



# How to manage the stiff knee

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# Teaching objective

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Stiff Knee :

- Diagnosis,
- Management.

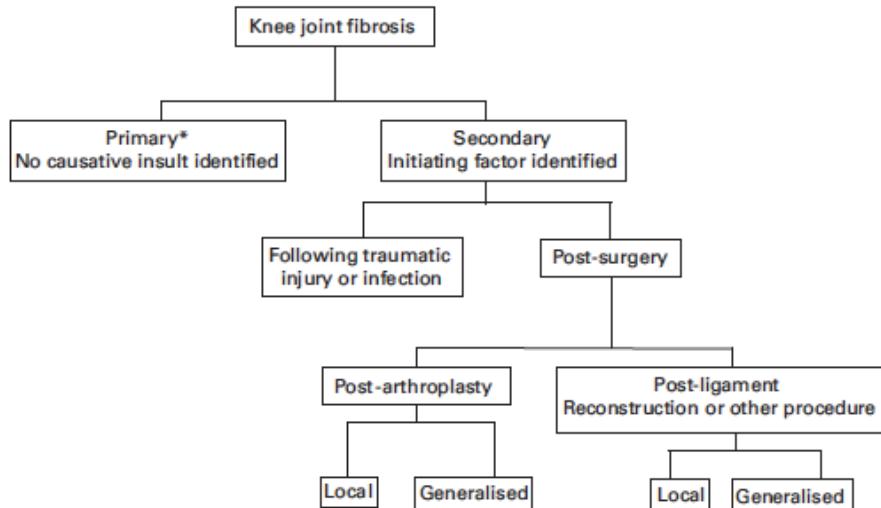
Very Stiff Knee :

- Understand the challenges,
- How to manage unusual situation.



N. S. Kalson,  
L. A. Borthwick,  
D. A. Mann,  
D. J. Deegan, for the  
Kncc Joint Fibrosis  
Working Group

From Newcastle  
University, Newcastle  
upon Tyne, United  
Kingdom



Classification system for fibrosis of the knee. \* Extremely rare in the knee

## ■KNEE

# International consensus on the definition and classification of fibrosis of the knee joint

### **Definition :**

Stiffness in extension :

flexion contracture >

20°

Stiffness in flexion :

Flexion < 90°

# Stiffness in Flexion

- 1) Medial parapatellar approach
- 2) Release of the patellar tendon,  
the suprapatella pouch and the  
condylar recesses.
- 3) “quad snip »
- 4) in case of patella infera, a TTO  
could be performed, with a view to  
fixation in a more proximal position  
at the completion of surgery.



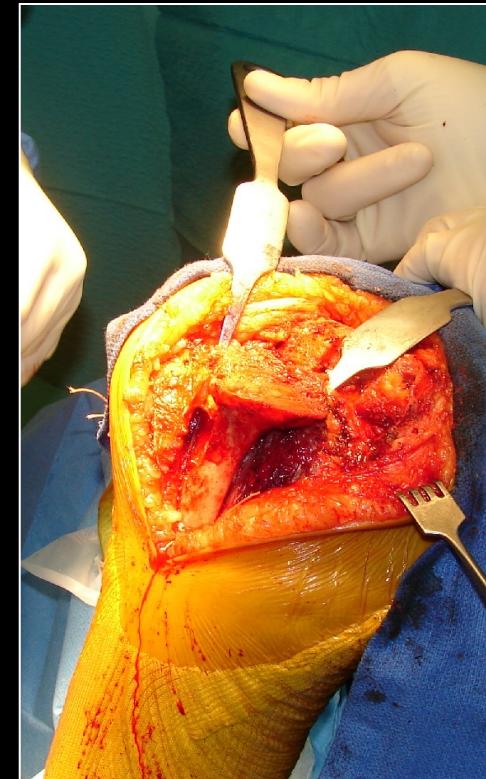
# Stiffness in Flexion

5) If the origin of the pre-operative deficit of flexion is extra articular due to quadriceps adhesions, a release may be performed as described by Judet et al.



# Stiffness in extension

- 1) Medial surgical approach,
- 2) Generous enough behind the tibia to reduce the flexion contracture, including release of the semimembranosus tendon insertion medially,
- 3) Sacrifice of the PCL,



# Stiffness in extension

- 4) Posterior femoral release  
after the posterior femoral cuts,
- 5) Remove posterior osteophytes,
- 6) In cases of flexion contracture, increasing the distal femoral cut.

