

Robotics: Imaged based is mandatory

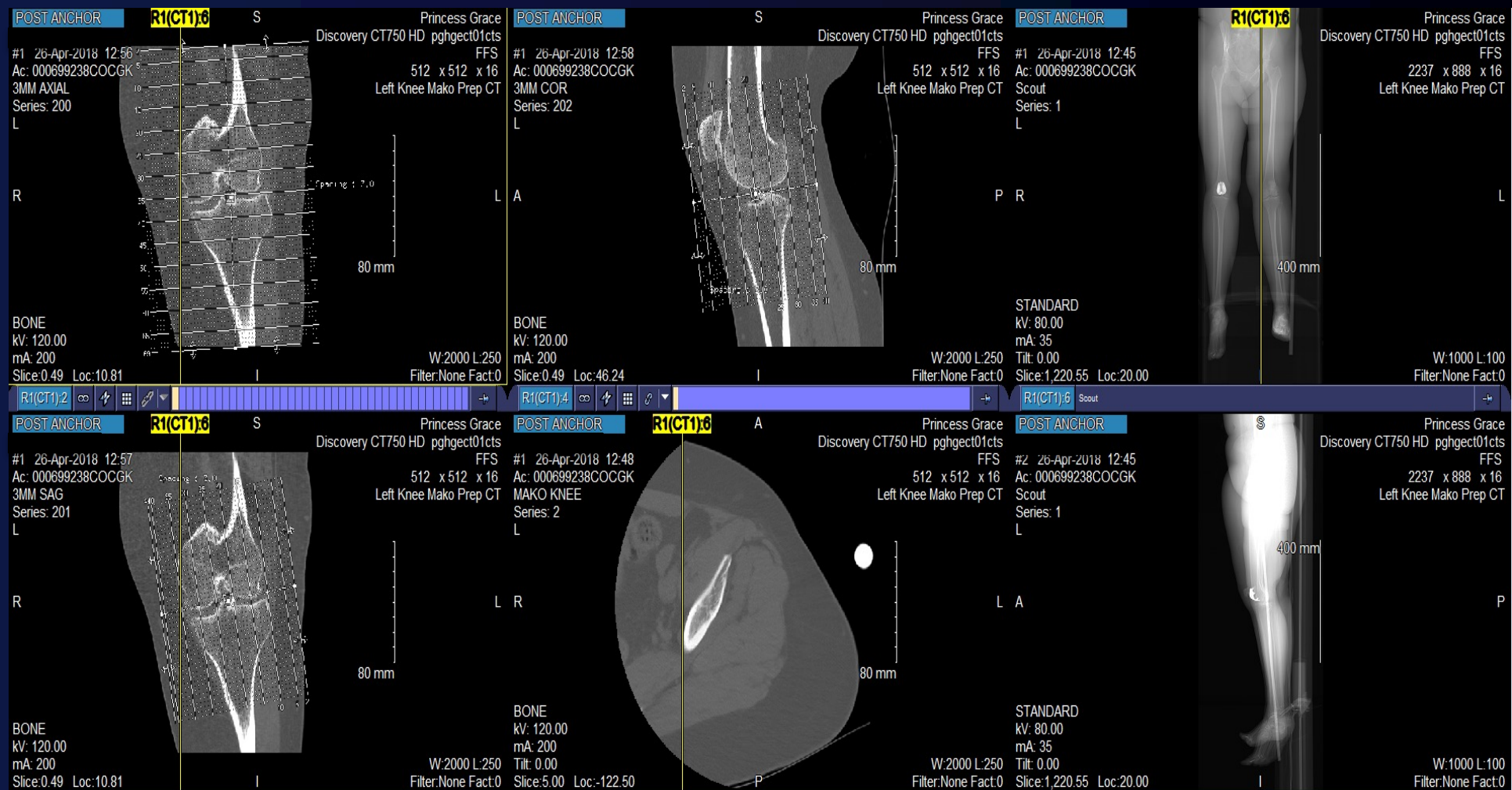


Sam Oussedik

Consultant Orthopaedic Surgeon & Dept Head, UCLH

Hon. Assoc. Prof. UCL

Pre-op CT



Pre-op plan

stryker® Case Planning System Setup Bone Registration Intra-Op Planning Bone Preparation Case Completion Oussedik ⓘ ⚙️ 📷

Varus 0.0°

Internal 0.6° **External** 0.0°
PCA TEA

Flexion 2.5°

8.0mm 7.0mm
M L

4.5mm 7.0mm

7.5mm 8.0mm
M L

3.0°
Varus

0.0°
External

3.0°
P. Slope

Triathlon CR Universal

Femur Post. - 3 +

Tibia - 2 +

Poly - 9 +

Capture points

Femur Capture Delete

Plan0

Implant Planning < >

Pre-op plan

stryker Case Planning System Setup Bone Registration Intra-Op Planning Bone Preparation Case Completion Oussedik ⓘ ⚙️ 📷

Varus 0.0°

Internal 0.6° **External** 0.0°

Flexion 2.5°

PCA **TEA**

8.0mm **7.0mm** **7.5mm** **8.0mm**

4.5mm **7.0mm**

3.0° **0.0°** **3.0°**

Varus **External** **P. Slope**

Triathlon CR Universal

Femur Post. ▸ - 3 +

Tibia - 2 +

Poly - 9 +

Capture points

Femur ▸ Capture Delete

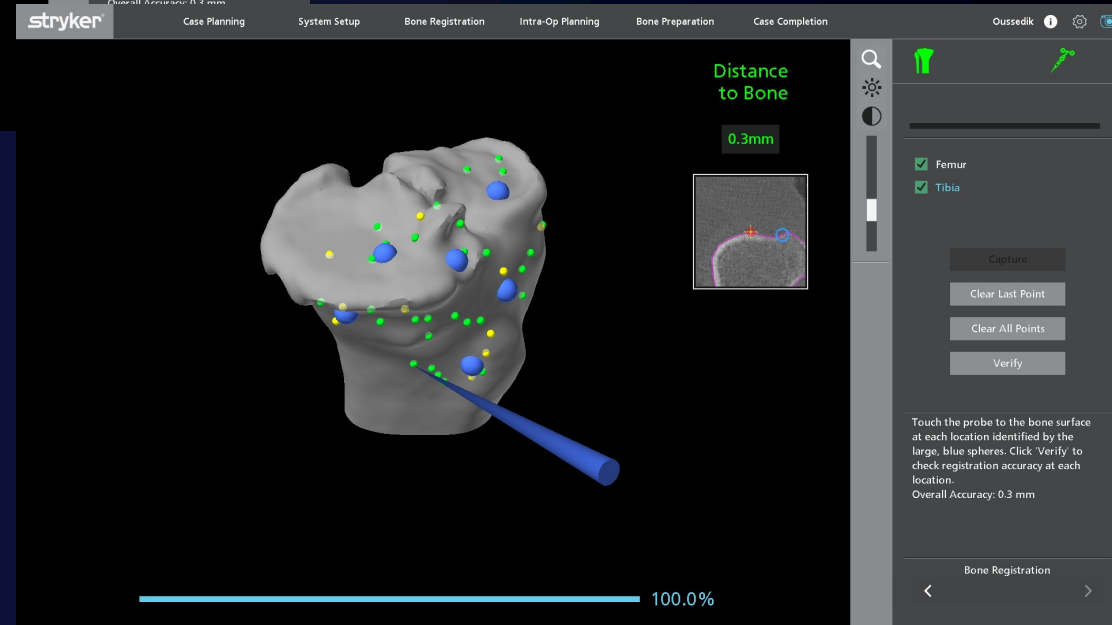
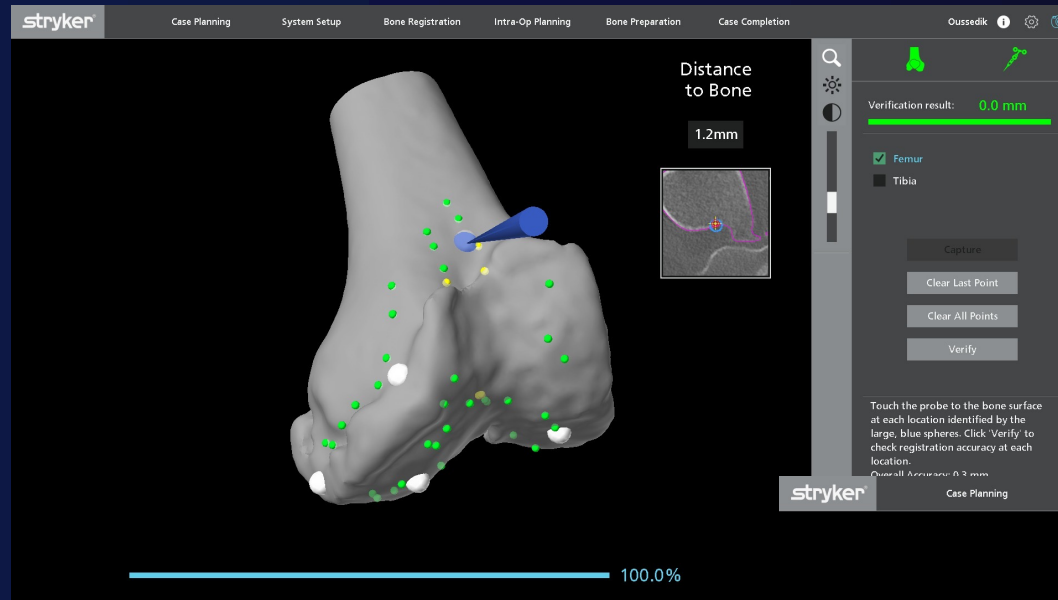
Plan0

