Category: Knee - Arthroplasty

Weight Changes after Knee Arthroplasty, and the Effect of Obesity on Outcomes

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Summary:
Obese patients experienced equivalent improvements in patient reported outcomes after arthroplasty and rates of satisfaction with surgery to the non-obese, but should not consider weight loss an expected outcome of TKA.

Data:
Introduction: Obesity is a common in individuals undergoing arthroplasty, and the potential for weight loss with improved mobility may be expected by some. The aim of this study was 1. determine the proportion that achieved weight loss after knee arthroplasty, and 2. examine the effect of obesity on patient reported outcomes (PROMS) and satisfaction with surgery. Methods: Participants underwent primary TKA between July 2015 and December 2020 and consented to participation in a research database with baseline PROMS, including weight, BMI, Oxford Knee or Hip Score, and EQ5D. Participants repeated PROMS at 12 months after surgery with additional questions regarding satisfaction with surgery to the non-obese, but should not consider weight loss an expected outcome of TKA.

How Does The Use of a Gap Balancing vs Measured Resection Technique Affect Component Positioning and Limb Alignment In Robotic Total Knee Arthroplasty? A Comparison of the Mako and Omnibot Systems

Abstract ID# 22171
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Summary:
A retrospective cohort study comparing robotic TKA using either a quantified gap balancing technique (MAKO) or a measured resection technique (OMNIbot) which shows that while the two techniques result in different implant positions and rates of recuts, both systems achieve equal sagittal deformity correction with good patient outcomes at short term follow-up.

How Does The Use of a Gap Balancing vs Measured Resection Technique Affect Component Positioning and Limb Alignment In Robotic Total Knee Arthroplasty? A Comparison of the Mako and Omnibot Systems

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Summary:
There are increasing rates of uncemented total knee arthroplasty, and younger patients, male patients, patients operated on more recently, patients with private insurance, and patients from certain regions in the United States are more likely to be implanted with an uncemented total knee arthroplasty.

Data:
Introduction: Uncemented total knee arthroplasty (TKA) has become a viable option in recent years. While institutions may monitor their implant usage, the evolution of the use of uncemented technology has not been well describe on a national level in the United States. Therefore, we sought to characterize the use of cemented and uncemented TKA across the United States. Methods: We searched IBM MarketScan database for patients who underwent primary TKA using a cemented or uncemented implant based on the International Classification of Diseases, Tenth Revision Procedure Coding System between 2018 and 2020. Records were reviewed for age, sex, date of TKA, laterality, region, length of stay, type of insurance, discharge, and net payments to hospitals and physicians. Chi-square and independent-samples t-test were used to compare groups. Multiple logistic regression was performed to establish risk factors for cemented or uncemented TKA. Significance was set at p < 0.05. Results: We identified a total of 62981 cemented and 5460 uncemented TKA. The rate of uncemented TKA increased from 6.46 percent (%) in 2018 to 10.78% in 2020 (p < 0.001). Females were more likely to be implanted with a cemented TKA (59.6% vs 40.4%,