A five-year follow up of gait in robotic assisted vs conventional unicompartmental knee arthroplasty

Lindsay Jane Millar,¹ Matthew Banger,¹ Philip John Rowe,¹ Mark Blyth,² Bryn Jones, ² Angus Maclean ² 1. University of Strathclyde, Biomedical Engineering, Glasgow, United Kingdom 2. Glasgow Royal Infirmary, Orthopaedics, Glasgow, United Kingdon

Publication

Gait & Posture (2018) https://doi.org/10.1016/j.gaitpost.2018.06.035

Goal of study

- Robotic-arm assisted UKA has previously been shown to have improvements in knee flexion during weight bearing acceptance when compared to conventional UKA at one year follow-up
- The purpose of this study was to determine if these improvements still persist at five year follow-up

Materials and methods

- 3D gait analysis performed on two groups:
- Mako group: n = 25, robotic-arm assisted UKA performed with Mako System and Restoris MCK implants
- Conventional group: n = 21, manual UKA performed with Oxford implants
- Lower-limb gait was captured as the patient walked 10 meters at a self-selected pace
- The primary outcome measure was total excursion of the knee in the sagittal plane during weight acceptance (WA)

Results

- On average, Mako patients achieved greater flexion during loading response and greater extension during mid stance at five-years (Fig. 1)
- The Mako group had significant improvement in knee excursion during WA over the conventional group (independent t-test; a=0.05, P=0.008) (Table 1)

Conclusion

- The Mako group, when compared to the conventional group:
- Had significantly greater knee flexion in WA, which was consistent with results at one year
- Provided improved accuracy, which could reduce ligamentous damage of the Mako group
- These advantages could result in a gait pattern which facilitates normal function of the knee more closely than the Oxford
- Outcomes should continue to be investigated at longer follow-up of 10-15 years to determine longevity of improved knee flexion in the Mako group

The information presented is intended to demonstrate the breadth of Stryker's products of Ferings. 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 have questions about the availability of products in your area.

Stryker Corporation or its divisions or other corporate affiliated entities own, use or have applied for the following trademarks or service marks: Stryker. All other trademarks are trademarks of their respective owners or holders This poster is not sponsored by or affiliated with the AAHKS.

MAKPKA-POS-18_18946 © 2018 Stryker





Patient Group	Mean (SD) Excursion during WA (°)
Mako	14.3 (6.4)
Oxford	9.9 (4.2)
P	0.008

Millar LJ, Banger M, Rowe PJ, Blyth M, Jones B, Maclean A. A five-year follow up of gait in robotic assisted vs conventional unicompartmental knee arthroplasty. Gait & Posture. 2018; In press: https://doi.org/10.1016/j.gaitpost.2018.06.03

A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.