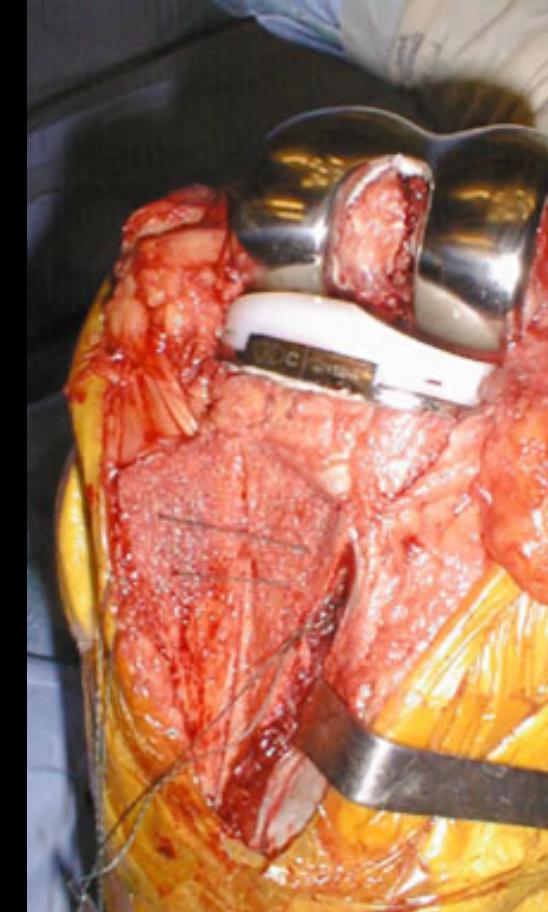


## Total knee arthroplasty of the stiff knee: three hundred and four cases

Caroline Debette · Sébastien Lustig · Elvire Servien ·  
Timothy Lording · Vincent Villa · Guillaume Demey ·  
Philippe Neyret

Stiffness in extension :  
flexion contracture  $> 20^\circ$       n= 65

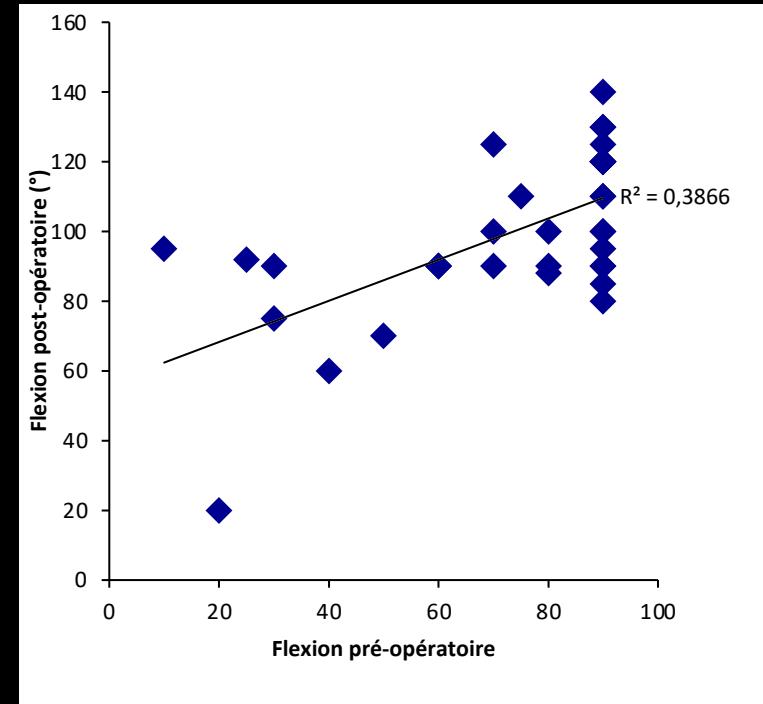
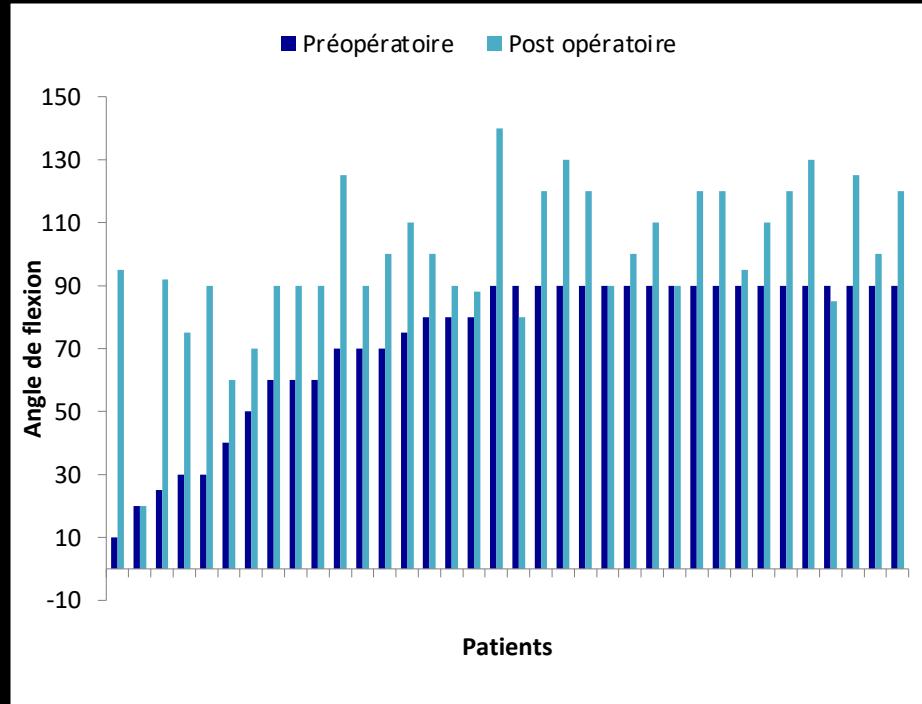
Stiffness in flexion :  
Flexion  $< 90^\circ$       n= 239