Implant Planning

Registration



Registration



Balancing





Mako Case Information

Component Planning

Sawblade Narrow

Selected plan Plan0

Sizes

Femoral 3

Baseplate 2

Insert 9 mm

Planned alignment 3.5° varus

Planned laxity (IA) Medial Lateral

Extension 1.0 mm 1.0 mm

Flexion 1.0 mm 1.0 mm

Femoral rotations

Coronal 0.5° varus

Transverse 2.0° external

Sagittal 3.0° flexion

Femoral resections Medial Lateral

Distal 7.5 mm 6.5 mm

Posterior 8.5 mm 7.0 mm

Tibial rotations

Coronal 3.0° varus

Transverse 0.0° external

Sagittal 6.5° p. slope

Tibial resections Medial Lateral

Proximal 3.5 mm 6.5 mm

Anatomical Information

As-scanned alignment

Coronal 10.0° valgus

Transverse 18.4° external

Sagittal 10.3° extension

Anatomic axes

AA to MA coronal 6.3° valgus

AA to MA sagittal 2.7° flexion

PCA to TEA 0.6° internal

Posterior slope

Medial 7.3° p.slope

Lateral 11.0° p.slope

Joint line

LDFA 91.6°

MPTA 83.4°

aHKA 8.2° varus

JLO 175.0°

Femur JLA 1.6° varus

Tibia JLA 6.6° varus

MEC to bone 23.0 mm

MEC to implant 24.0 mm

View values related to planned implant component and measurements related to anatomy

Close

Joint line

LDFA 91.6°

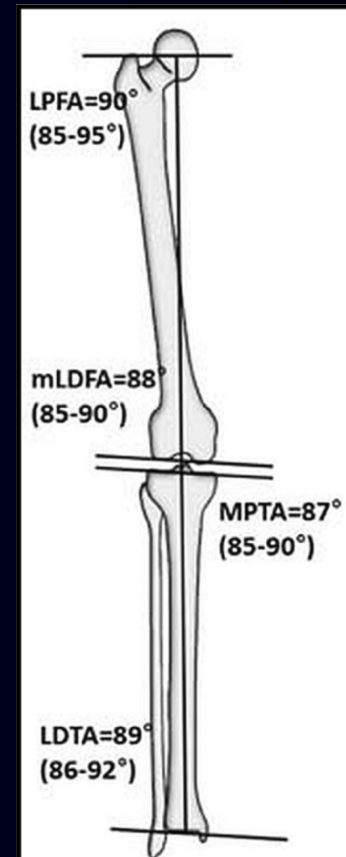
MPTA 83.4°

aHKA 8.2° varus

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Tibia JLA 6.6° varus



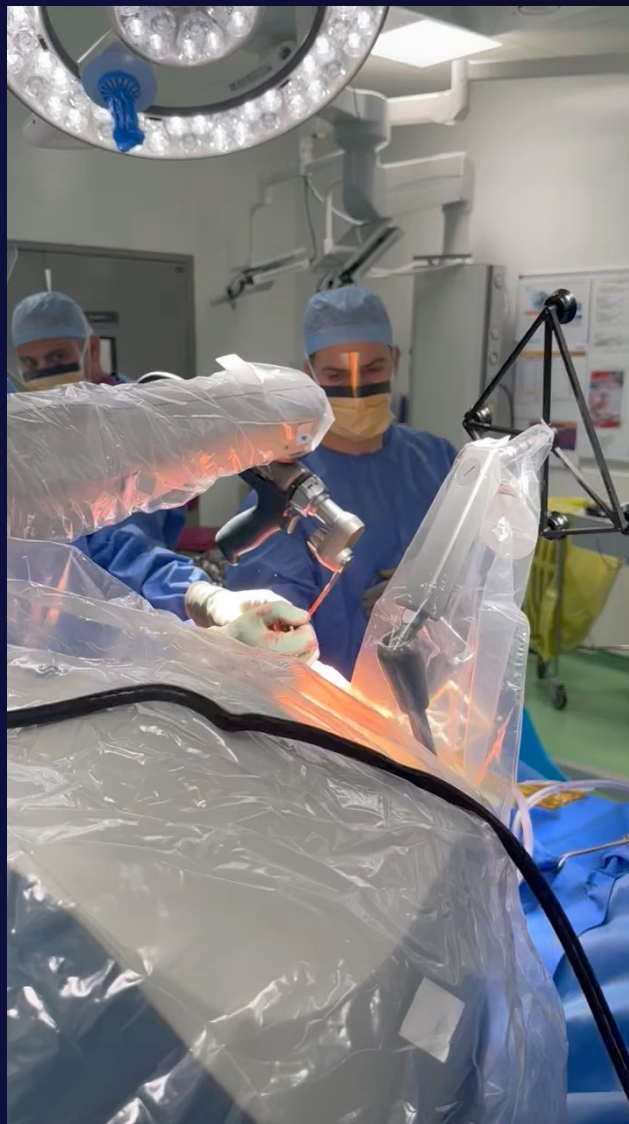
Balancing



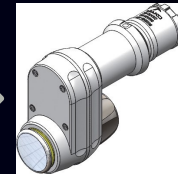
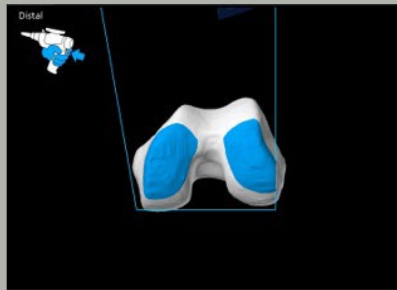
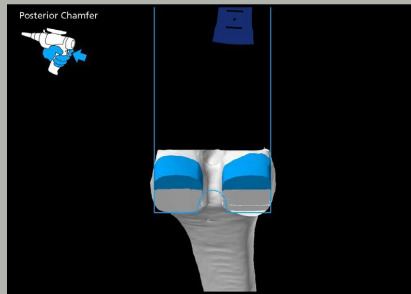
Balancing



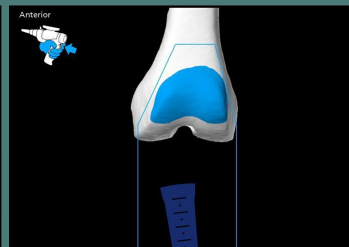
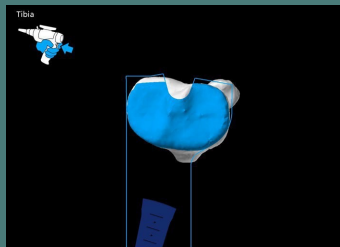
Bone resection



