Midterm survivorship and patient satisfaction of robotic-arm assisted medial unicompartmental knee arthroplasty: a multicenter study¹

Laura J. Kleeblad, MD^a, Todd A. Borus, MD^b, Thomas M. Coon, MD^c, Jon Dounchis, MD^d, Joseph T. Nguyen, MPH^e, Andrew D. Pearle, MD^a a. Department of Orthopaedic Surgery, and Computer Assisted Surgery, Hospital for Special Surgery, New York, NY b. Department of Orthopaedic Surgery, NY b. Dep

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Goal of study

To determine midterm survivorship, modes of failure, and satisfaction of robotic-arm assisted medial UKA

Materials and methods

- Prospective, multicenter study at 4 separate institutions
- Surgeries occurred between March 2009 and December 2011
- 473 consecutive patients (528 knees) underwent robotic-arm assisted medial UKA surgery using a fixed-bearing, metal-backed onlay tibial component (Restoris MCK)
- Data were collected for 384 patients (432 knees) with a mean follow-up of 5.7 years (5.0-7.7) and follow-up rate of 81.2%
- Each patient was contacted at minimum 5-year follow-up and asked a series of questions to determine survival and satisfaction
- Kaplan-Meier method was used to determine survivorship

Results

- 97% survivorship at minimum 5-year follow-up (Fig. 1)
- Modes of failure:
- Aseptic loosening (7/13), pain (4/13), progression of OA (1/13), unknown in 1 patient
- 14 reoperations performed, mostly arthroscopic soft tissue procedures (partial lateral meniscetomy, debridement, or removal of loose body)
- 91% of patients reported either very satisfied or satisfied with their knee function (Fig. 2)

Conclusion

- In this multicenter study, robotic-arm assisted UKA showed high survivorship and good to excellent satisfaction rates and midterm follow-up
- Improved survivorship compared to current literature (Fig. 1) possibly due to improved accuracy and precision to plan in alignment and component positioning, and soft tissue balancing, when using robotic-arm assisted surgery compared to conventional techniques
- Patient contact planned at 10-year follow-up

1. Kleeblad LJ, Borus T, Coon T, Dounchis J, Nguyen J, Pearle A. Midterm Survivorship and Patient Satisfaction of Robotic-Arm Assisted Medial Unicompartmental Knee Arthroplasty: A Multicenter Study. The Journal of Arthroplasty. 2018: 1-8. 2. Pearle AD van der List JP, Lee L, Coon TM, Borus TA, Roche MW. Survivorship and patient satisfaction of robotic-assisted medial unicompartmental knee arthroplasty at a minimum two-year follow-up. Knee. 2017;24(2):419-428. A surgeon must always rely on his or her own professional clinical judement when deciding whether to use a particular product when treatine a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any articular product before using it in surgery. The information presented is intended to demonstrate the breadth of Stryker's product offerings. A surgeon must always refer to the package insert, product label and/or instructions for use before using any of Stryker's products. The products depicted are CE marked according to the Medical Device Directive 93/42/EEC. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your sales representative if you ha

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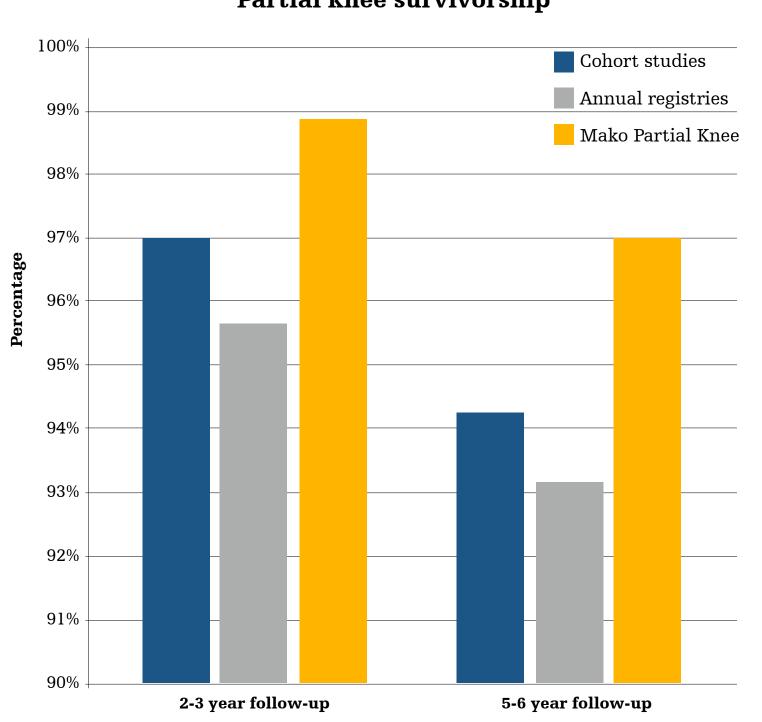
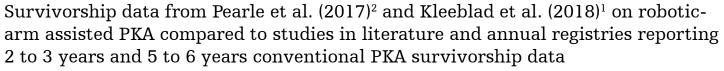


Fig. 1

2 to 3 years and 5 to 6 years conventional PKA survivorship data



Partial knee survivorship



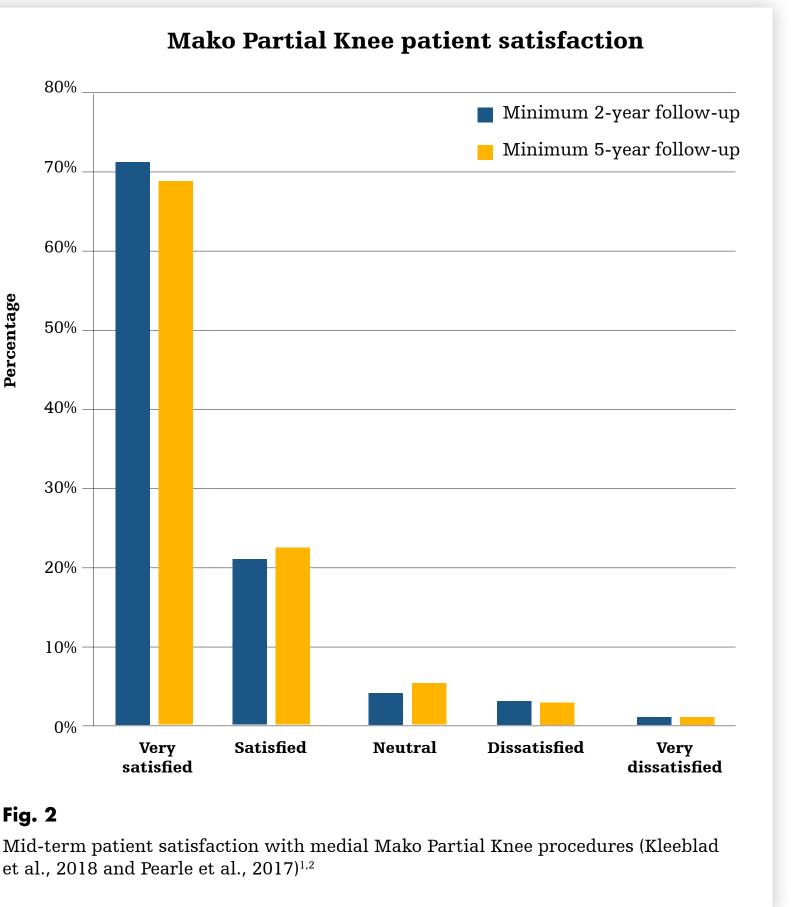


Fig. 2

et al., 2018 and Pearle et al., 2017)^{1,2}