Preop =  $72.7^\circ \pm 24$

Preop=  $72.7^\circ \pm 24$   
Post op=  $99.4^\circ \pm 23$

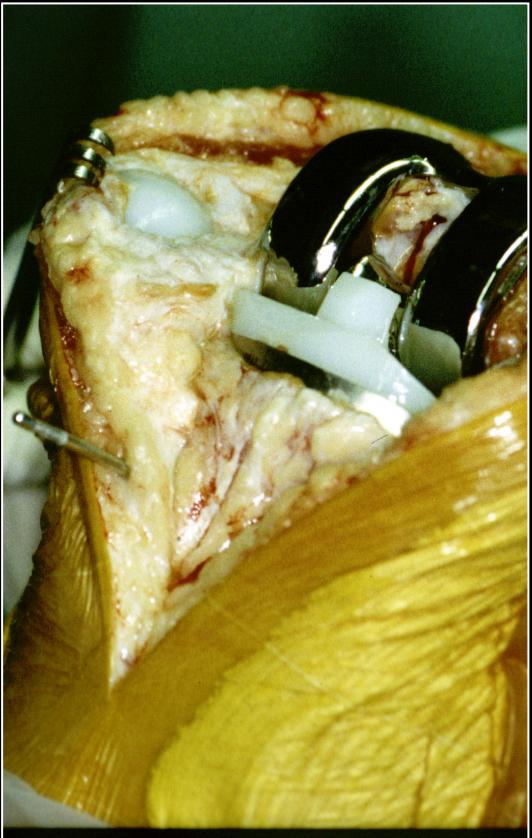
GAIN=  $26.7^\circ \pm 20$



# SUBGROUP ANALYSIS

PREOP < 60°

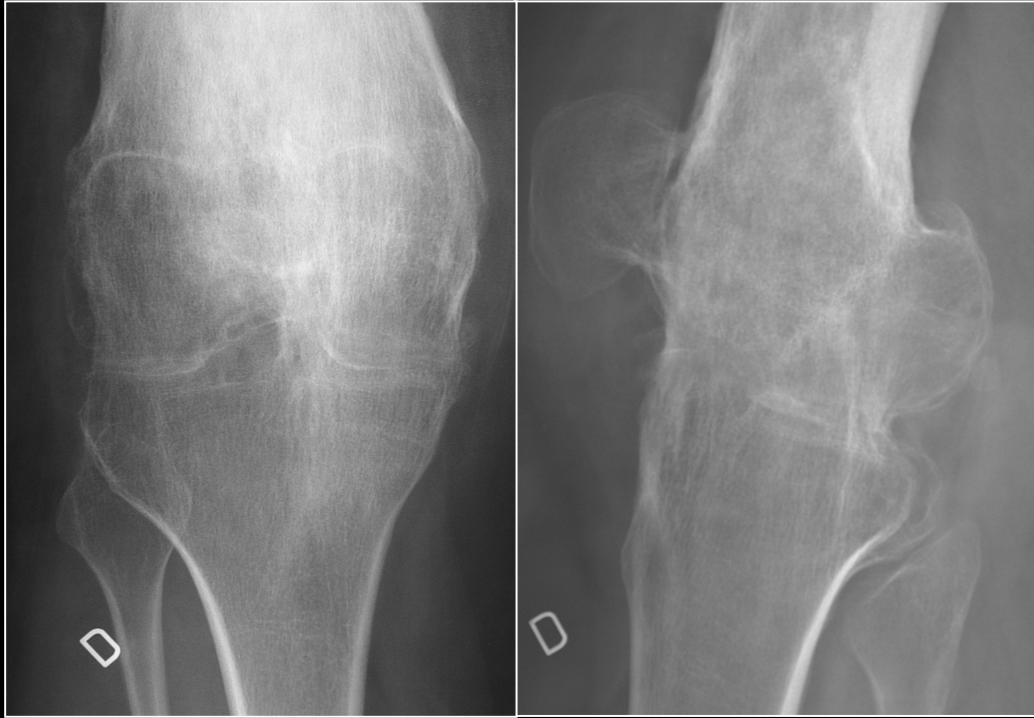
Extensor mechanism



Ski necrosis



