125°
- Passive flexion 150°



- Achievement with TKA ??

TKA stiffness = consequences in ADL

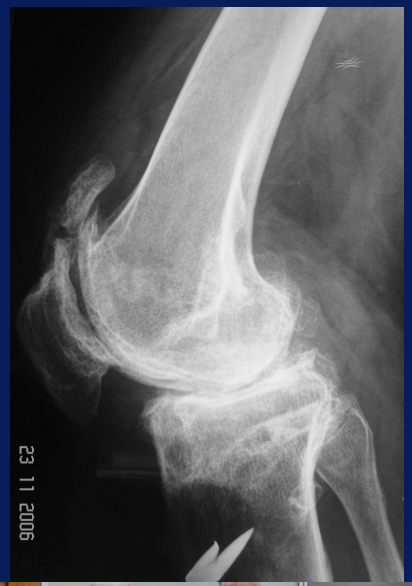
- Lifting object from the ground 70°
- Stair climbing 80°
- Sitting on a chair 90°
- Downstair 105°
- Shoelace 105°
- Squatting ≠ Kneeling



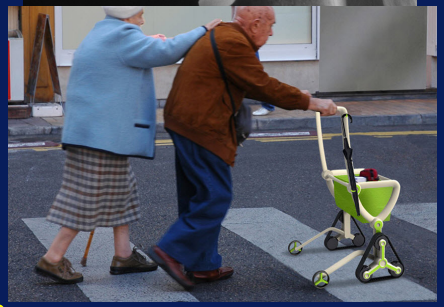
- Individual variants / culture

Arthrofibrosis : Risk Factors

Predictive factors

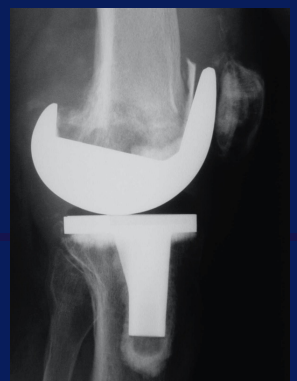


- Preop stiffness



- Delayed post op rehab (pain ++)
- Lack of compliance

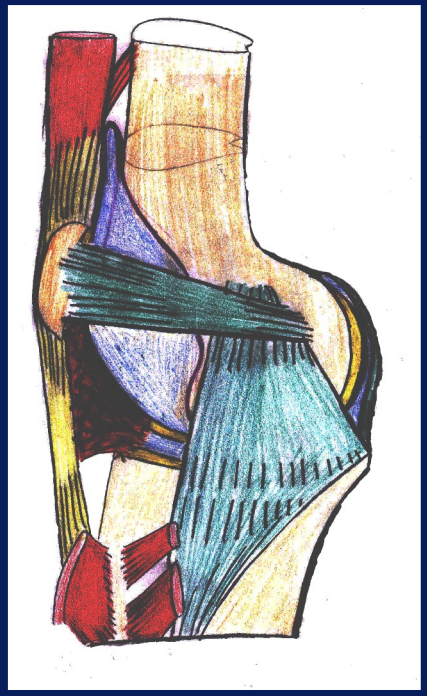
- Pay attention / low grade infection
  - Biology, Leuco bone scan, ponctions



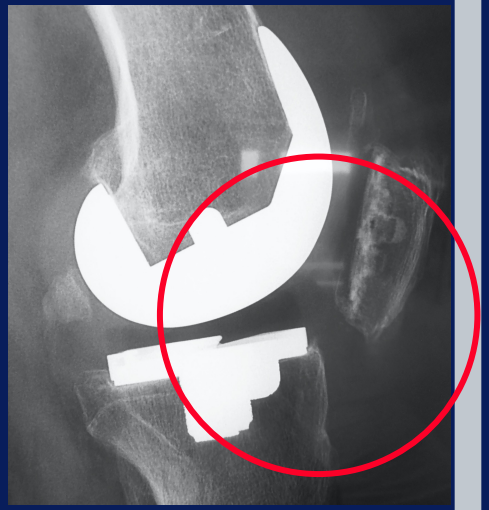
Magit D KSSTA 1999, Mayr RO Arthroscopy 2005

