



EKA Survey: Treatment of Degenerative Knee

EKA'S SURVEY INVOLVES 1,000 EUROPEAN KNEE SURGEONS.

The treatment of degenerative knee remains a focus for our scientific community. Many papers have been published, and many meetings organised, to consider the new surgical techniques, their outcomes, and the future possibilities for Knee Osteoarthritis. EKA has recently conducted a survey which provides a valuable insight into present praxis.

WHERE ARE WE NOW AND WHAT LIES AHEAD?

Ten years ago there were debates about the effectiveness of Computer Assisted Surgery (CAS) and whether Patella- Resurfacing would improve the results of Total Knee Replacement (TKR). We also emphasized Active Flexion after TKR and many of us were trying to find a 'Golden-Mean' for the well-balanced knee. In addition, there were numerous debates about Cruciate-Retaining (CR) versus Posterior- Stabilised (PS) designs and the Gap-Balancing versus the Measured-Resection techniques.

Infection and instability were the commonest reasons for early revision after TKR, whilst aseptic-loosening and patello-femoral problems (knee-stiffness) were typically later complications.

EKA's survey received over 1,000 responses from knee surgeons across Europe.

The following are some of the immediate conclusions we can draw.

The number of unicondylar (UNI) knee-replacements remains low, with a majority of surgeons (80%) performing about 20 unicondylar knee arthroplasties per year and only 4% performing over 50 procedures per year.

Considering the percentage of patients who suffer from mono-compartmental arthritis, we might predict more isolated replacements of the compartment, rather than total joint-replacement TKR.

Posterior Stabilised designs are more frequently used compared to Cruciate Retaining ones while the Gap-Balancing technique is favoured against the Measured-Resection technique.

About half of surgeons routinely resurface the patella during the TKA procedure; a quarter do it sometimes, and the remaining quarter never do it. This is a clear change from the past where non-resurfacing was the norm.

HOW MUCH IMPACT DO NEW IDEAS HAVE ON OUR SURGICAL TECHNIQUE?

The kinematical alignment in TKR is performed by only 26% of our surgeons, with the rest using the classic mechanical alignment.

Only 10% of the surgeons still use CAS in their daily practice. Newer technologies, such as the Patient Specific Instrumentation (PSI), are used by approximately 20% of our members.

Our conclusion? That the orthopaedic community needs more information to decide between the CAS or PSI techniques. CAS has shown that the outliers can be reduced significantly even though clinical outcomes did not improve.

Why do we still prefer Mechanical Alignment, and refuse to regard Kinematic Alignment for TKA as an innovation, one which allows the ligament to function under normal tension throughout the full range of motion, and which minimises stresses on fixation and motion interfaces? This is an ongoing debate.

There is more use of the PSI technique. We have reduced OR-time, and can now try for better logistics (both manufacturers and hospitals). PSI has shown itself just as accurate as the standard technique and we shall be watching the clinical outcome.

Complications have slightly changed: knee-failure because of instability is down to 4%, knee-failure caused by infection is up to 9%, and knee-failure due to stiffness has increased to 28%, mainly caused by patello-femoral problems.

Most of the surgeons are aware of unhappy patients. There are many possible reasons for this, and a detailed analysis should help us identify the causes.

We hope that the survey will stimulate discussion between all those interested in degenerative-knee, and will help us develop new ideas about best knee-prosthesis, optimal-pathways, and improved diagnostic and treatment guidelines for patients for whom TKA has proved unsatisfactory.

BRUNO VIOLANTE
EKA Membership Committee

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SURVEY RESULTS AT-A-GLANCE			
TREATMENT OF DEGENERATIVE KNEE IN MY PRACTICE			
		Total answers	
	0-10%	76	7%
	11-25%	286	28%
	26-50%	459	45%
	More	204	20%
	Total answers	1025	
PERCENTAGE OF PARTIAL KNEE REPLACEMENT PER YEAR			
		Total answers	
	0-20	853	83%
	21-50	130	13%
	50-150	33	3%
	More	6	1%
	Total answers	1022	
PERCENTAGE OF TOTAL KNEE REPLACEMENT PER YEAR			
		Total answers	
	0-20	309	30%
	21-50	286	28%
	51-100	258	25%
	101-205	128	13%
	More	43	4%
	Total answers	1024	
PREFERRED SURGICAL TECHNIQUE			
		Total answers	
	Gap Balancing	627	64%
	Measured Resection Technique	358	36%
	Total answers	985	
PREFERRED IMPLANT DESIGN			
		Total answers	
	Mobile Platform	144	14%
	Fixed Platform	207	20%
	Mobile and Fixed	62	6%
	PS	325	31%
	CR	146	14%
	PS and CR	83	8%
	AS (Ultracongruent)	33	3%
	Other	46	4%
	Total answers	1046	