# Very stiff ?

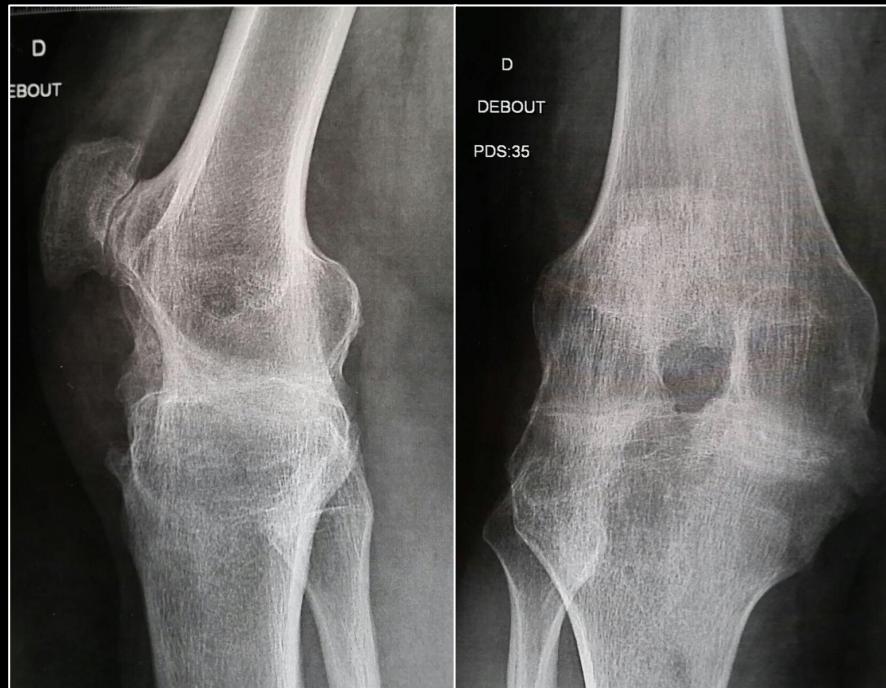


*Ankylosis  
(spontaneous)*



*Fusion  
(induced)*

# Clinical Assessment



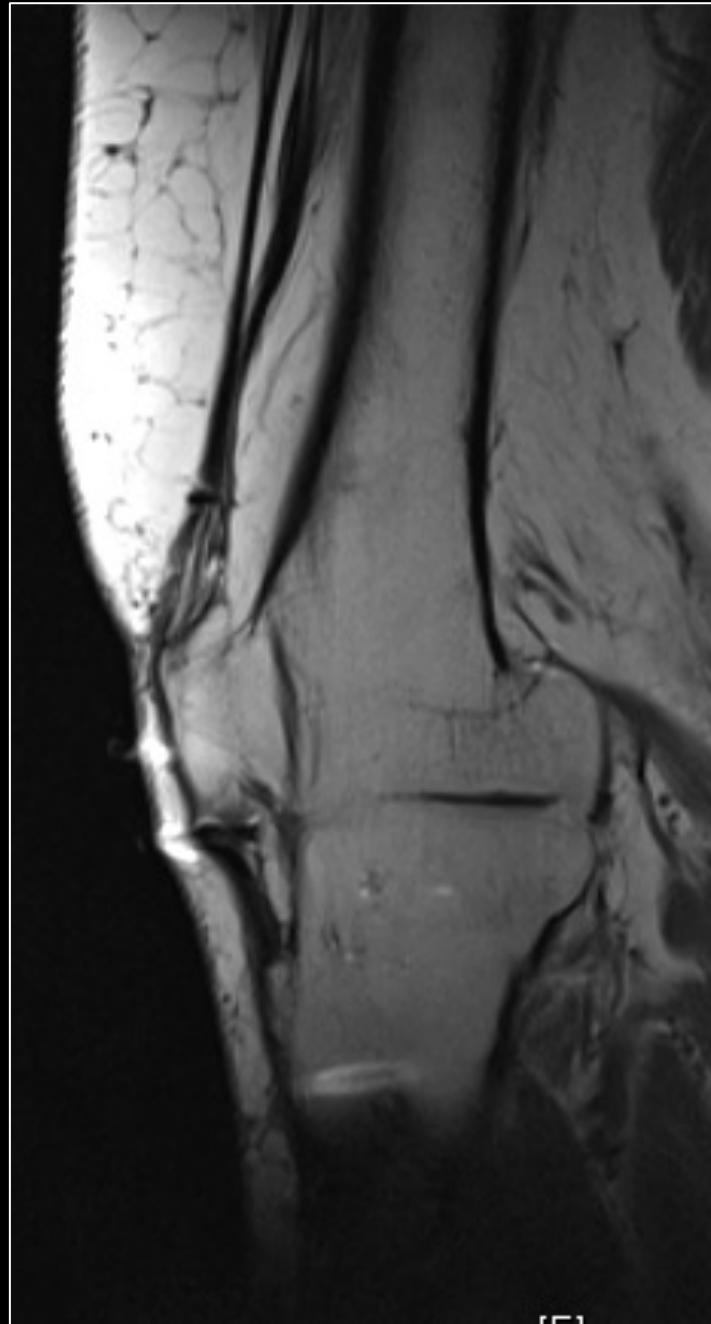
# Strategy

- Local aspect
- previous scar, flaps ...



MRI :

- muscular atrophy (quadriceps )
- Extensor mechanism  
(Patellar tendon ?)