Arthrofibrosis

- Inflammatory cascade



- IA scars (bleeding)
- Obliteration of joint cavity
- Infrapatellar contracture syndrom
- Capsular retraction



Biedert RM Clin Sports Med 2002, Paulos Am J S M 1994

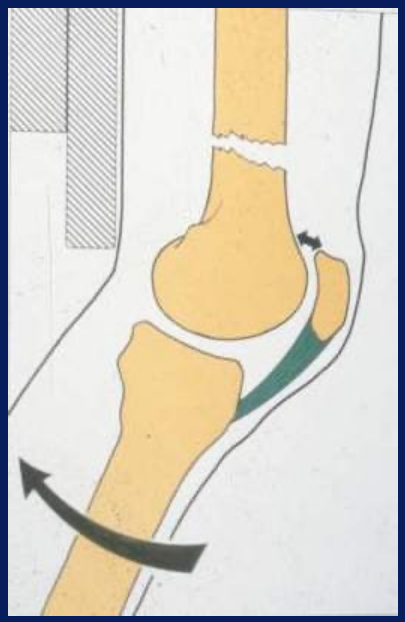
When consider arthrolysis Techniques

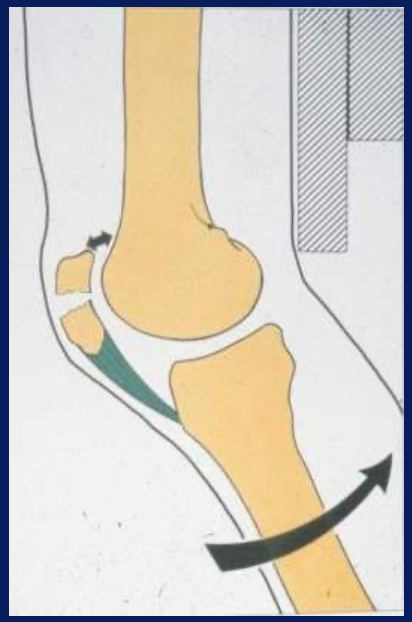
- Not during inflammatory phase : it is not wasted time ! Second hit theory

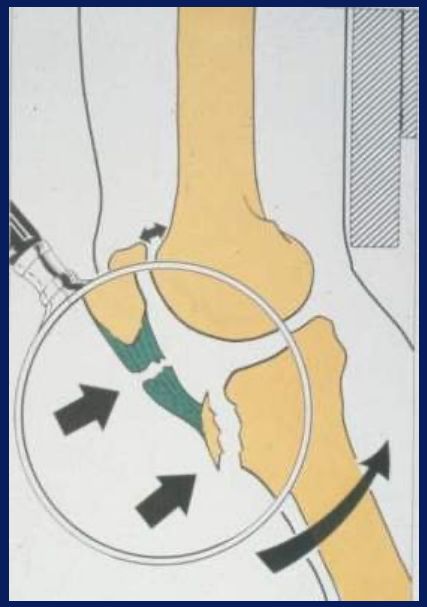
DeHaven K IC Lect AAOS 2003
Maygr Acta Orthop Trauma Surg 2004

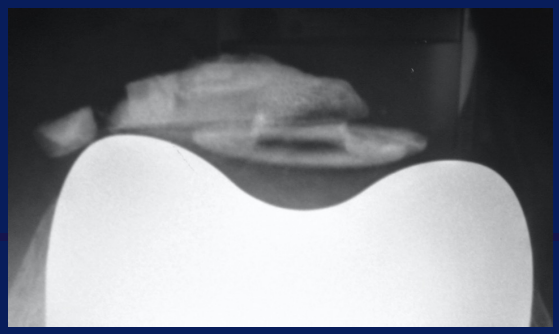
- Manipulation under anesthesia
- Arthroscopic arthrolysis

