
Rationale of total knee replacement

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Summary & Conclusion CONCLUSION Total knee arthroplasty is a very reliable method of treatment in cases of advanced arthritis of the knee. 2. Severe angular deformity is not uncommon finding in cases of arthritis indicated for total knee arthroplasty. Pain relief is the main goal of total knee replacement. Improvement of the knee function comes secondary to pain relief. Ligament release and balancing is the key of success of the operation, otherwise, deformity and /or instability will persist. Posterior stabilized knee prosthesis is the most suitable design for cases of severe deformities as release of the posterior cruciate ligament is an important step in correction of the deformity. At least 90 degrees of knee flexion is necessary to carry on daily activities. Measures should be taken to achieve that degree of flexion, this necessitate correct operative balancing and postoperative rehabilitation. 7. Postoperative fixed flexion deformity is an operative mistake and it is impossible to correct by physiotherapy. Efforts should be done to achieve full extension of the knee during surgery. 151 Summary & Conclusion 8. Wound leakage and break down could delay the postoperative rehabilitation, and hence, the final result. Care should be taken not to devitalize the edges of the skin flaps. Lateral retinacular release should be done at the time of surgery if patellar maltracking happens on flexion of the knee with no thumb technique. 10. Proximal realignment of the extensor mechanism should be considered in cases of prior patellectomy as there is tendency for postoperative extensor mechanism subluxation. This should be decided at the time of surgery. 11. Patellar resurfacing should be considered as a routine step of the operation as no single method can anticipate the postoperative non symptomatic patella. 1. 2. Most of the tibial defects can be managed without bone graft. However, in big, deep defect, bone graft should be carried out with internal fixation of the graft. 13. Most of the cases of foot DROP occur as a result of traction injury to the lateral popliteal nerve. Early management helps the recovery of the nerve. 14. Surgeons should emphasize that after total knee arthroplasty, the patients cannot do acts that necessitate full passive flexion of the knee such as squatting and kneeling. If the patient insists on these acts, this should be considered as a contraindication for knee arthroplasty.