# Challenging situation...

- Skin necrosis
- Infection
- Thrombo-embolic issues
- Vascular issues

# STRATEGY

- Approach ?
- Joint line ?
- Implant / Constraint ?
  - Postero-stabilized TKA
  - Constraint → CCK, Rotating-Hinge ?
  - Customized

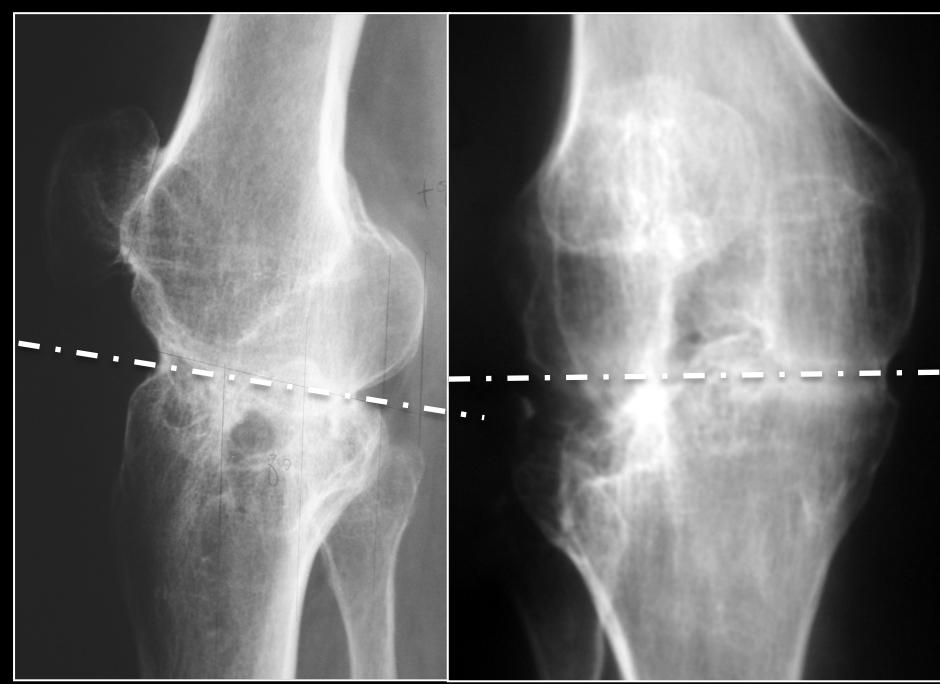
# 1. Setting /Draping

- No mobility...
- Hip ?
- Tourniquet ?
  - Not so straight forward ...

