

THE UNHAPPY TOTAL KNEE REPLACEMENT - *Exploring the Reasons*

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Objectives of this presentation

- Identify patients likely to be unhappy with surgical result
- Early identification of post-operative problems
- Reasons to refer to Specialist before next scheduled assessment
- Management strategies in your GP practice

Overview

- Clinical case
- Causes for poor outcome
- Investigating the causes of poor outcome
- Strategies to improve outcome
- Questions and answers

Clinical Case



Clinical Case

- 74-year-old female
- Referred by her GP for management
- Stiff and painful left total knee replacement
- Constant global knee pain – “miserable, can’t do the things I used to do”
- Range of motion – 10° to 80° - “can’t get into car, can’t walk on up-stairs”

Clinical Case

- Left total knee replacement 3 years earlier
- Complained of pre-operative stiffness and instability / very little pain
- One injection (steroid) done 3 months before surgery – no effect
- “Slow recovery” in hospital – discharged with 80° flexion
- High pain score – multiple visits to GP for pain relief

Clinical Case

- Past history
 - Hypertension
 - Elevated BMI
 - Allergy to NSAIDs

- Investigations
 - CRP 5
 - WCC 8.1

 - Knee X-ray

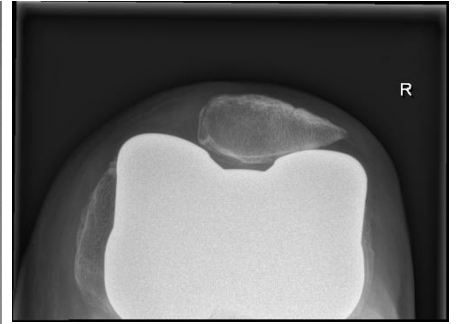
 - Isotope bone scan

Clinical Case

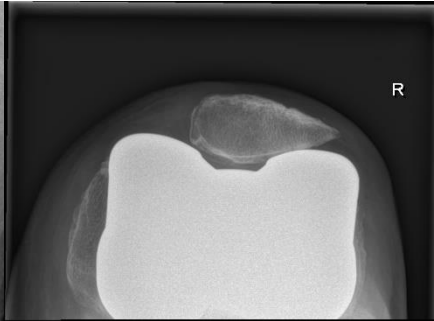
- X-rays



Clinical Case



Clinical Case



Pre-resurfacing



Post-resurfacing

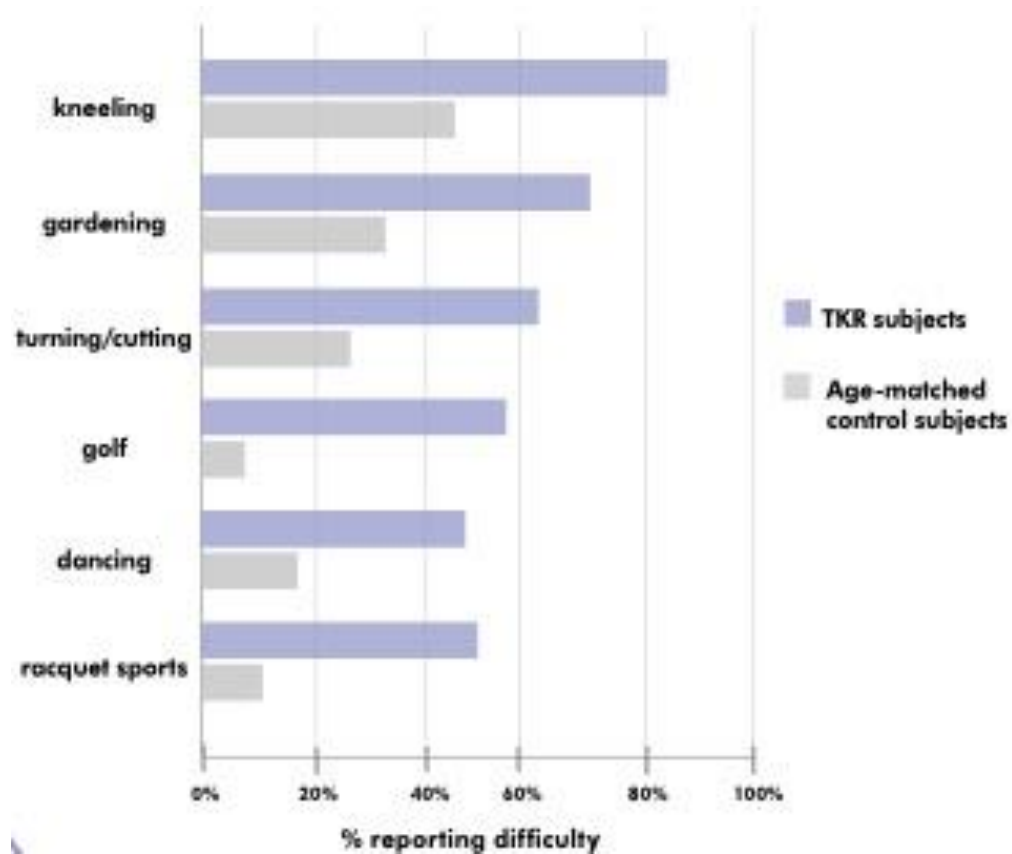
Measuring Expectations



Meeting Expectations



Functional Limitations



Setting Realistic Expectations

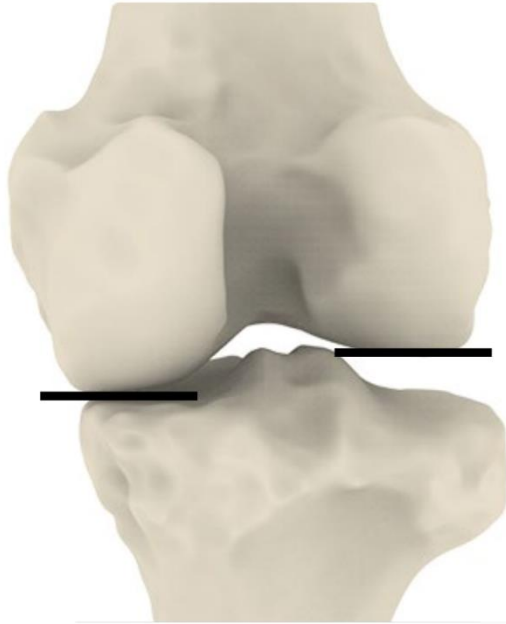


Arthrofibrosis

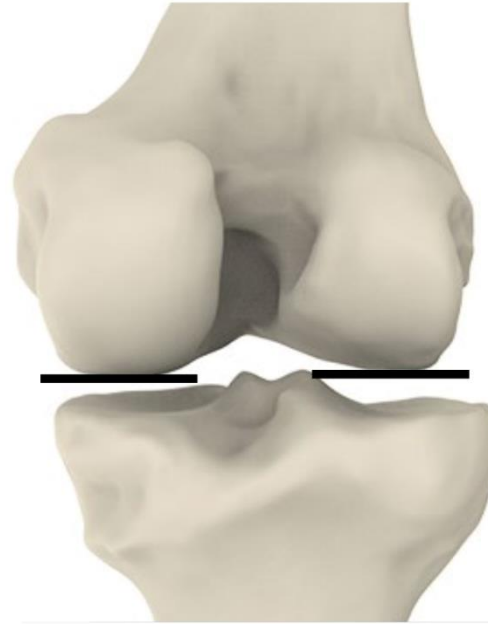


Implant Fit

- Mid-flexion Instability



Patient A



Patient B

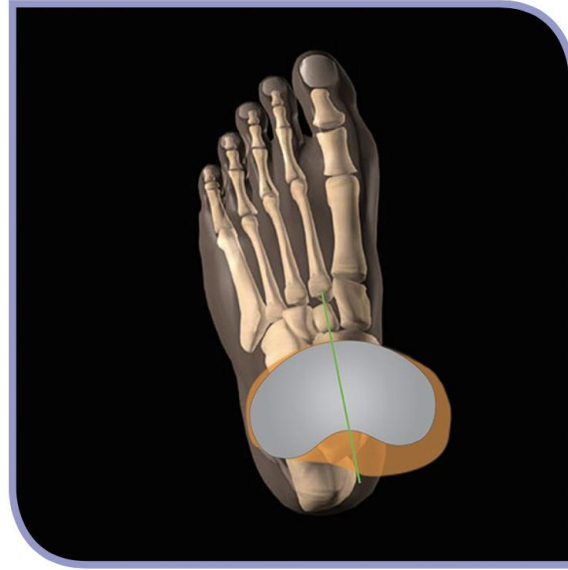
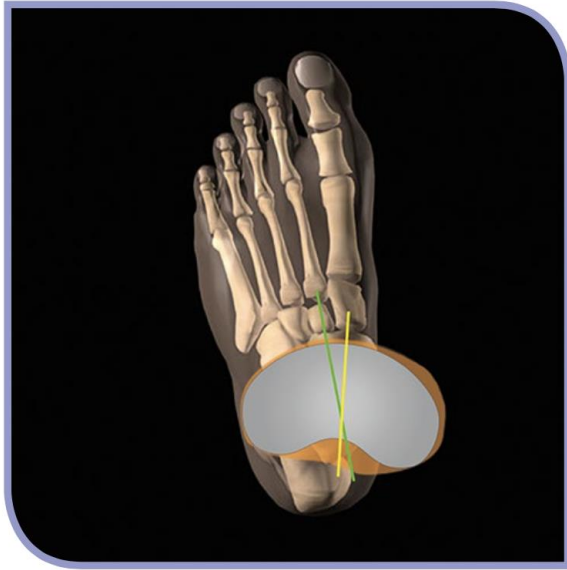
Implant Fit

