patients who had undergone a functionally aligned RA-TKA. Post-operatively they were compared for differences in FJS, OKS, pain score, ROM, ability to ascend and descend stairs as well as kneel. Results 101 matched pairs were eligible for final review. Both groups had significant improvements in FJS and Oxford Knee Score (OKS) following surgery. Pain and FJS had become equivalent at one year with all remaining measures being significantly better in the UKA cohort. At 2 years there was no significant difference between the UKA and TKA patients in any outcome measure observed. Conclusion Functionally Aligned RA-TKA and RA-UKA have both been shown to be successful treatments for knee arthritis in this study. The UKA group have superior results in the first year post-surgery, but there was no difference in outcomes between the two groups at 2 years. These outcomes should be considered when deciding appropriate treatment choice for individual patients in which either treatment could be utilised.

Category: Knee - Arthroplasty

Valgus Coronal Deformity Does Not Adversely Affect Outcomes of Total Knee Arthroplasty

Abstract ID# 22663
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Summary: Valgus deformity was not associated with inferior patient reported outcomes or lower rates of satisfaction, compared to varus knees at 1 year after arthroplasty.

Data:}

Category: Knee - Arthroplasty

Pre-Operative Patient Factors Can Predict Progression to Bilateral Knee Arthroplasty Within 7 Years

Abstract ID# 22782
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Summary: One in three total knee arthroplasty patients progressed to bilateral total knee arthroplasty within 7 years of the index surgery, and progression could be predicted by pre-operative measures.

Data: It is estimated that as many as 40% of patients who receive a total knee arthroplasty in the management of osteoarthritis return for a subsequent total knee arthroplasty in the contralateral knee within 10 years. The risk factors for a first total knee arthroplasty are well understood, but much less is known about the risk factors for patients who progress to bilateral knee arthroplasty. Identifying the risk factors associated with this progression may provide an opportunity for more thorough planning and expectation setting. All patients of a single orthopaedic surgeon who had undergone a total knee arthroplasty in the management of osteoarthritis were evaluated for inclusion in this study. Patients who had undergone a knee arthroplasty prior to their first documented surgery with this surgeon were excluded, as were patients who had undergone