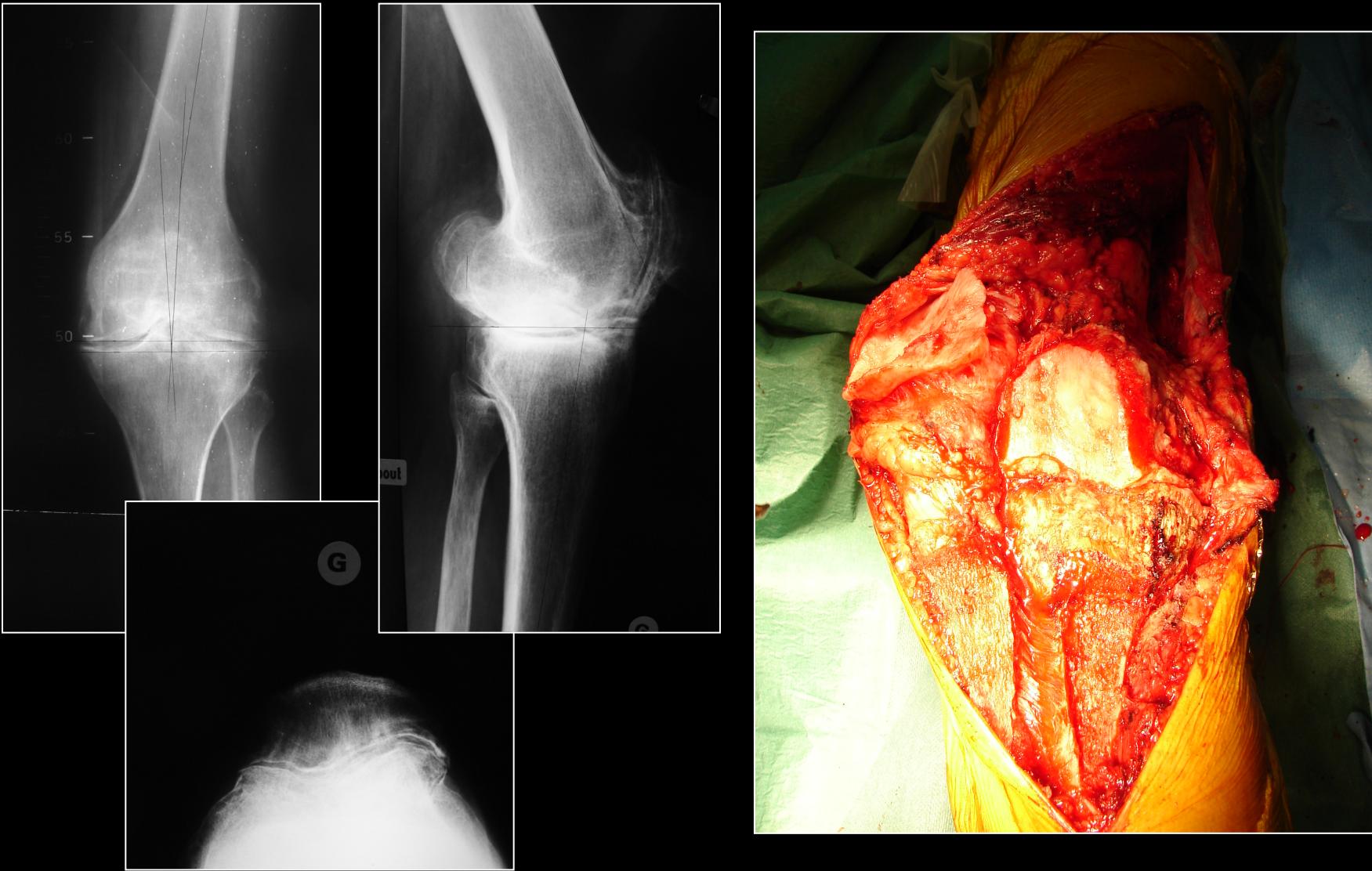


## 2. Approach

- Incision ?
- Lat vs medial approach (Quad release ?)
- Joint Line ? → PEROP XRAYS



# Quad Snip / TTO



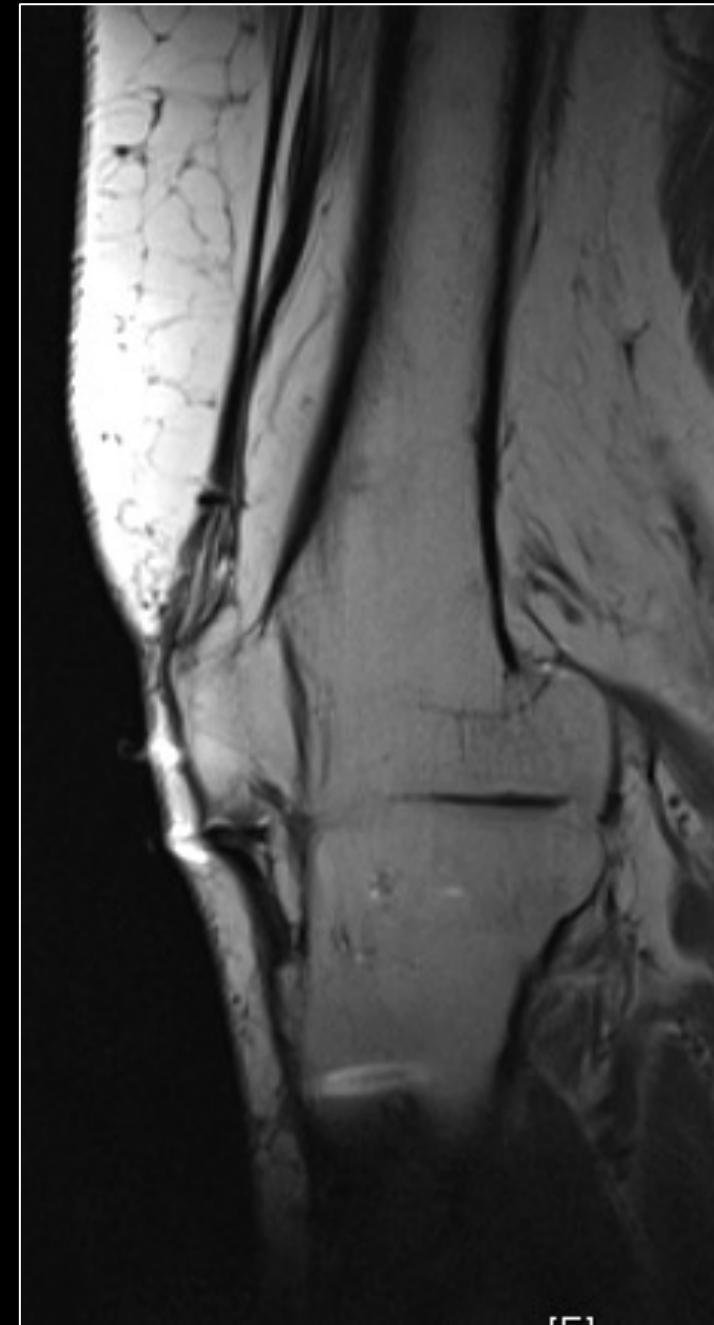
### 3. Calcifications ?