Haptic guided bone prep



Right angle saw attachment



Sagittal saw attachment

Technique

■ KNEE

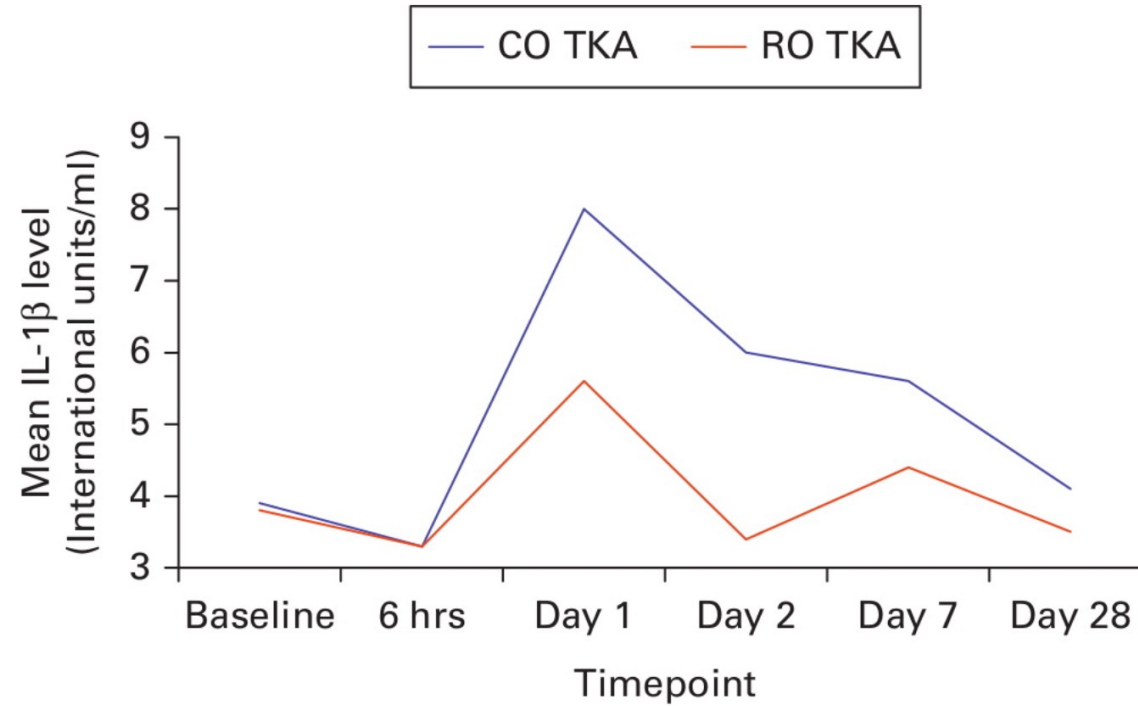
A prospective randomized controlled trial comparing the systemic inflammatory response in conventional jig-based total knee arthroplasty versus robotic-arm assisted total knee arthroplasty



Babar Kayani, Jenni Tahmassebi, Atif Ayuob, Sujith Konan, Sam Oussedik, Fares S. Haddad

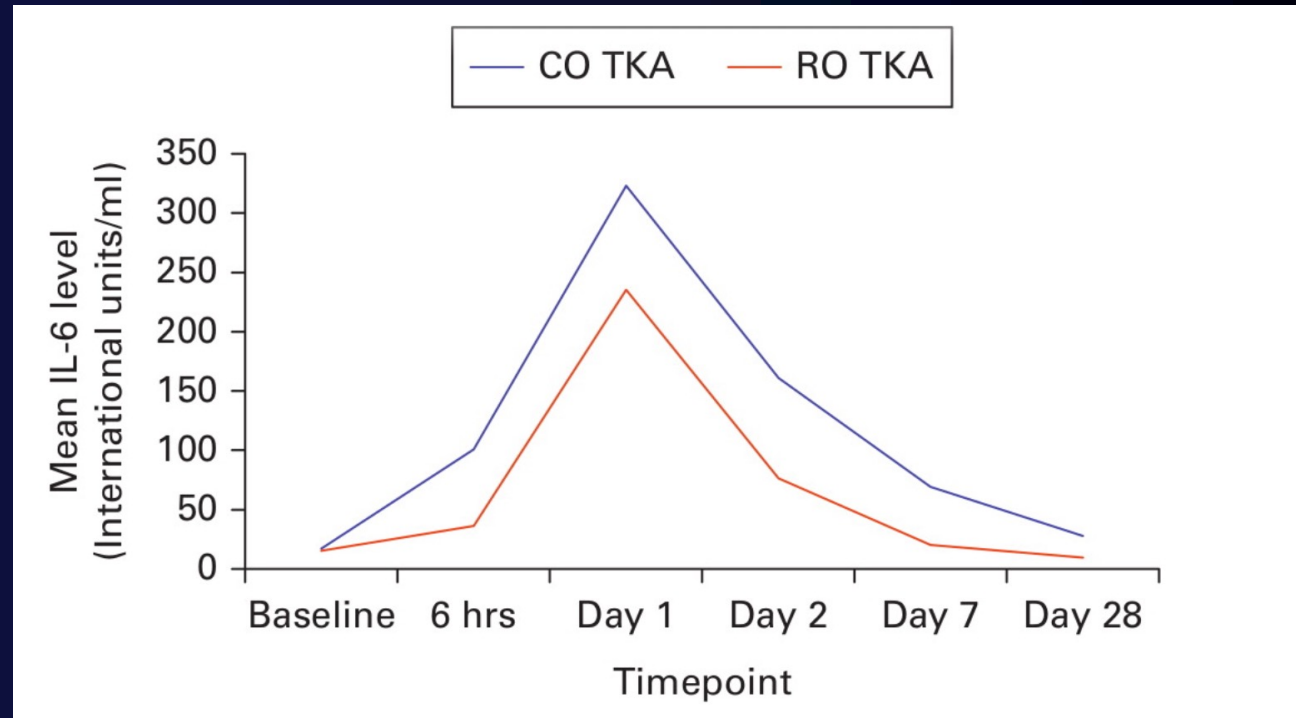
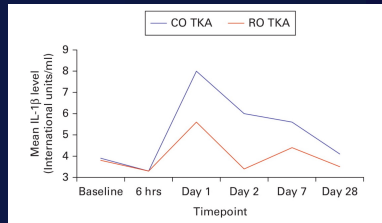
BJJ, Jan 2021

Technique

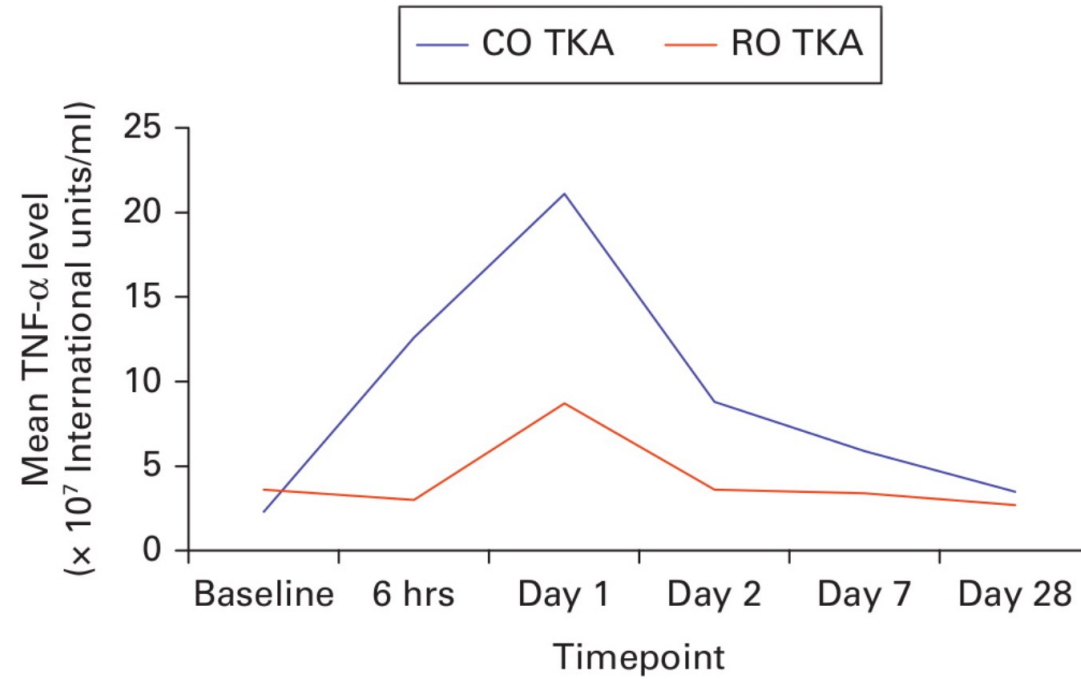
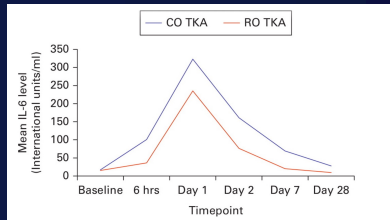
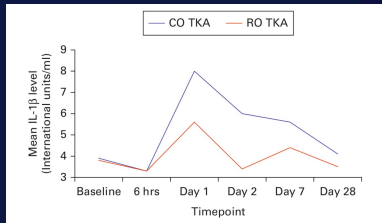