MUA = complications



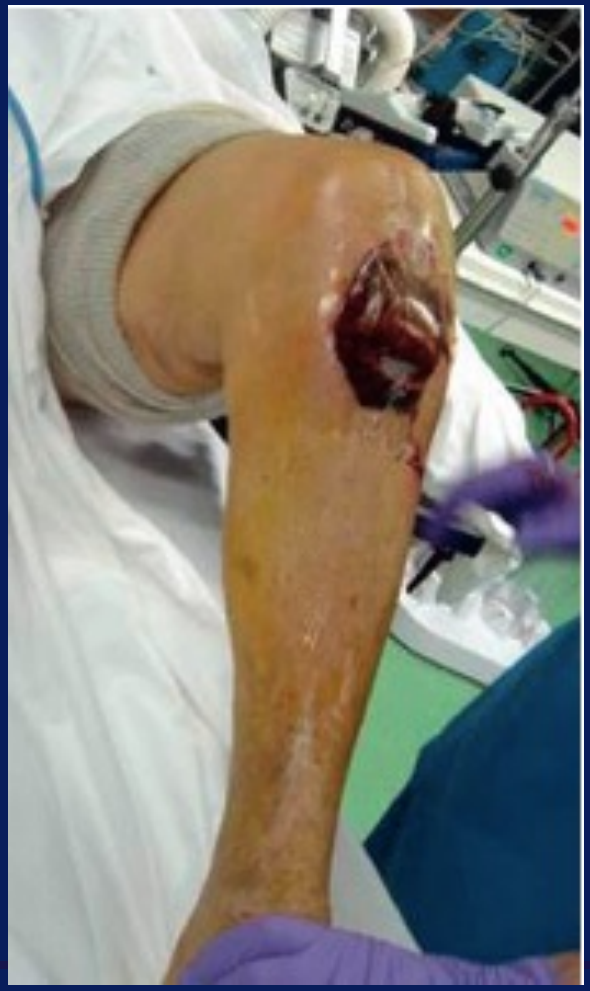


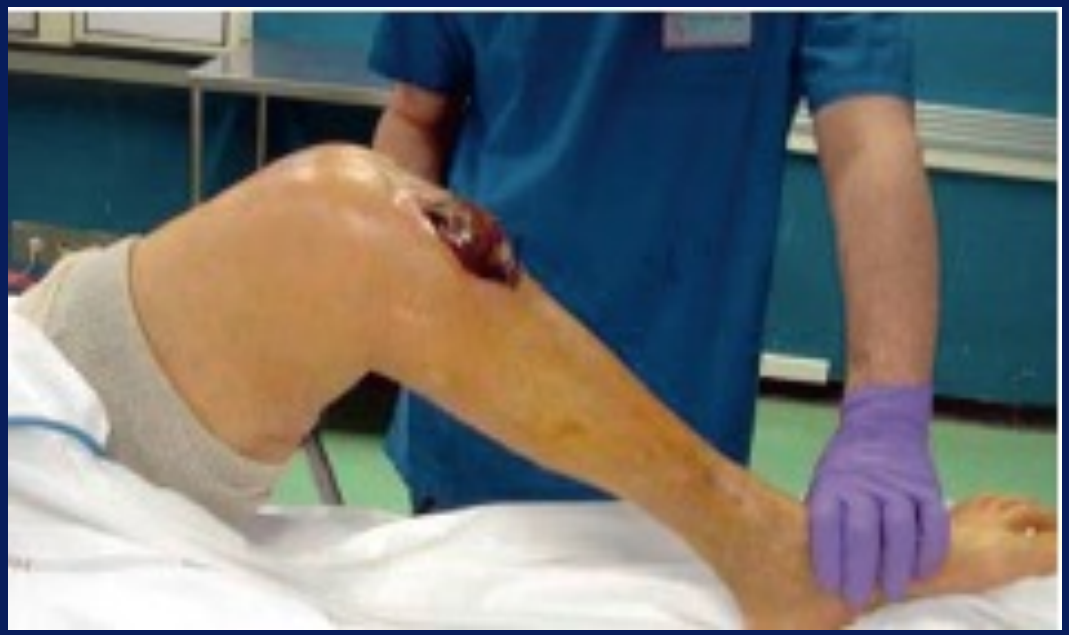




Anterior FP crush

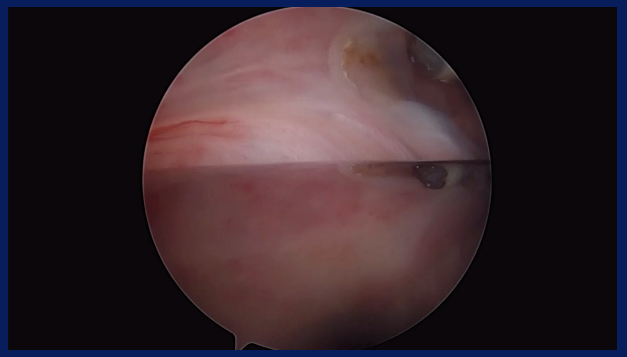
MUA : complications



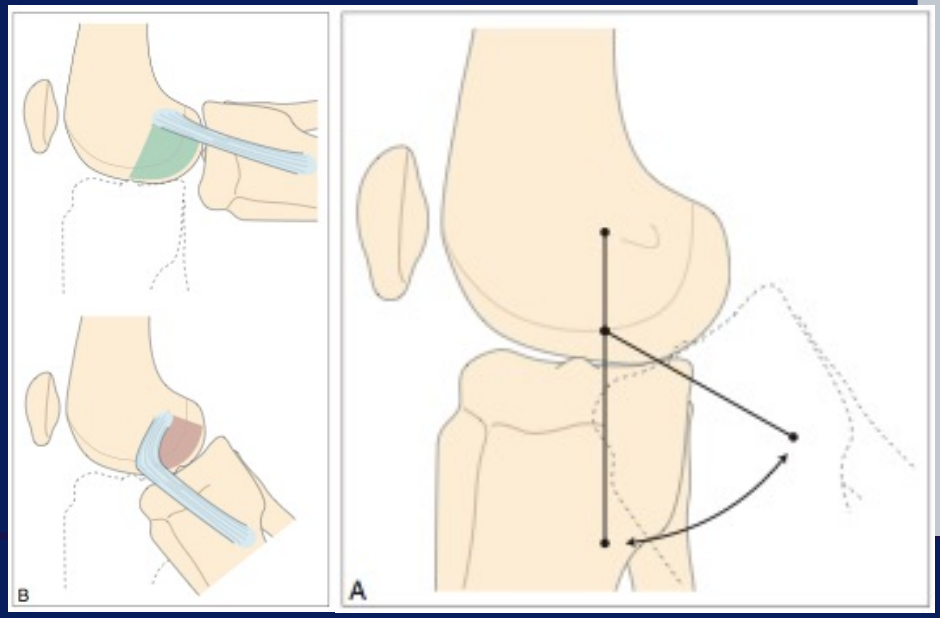