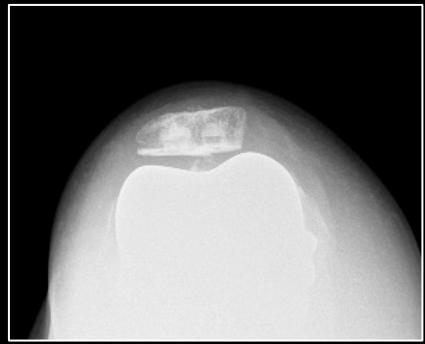
- 60ys old woman

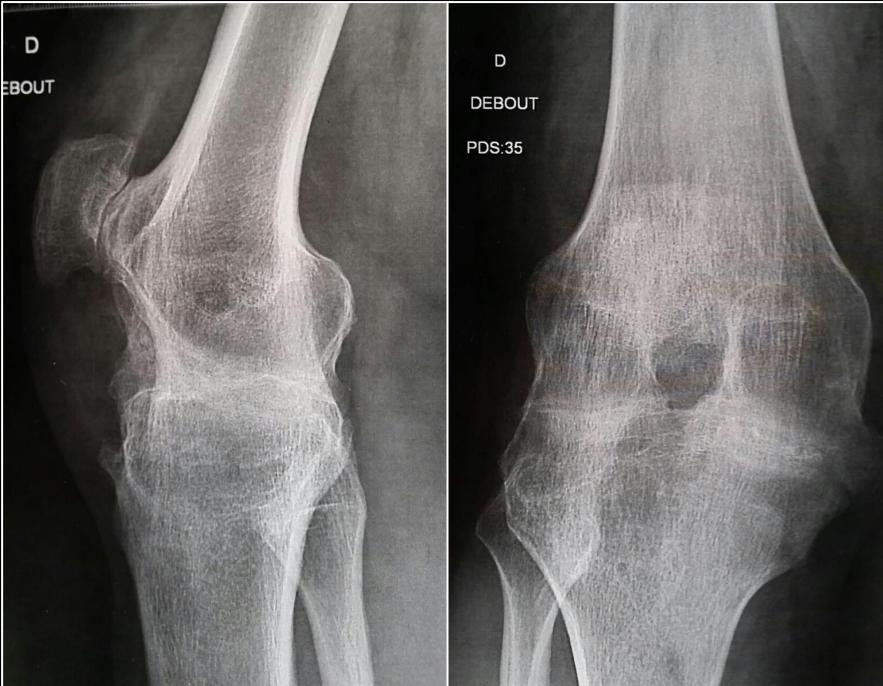


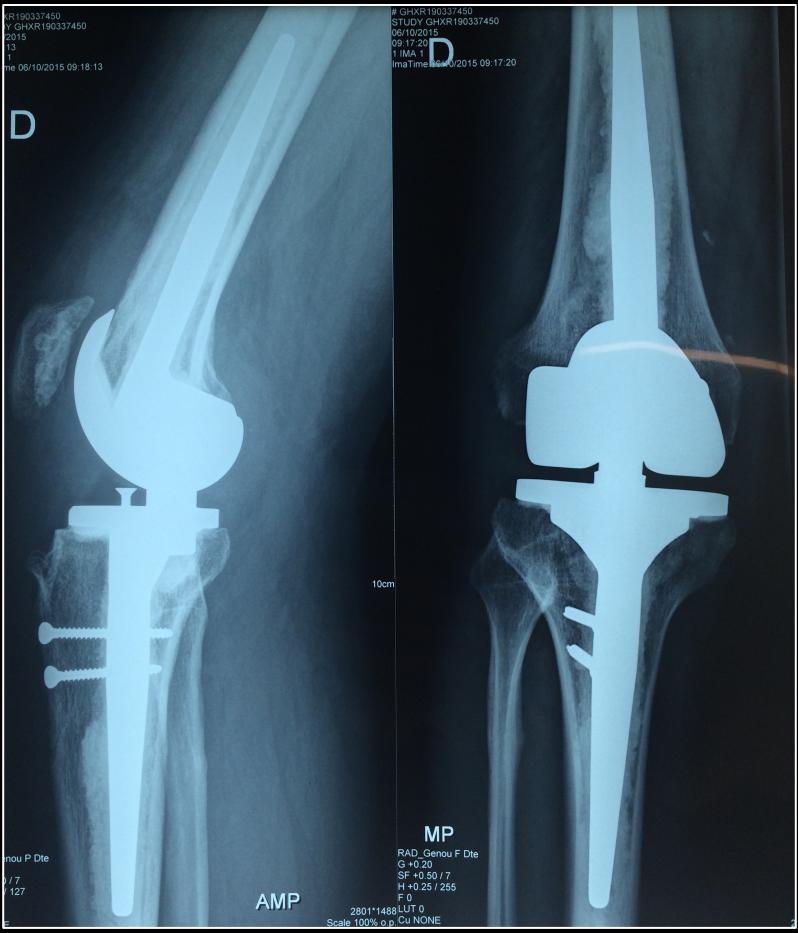


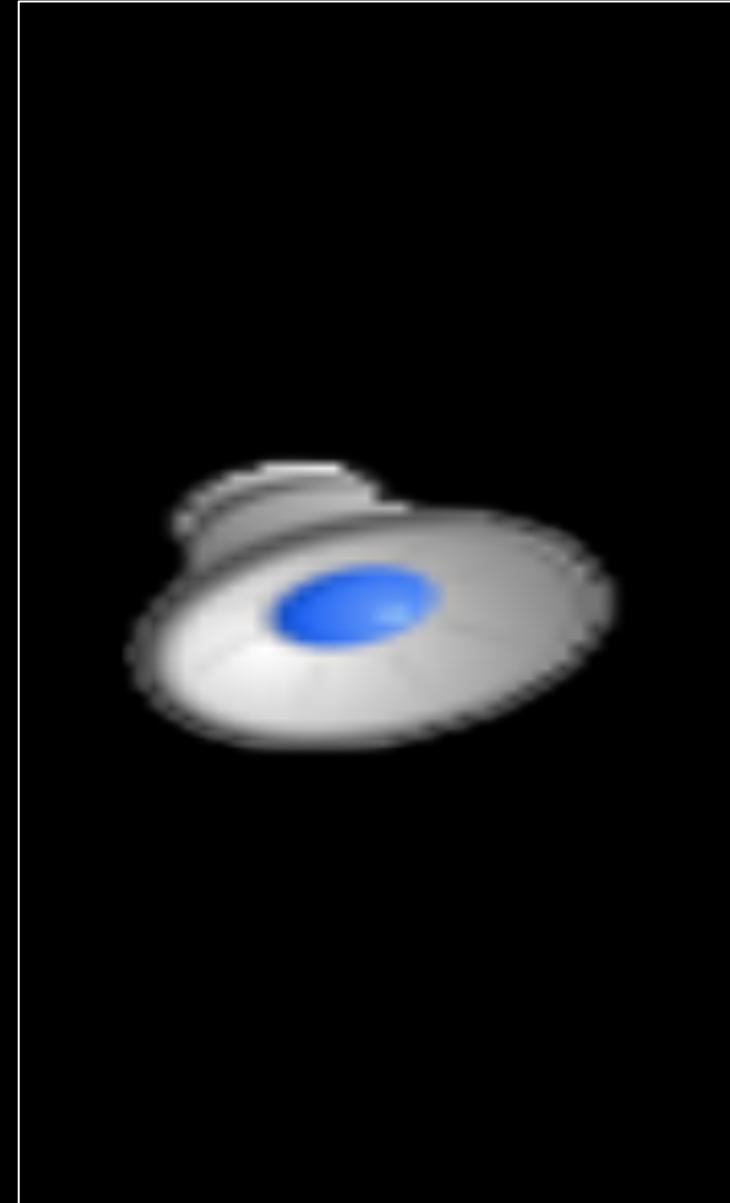
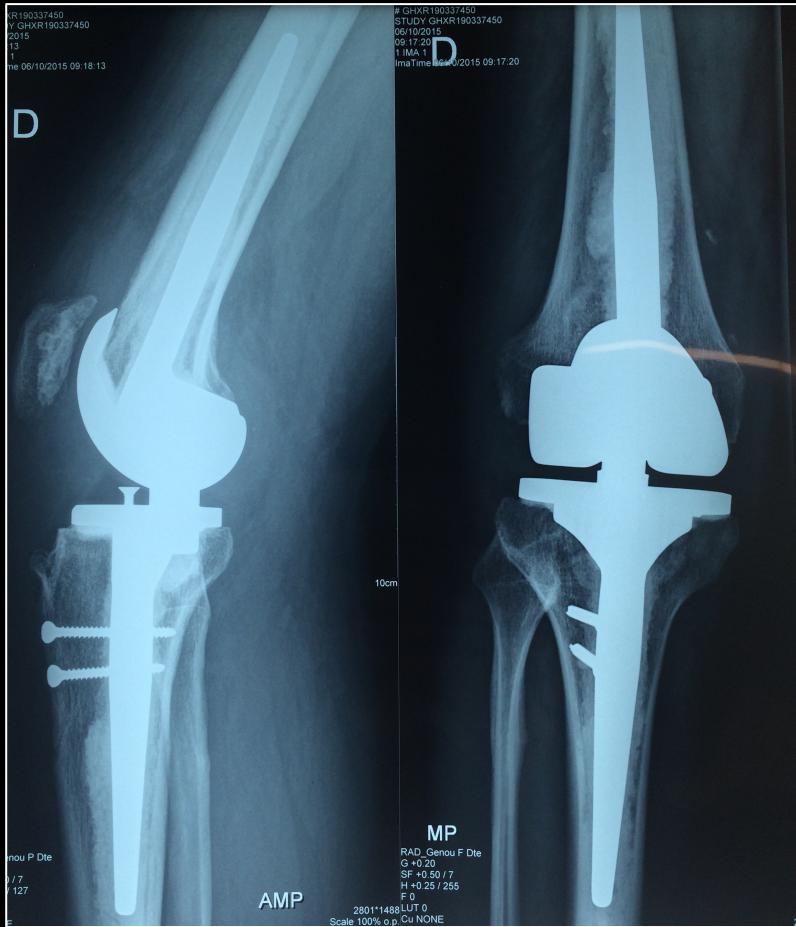
## 4. Constraint ?











# Need for customized implant

Still disease



# Literature

## Limited

Bradley (*J Arthroplasty 1987*) : n=9 64°

Aglietti (*J Arthroplasty 1989*) : n=20 68°

Naranja (*Clin Orthop 1996*) : n=35 53°

Rajgopal (*J Arthroplasty 2005*) : n=84 75°

Rajgopal (*J Arthroplasty 2017*) : n= 115 86°

→ Complications ++ (up to 20%)

Stiffness

Skin necrosis



# Conclusion

TKA and very stiff knee

- Challenging situation.
- Cautious and step by step approach.
- Appropriate constraint
- Complication rate is high
- Limited improvement in ROM





*Thank you*

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