BJJ, Jan 2021

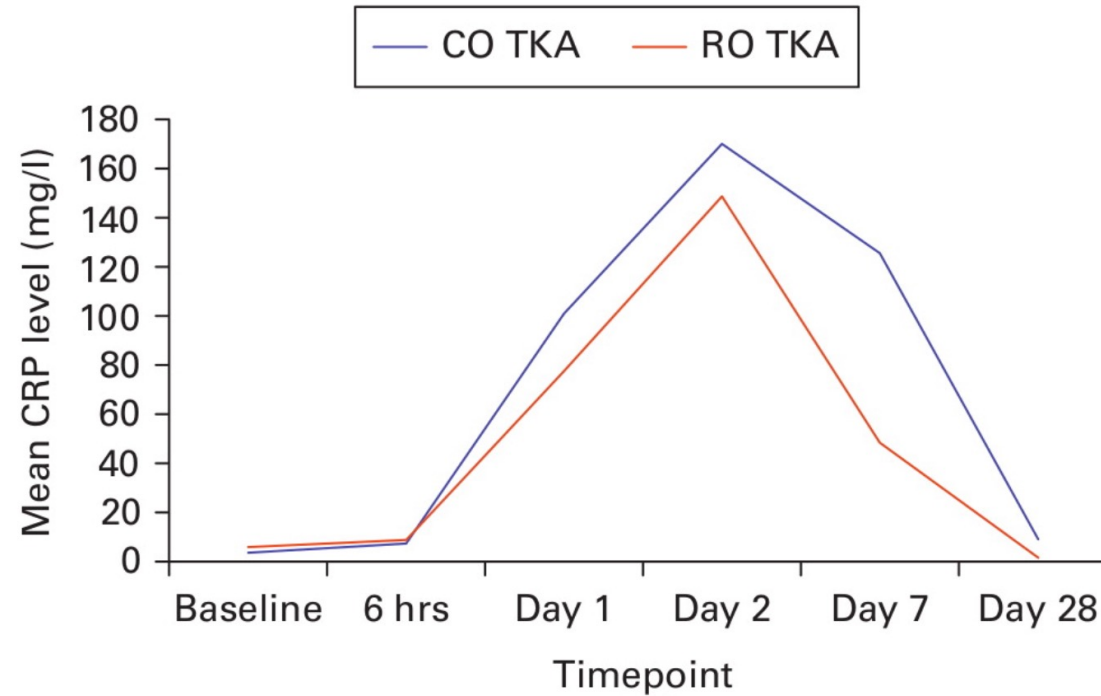
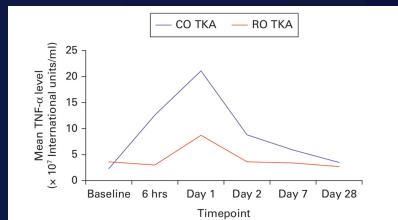
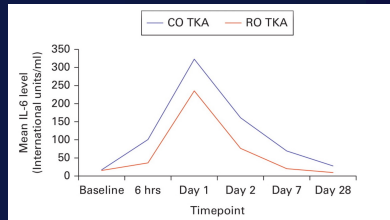
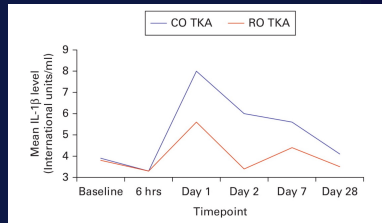
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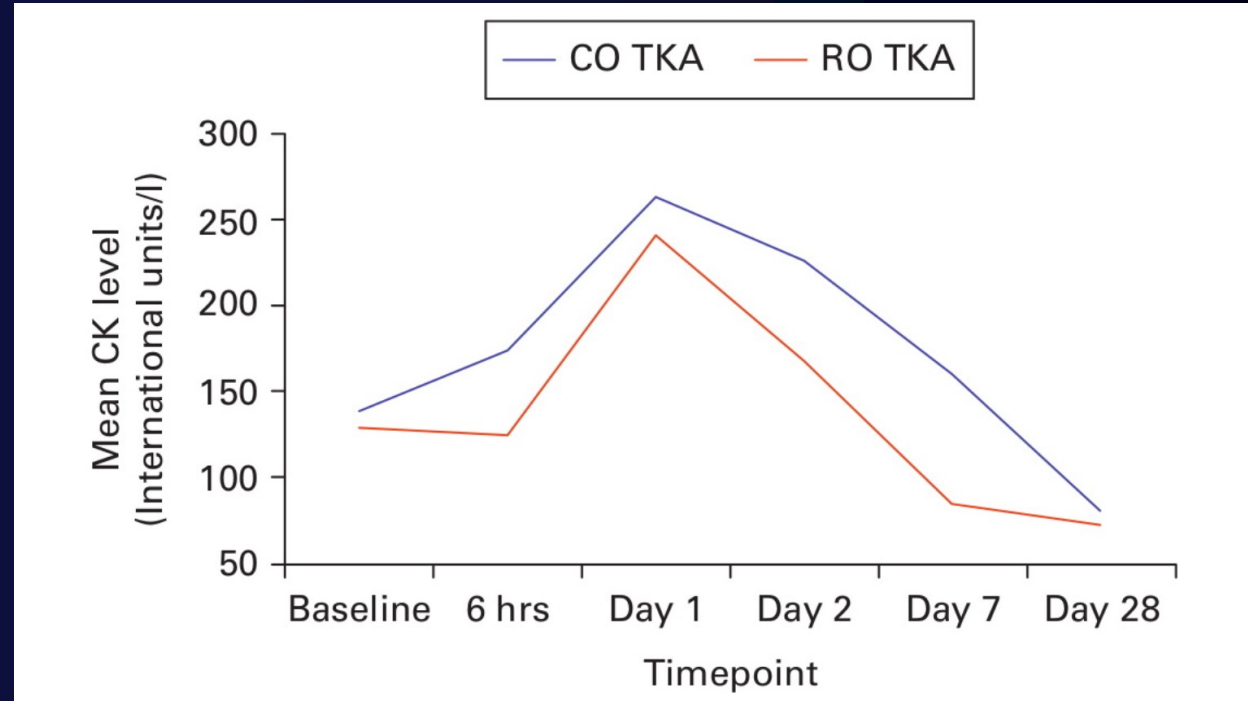
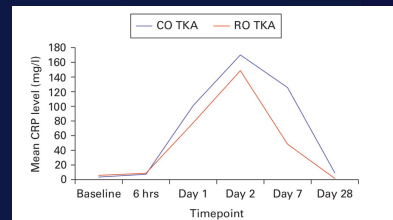
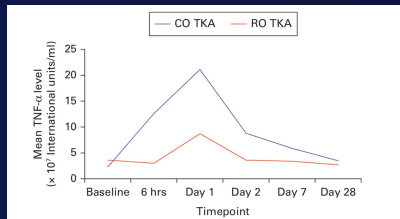
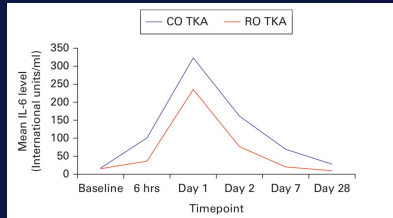
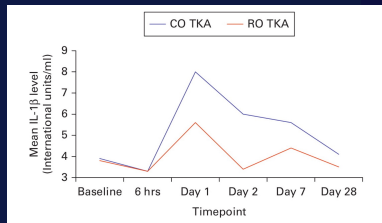
Technique