Arthroscopic arthrolysis

Controled release of adhesions

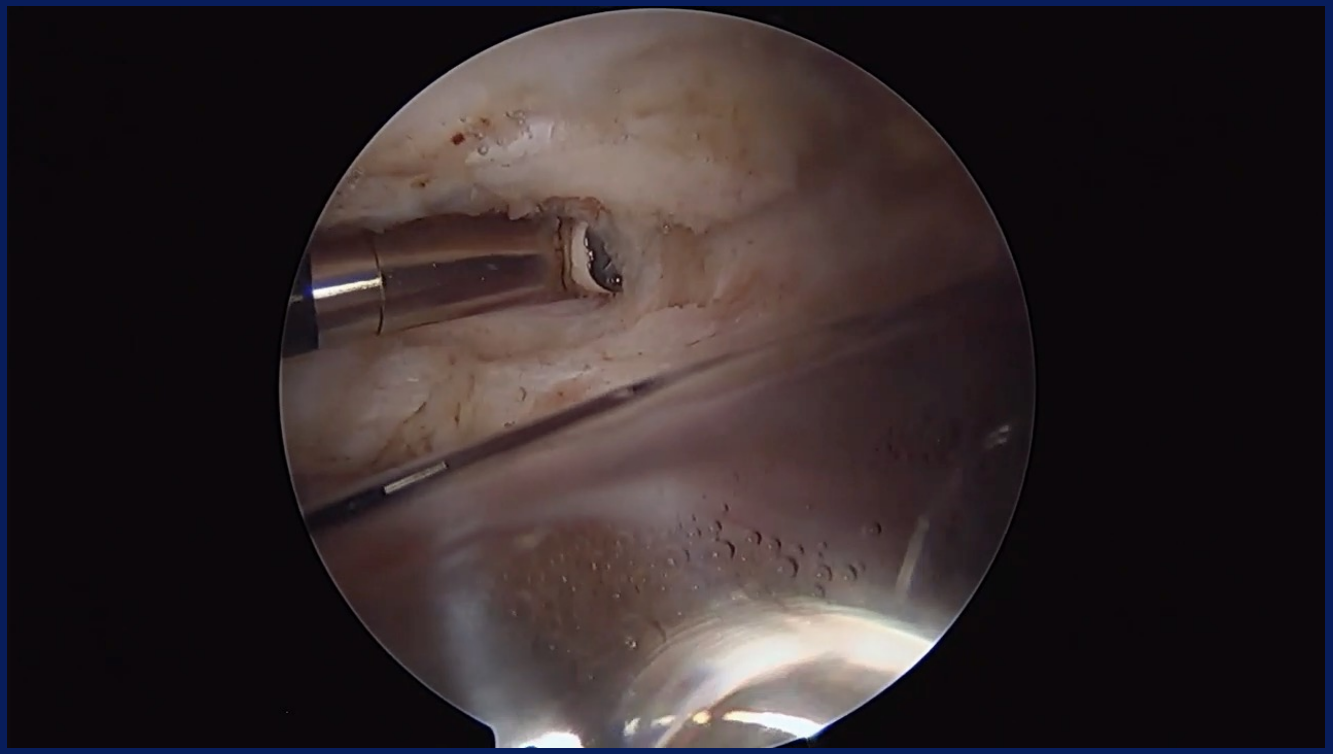


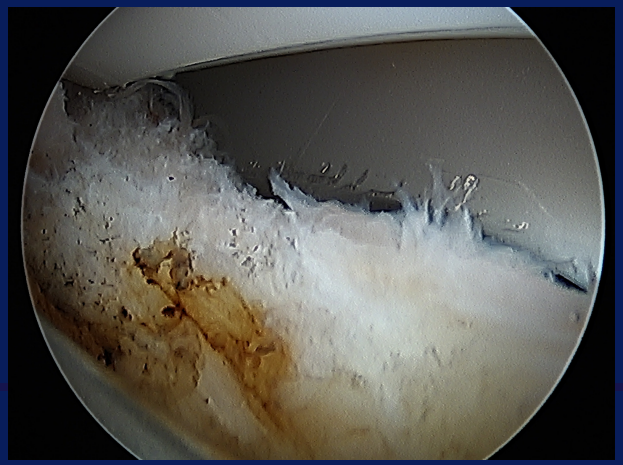
Sub quad recess
Medial (obliteration)
Lateral (LRR)
Anterior



When?

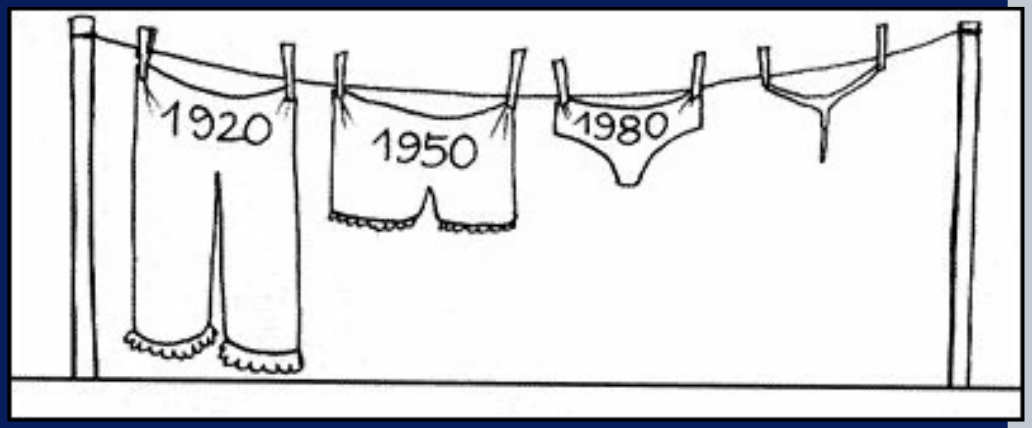
No more gain @ rehab (up to 9 months)





Advantages of arthroscopy

- Low invasive technique / soft tissue
- Less pain
- Easier rehabilitation



- Decrease extra and intra-articular bleeding
- Low rate of reccurence

Does not burn any bridge