- Malrotation



Implant Fit

- Malrotation



- Bone
- Implant
- Correct rotation
- Actual rotation

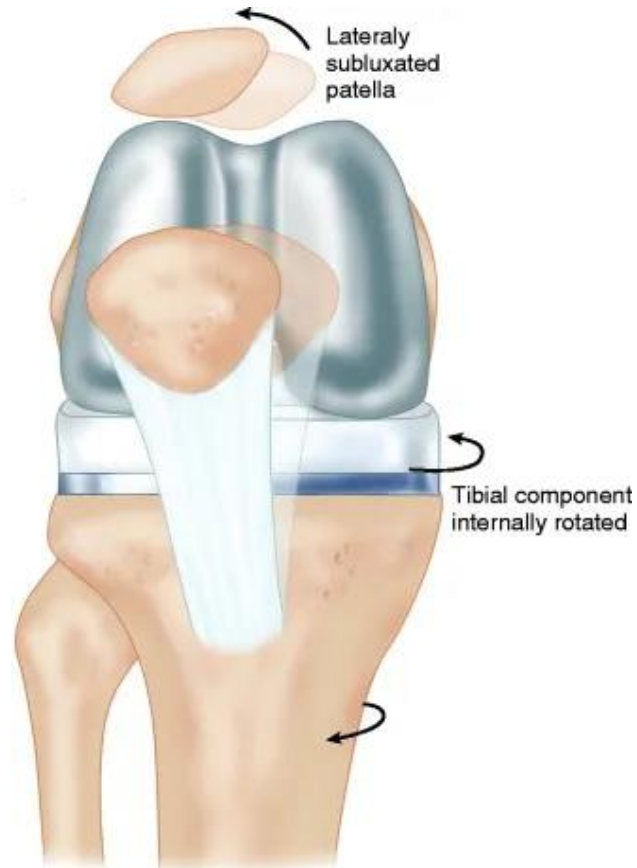
Implant Fit

- Patellar Mal-tracking



Implant Fit

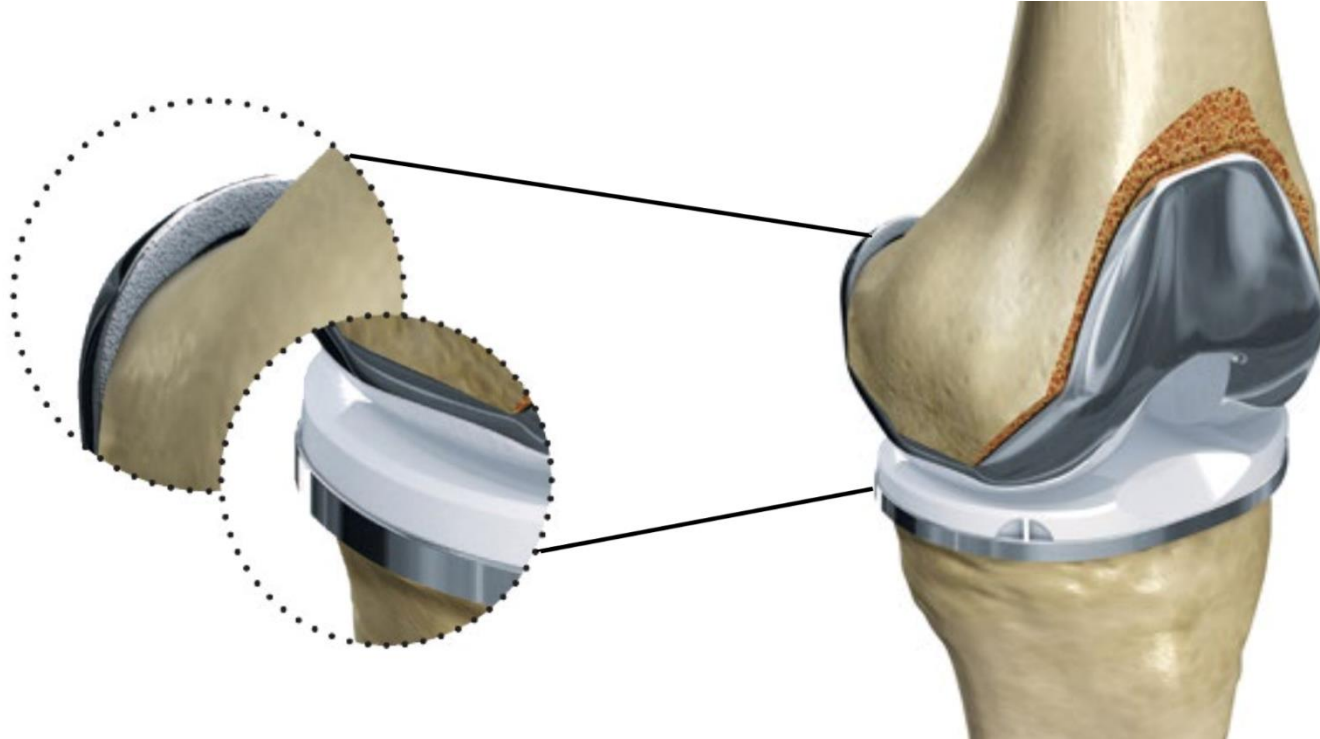
- Patellar Mal-tracking





Implant Fit

- Overhang



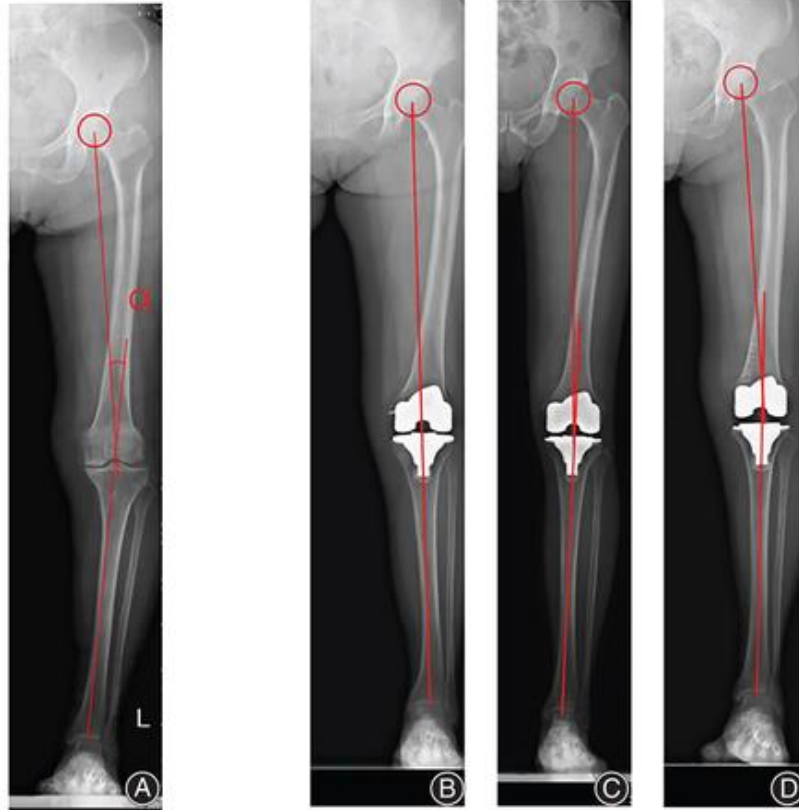
Implant Fit

- Mal-alignment



Implant Fit

- Mal-alignment



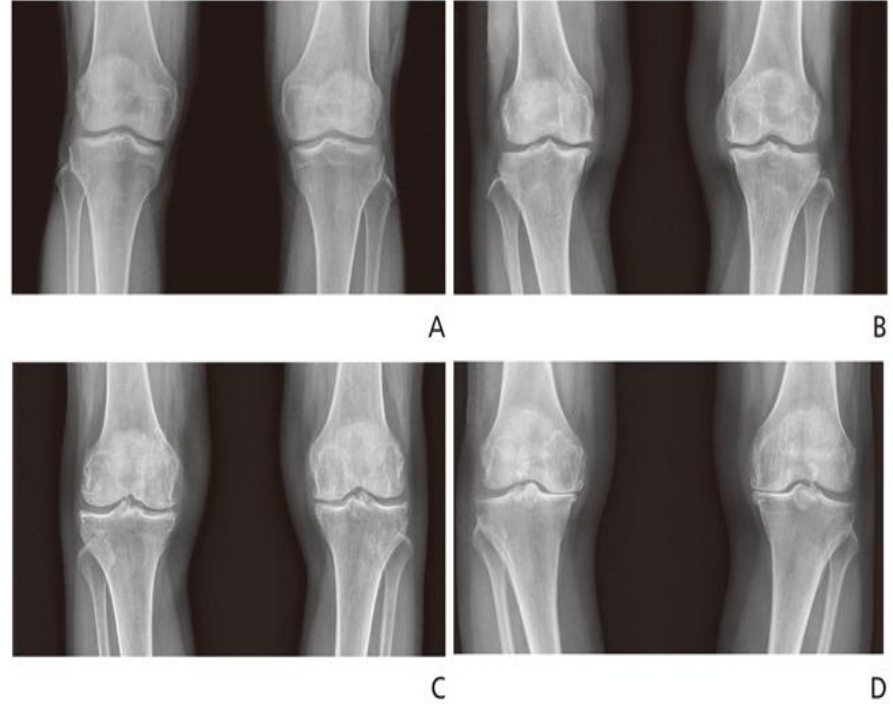
Investigating the Cause – GP Practice

- History
 - persistently high pain score
 - analgesia dependency
 - compliance with physiotherapy
 - depression / poor appetite
- Examination
 - wound healing
 - knee swelling
 - range of motion
 - thromboembolism
- Investigation
 - CRP



Strategies to Improve Outcome – GP Practice

- Pre-op
 - Kellgren-Lawrence score
 - Depression / anxiety
 - Pain history
- Post-op
 - Un-met expectations
 - Complications
 - Persistent pain
 - Stiffness



Strategies to Improve Outcome - Specialist

- Managing / setting expectations
- Improvement in component implantation accuracy – Robotic
- Enhanced pain management protocols
- Personalised rehabilitation plans



Conclusion

- Important to identify patients likely to be unhappy with surgical option at time of referral / assessment
- Early identification of post-operative problems and referral back to Specialist
- Management strategies include setting realistic expectations and providing adequate pain prescription



Thank you