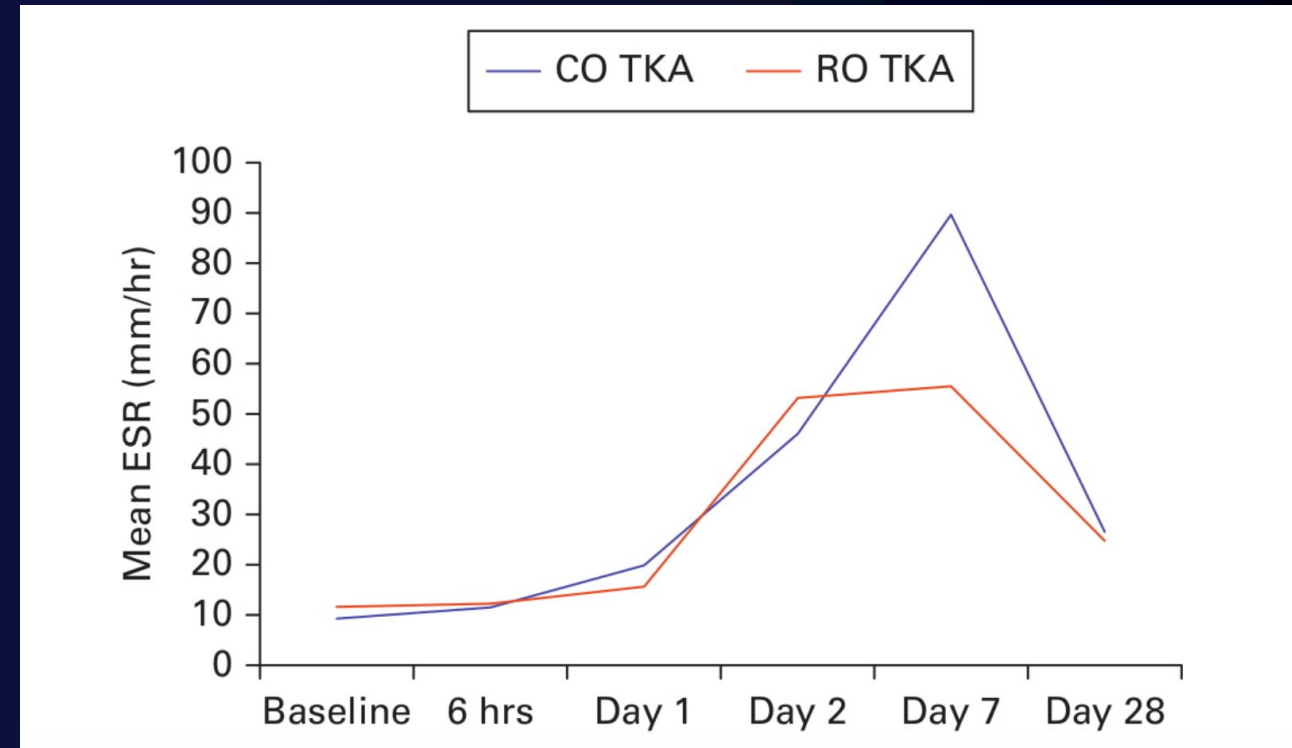
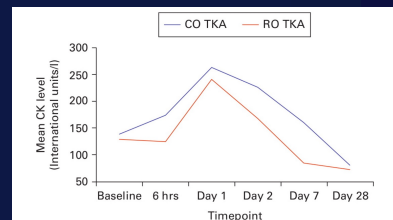
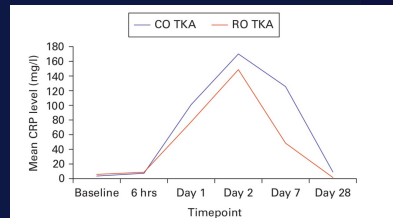
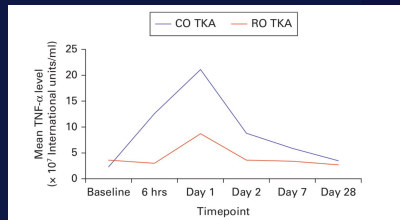
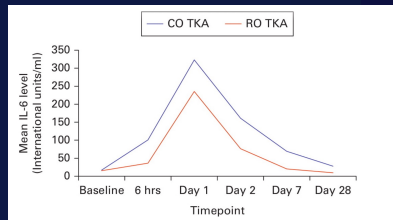
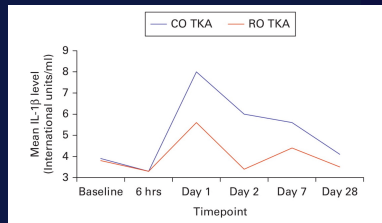
Technique



Technique



Technique



BJJ, Jan 2021

Trial


stryker

Case PlanningSystem SetupBone RegistrationIntra-Op PlanningBone PreparationCase Completion

Oussedik

Varus
3.0°

Flexion
0°



Laxity	M	L
Extension	1.0mm	2.5mm
Flexion	0.5mm	2.0mm

Deformity	Alignment	Flexion
Native	10.0°var	8°flx
Final	3.0°var	0°flx

Final Alignment

Extension Medial Laxity

Extension Lateral Laxity

Flexion Medial Laxity

Flexion Lateral Laxity

Poly

-9+

Capture

Delete

Zero

PlanningBone Prep

Tibia External rotation: 7°

Planned Femur Size: 3

Planned Baseplate Size: 2

Hold the leg at the ankle to determine the final alignment.

Trialing

Results

BJO



■ KNEE

Length of stay and discharge dispositions following robotic arm-assisted total knee arthroplasty and unicompartmental knee arthroplasty versus conventional technique and predictors of delayed discharge

**A. Fontalis,
R. D. Raj,
I. C. Haddad,
C. Donovan,
R. Plastow,
S. Oussedik,
A. Gabr,
F. S. Haddad**

Aims

In-hospital length of stay (LOS) and discharge dispositions following arthroplasty could act as surrogate measures for improvement in patient pathways, and have major cost saving implications for healthcare providers. With the ever-growing adoption of robotic technology in arthroplasty, it is imperative to evaluate its impact on LOS. The objectives of this study were to compare LOS and discharge dispositions following robotic arm-assisted total knee arthroplasty (RO TKA) and unicompartmental arthroplasty (RO UKA) versus conventional technique (CO TKA and UKA).

Results

STUDY PROTOCOL

Open Access

A prospective double-blinded randomised control trial comparing robotic arm-assisted functionally aligned total knee arthroplasty versus robotic arm-assisted mechanically aligned total knee arthroplasty



Babar Kayani^{*} , Sujith Konan, Jenni Tahmassebi, Sam Oussedik, Peter D. Moriarty and Fares S. Haddad

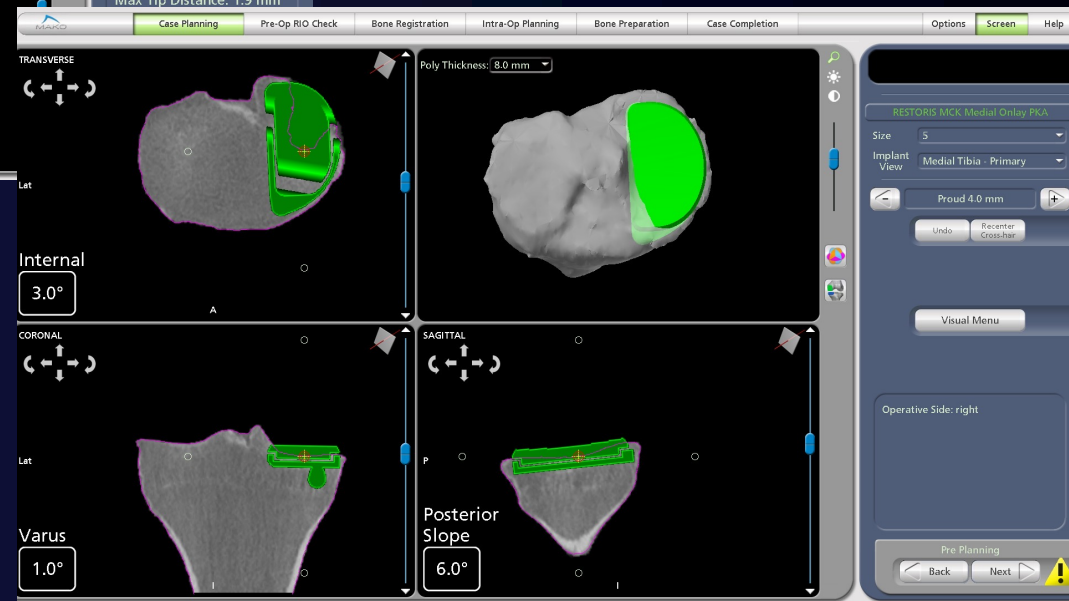
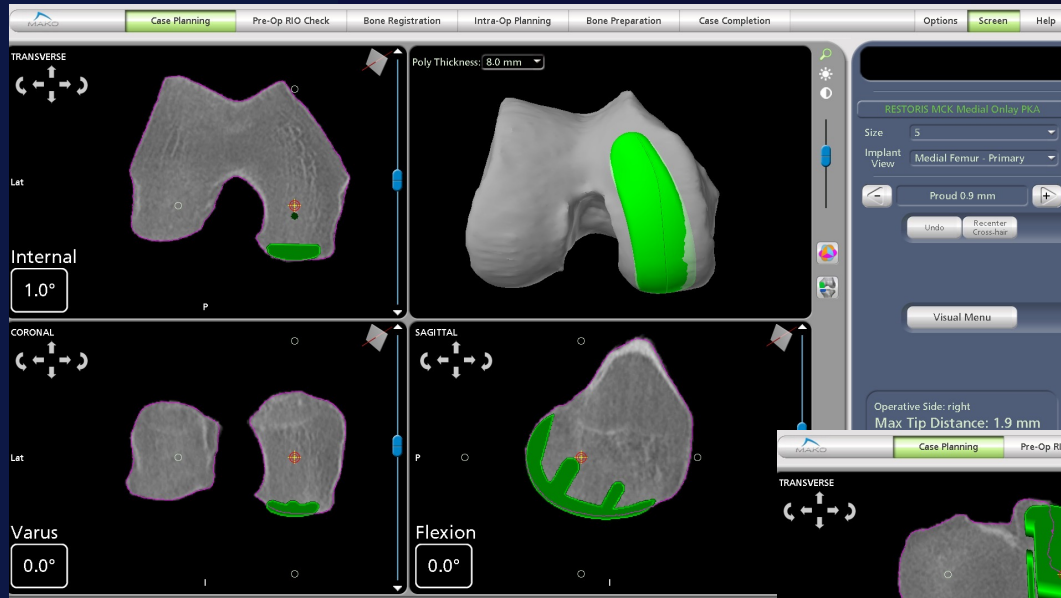
Results



Partial Knee Replacement

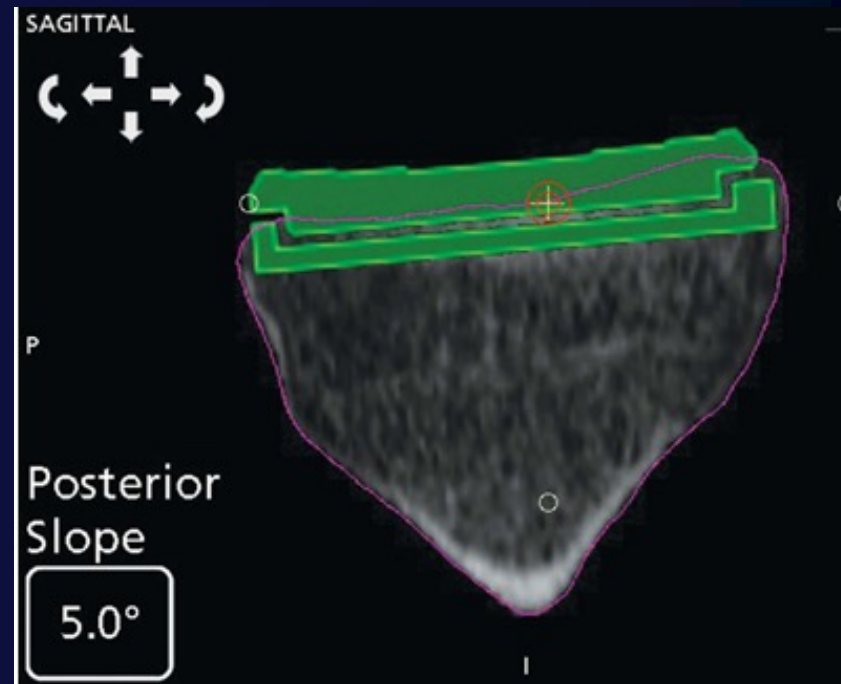


Sizing & Positioning



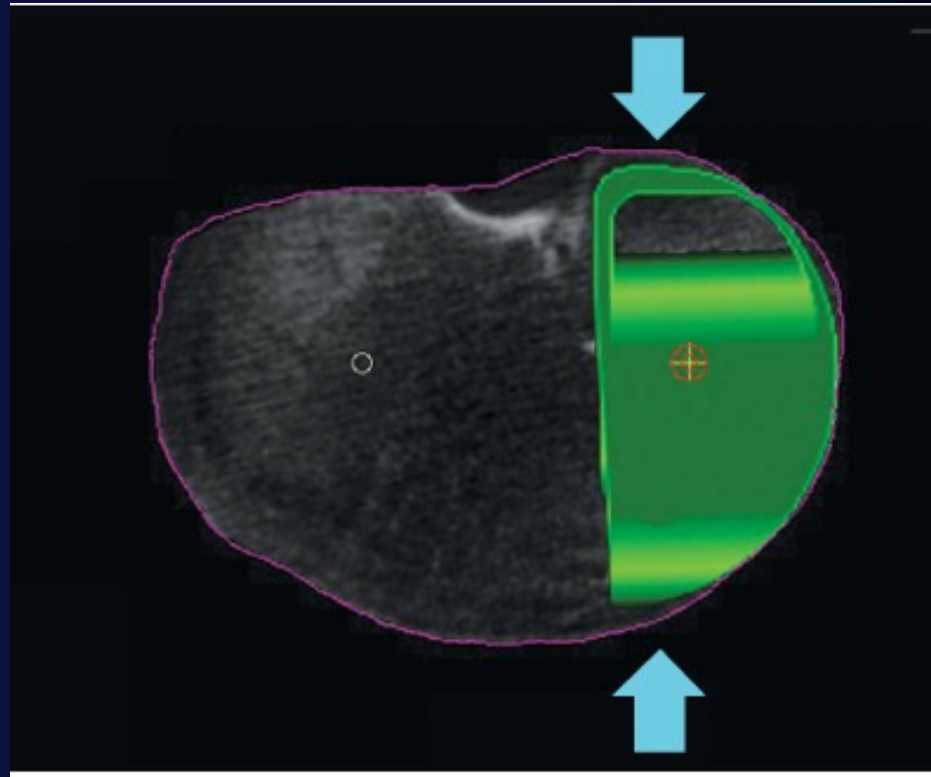
Sizing & Positioning

- Tibial slope
- AP sizing



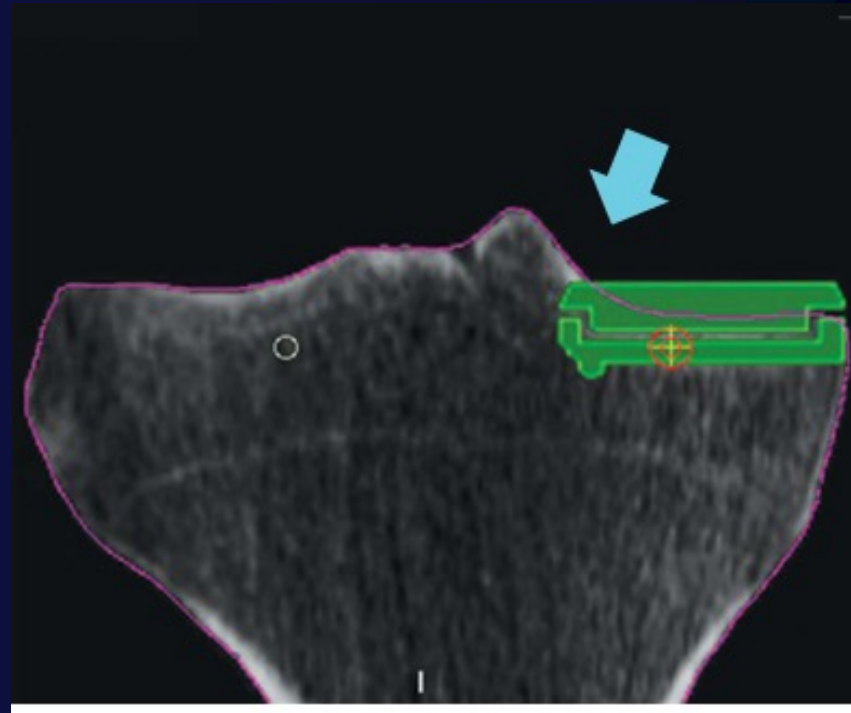
Sizing & Positioning

- Tibial slope
- AP sizing
- Coverage
- Rotation



Sizing & Positioning

- Tibial slope
- AP sizing
- Coverage
- Rotation



- M/L sizing
- Eminence resection
- Medial overhang

Sizing & Positioning

- Femoral curvature
- Posterior overhang



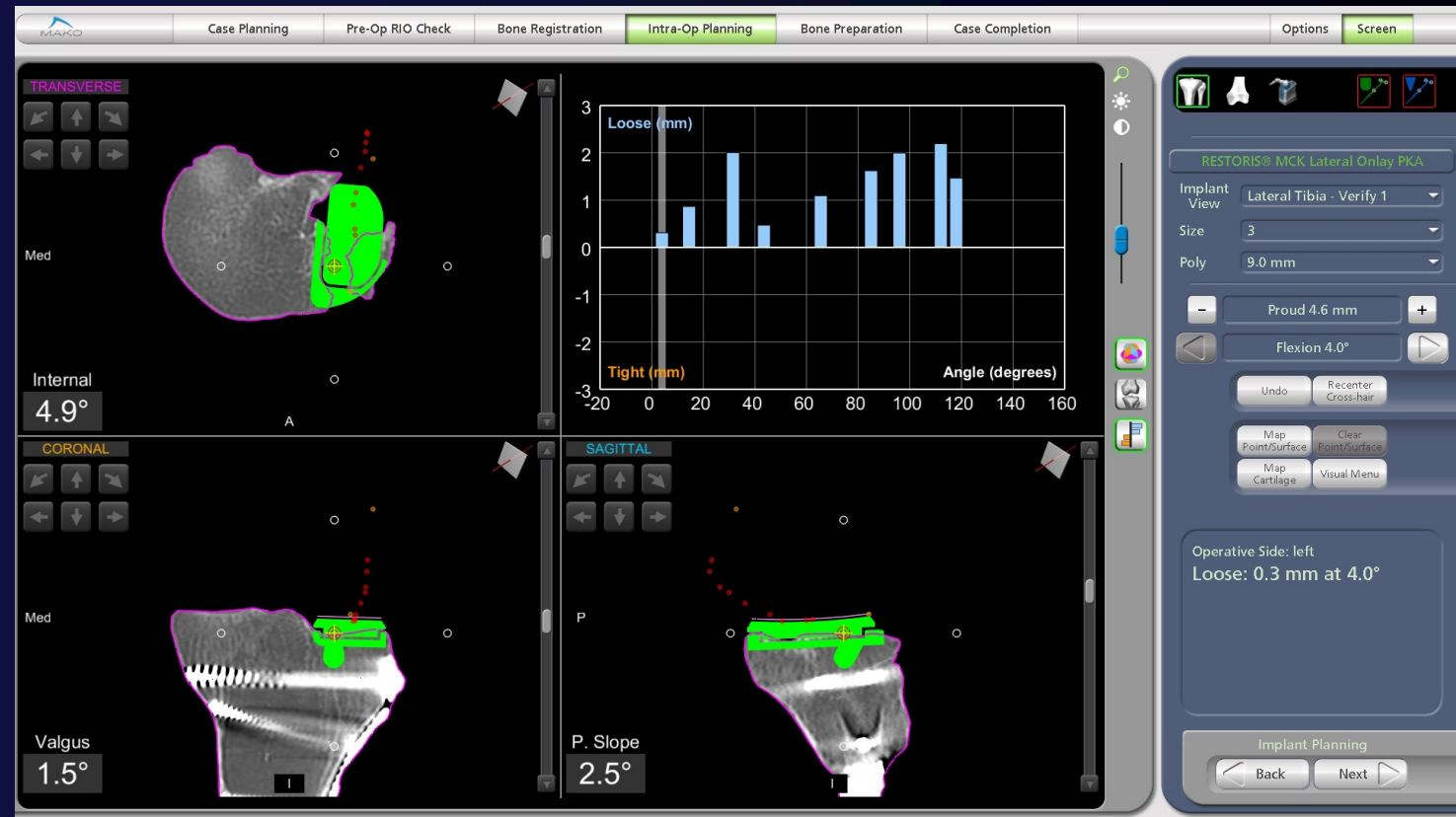
- Anterior proudness



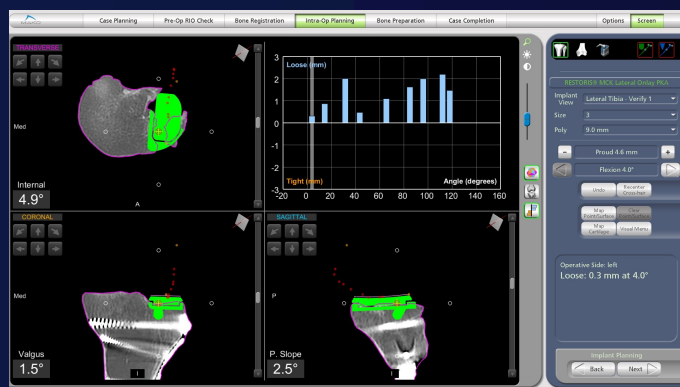
Retained metal



Retained metal



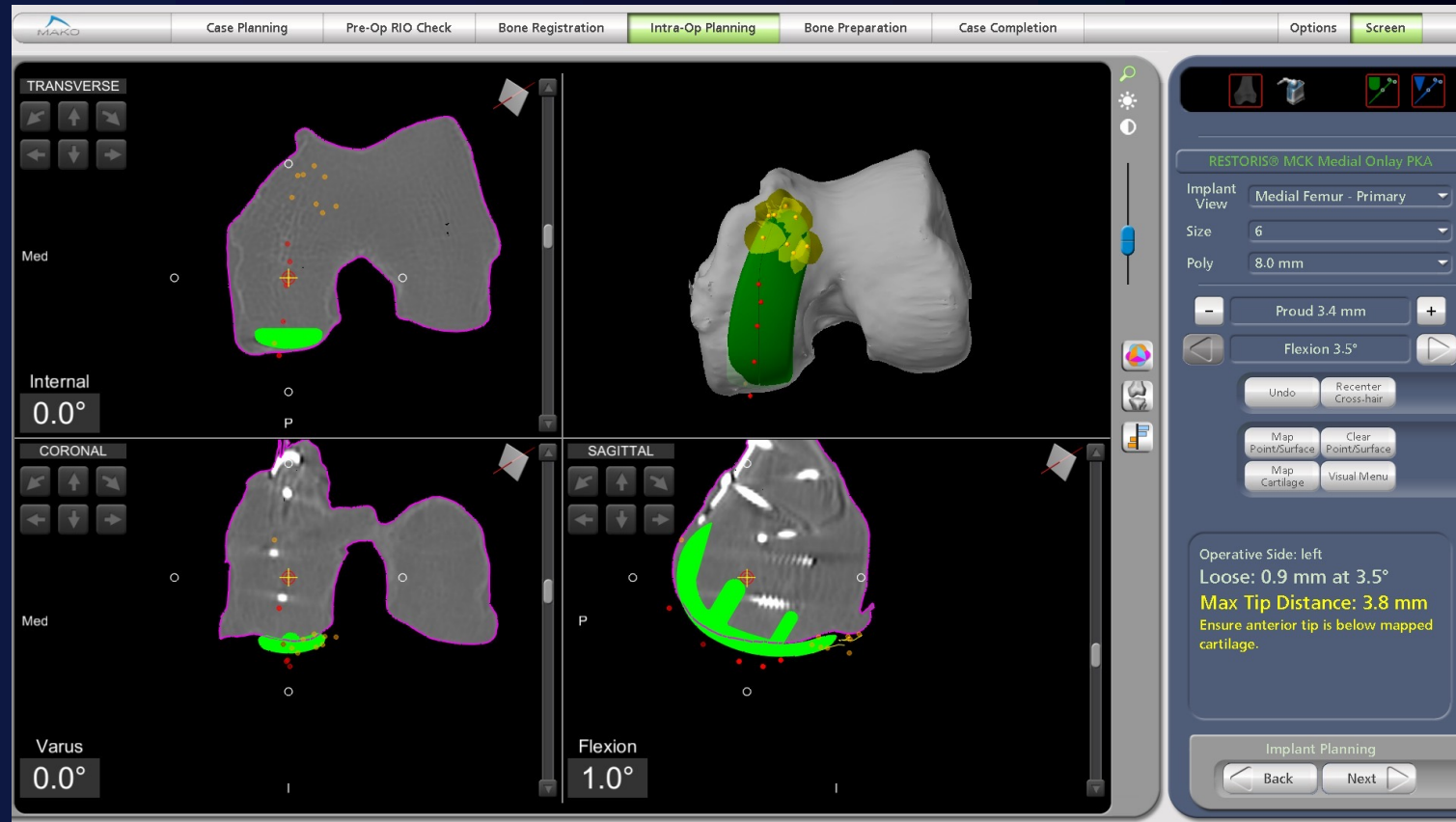
Retained metal



Retained metal



Retained metal



Retained metal



Results

Brand¹	N	Age at primary Median (IQR)	Male (%)	Time since primary					
				1 year	3 years	5 years	10 years	15 years	20 years
All unicompartmental knee replacements	184,947	64 (57 to 71)	51	0.95 (0.91-1.00)	3.36 (3.27-3.45)	5.14 (5.03-5.25)	9.88 (9.70-10.06)	15.23 (14.93-15.53)	21.20 (20.27-22.17)
Unicondylar									
AMC/Uniglide[M. Fem:M.Tib]	2,762	64 (57 to 71)	52	2.43 (1.92-3.08)	6.20 (5.35-7.16)	7.92 (6.96-8.99)	12.77 (11.53-14.13)	17.99 (16.29-19.85)	
Journey Uni Oxinium[M.Fem]	2,009	64 (57 to 71)	55	1.38 (0.94-2.02)	2.83 (2.14-3.73)	4.09 (3.20-5.23)	7.70 (5.66-10.45)		
Journey Uni[M.Tib]									
MG Uni[M.Fem:M.Tib]	1,959	63 (57 to 70)	57	0.77 (0.46-1.27)	3.91 (3.13-4.87)	5.92 (4.95-7.07)	10.15 (8.86-11.62)	13.59 (12.06-15.29)	16.05 (14.05-18.30)
Oxford Cementless Partial Knee[L.Fem]									
Oxford Partial Knee[L. Tib]	1,191	68 (57 to 76)	36	1.24 (0.74-2.09)	3.20 (2.28-4.47)	5.31 (3.98-7.06)	11.58 (8.29-16.05)		
Oxford Cementless Partial Knee[M.Fem:M. Tib]	38,958	65 (58 to 72)	56	1.13 (1.03-1.24)	2.19 (2.03-2.35)	3.09 (2.89-3.30)	6.18 (5.71-6.68)	11.54 (8.58-15.43)	
Oxford Cementless Partial Knee[M.Fem]									
Oxford Partial Knee[M. Tib]	1,246	66 (59 to 73)	53	1.32 (0.81-2.15)	3.42 (2.51-4.65)	4.86 (3.73-6.32)	8.07 (6.46-10.08)	12.18 (9.76-15.15)	
Oxford Single Peg Cemented Partial Knee[M.Fem]									
Oxford Partial Knee[M.Tib]	41,953	64 (58 to 71)	52	1.16 (1.07-1.27)	4.31 (4.12-4.51)	6.40 (6.17-6.64)	11.39 (11.08-11.72)	16.55 (16.12-16.99)	22.69 (21.44-24.00)
Oxford Twin Peg Cemented Partial Knee[M.Fem]									
Oxford Partial Knee[M.Tib]	6,156	65 (57 to 72)	50	0.62 (0.45-0.86)	2.29 (1.92-2.72)	3.73 (3.23-4.30)	6.82 (5.98-7.79)	11.81 (9.84-14.15)	
Persona Partial Knee[M.Fem:M.Tib]	7,821	65 (58 to 72)	58	0.36 (0.24-0.54)	1.50 (1.16-1.93)	1.98 (1.55-2.53)			
*Physica ZUK[L.Fem:L. Tib]	1,349	63 (54 to 72)	41	0.83 (0.45-1.54)	1.43 (0.87-2.33)	2.71 (1.84-3.98)	5.25 (3.63-7.56)	6.48 (4.36-9.59)	
*Physica ZUK[M. Fem:M.Tib]	28,796	64 (57 to 71)	56	0.30 (0.24-0.37)	1.60 (1.44-1.77)	2.52 (2.30-2.75)	5.27 (4.84-5.72)	8.56 (7.52-9.73)	
Preservation[M.Fem:M. Tib]	1,418	63 (56 to 70)	56	2.41 (1.72-3.35)	8.28 (6.95-9.85)	11.57 (10.00-13.37)	17.67 (15.74-19.81)	22.91 (20.70-25.31)	28.88 (25.52-32.58)
Restoris[M.Fem:M.Tib]	2,919	65 (59 to 73)	60	0.39 (0.21-0.73)	1.70 (1.15-2.51)	2.24 (1.42-3.52)			
Sigma HP (Uni)[M.Fem]									
Sigma HP[M.Tib]	16,301	64 (57 to 71)	58	0.59 (0.48-0.73)	2.47 (2.22-2.74)	3.57 (3.26-3.91)	6.23 (5.71-6.79)	8.31 (6.97-9.89)	
Triathlon Uni[M.Fem]									
Triathlon[M.Tib]	2,055	63 (56 to 70)	57	1.00 (0.64-1.56)	3.68 (2.88-4.70)	5.79 (4.71-7.10)	8.66 (7.11-10.54)		

Results

Tib]	1,410	(56 to 70)	58	(1.72-3.35)	(6.95-9.85)	(10.00-13.37)	(15.74-19.81)	(20.70-25.31)	(25.52-32.58)
Restoris[M.Fem:M.Tib]	2,919	65 (59 to 73)	60	0.39 (0.21-0.73)	1.70 (1.15-2.51)	2.24 (1.42-3.52)			
Sigma HP (Uni)[M.Fem]	16,301	64	58	0.59	2.47	3.57	6.23	8.31	
Sigma HP[M.Tib]		(57 to 71)		(0.48-0.73)	(2.22-2.74)	(3.26-3.91)	(5.71-6.79)	(6.97-9.89)	
Triathlon Uni[M.Fem]	2,055	63	57	1.00	3.68	5.79	8.66		
Triathlon[M.Tib]		(56 to 70)		(0.64-1.56)	(2.88-4.70)	(4.71-7.10)	(7.11-10.54)		

Conclusion

- Image based robotics offers state of the art precision
- Safety of haptic boundaries offers confidence
- Anatomical knowledge can aid decision making in balancing
- Step-change in real world UKA survivorship
- Given the choice, what would you use?



Thank you



Elective Orthopaedic Centre @ Grafton Way Building, UCLH