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Original article

“Forgotten knee” after total knee replacement: A pragmatic study from a single-centre cohort



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ABSTRACT

Objectives: After total knee replacement (TKR), some patients find their operated knee totally natural and can be said to have “forgotten” it, while others, although satisfied with their results, remain conscious of their prosthesis. This is not well assessed on conventional end-points. Since 2001, we have studied the prevalence of “forgotten knee” (FK) after TKR in a prospective pragmatic cohort, with comparison to conventional scores.

Methods: Patients undergoing TKR were enrolled between January 2001 and January 2008. Preoperative medical history and anthropometric and clinical data were recorded, and composite scores (Knee Society Score (KSS), Lequesne) were assessed. At each follow-up visit, FK acquisition was assessed by the closed question “Do you feel the operated knee to be always normal in all everyday activities?”.

Results: Five hundred and eighty-four TKRs in 485 patients were included. Among the TKR, 91.6% were performed for severe osteoarthritis of the knee. FK frequency at a mean 75.8 months’ follow-up was 42.9% while 86.1% of TKRs had excellent (KS Knee Score (KSKS) > 80) or 34.9% perfect (KSKS = 100) outcome. Only 66.1% of the 204 TKRs with perfect outcome on KSKS were reported as FK. Most patients achieved FK within 18 months.

Conclusion: In this prospective study, 42.9% of TKRs were considered always forgotten in all everyday activities.

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1. Introduction

The rate of total knee replacement (TKR) is continually increasing worldwide [1]. Over the last 3 decades, long-term follow-up studies reported constant improvement in implant survival [2–8]. In parallel, several prospective studies highlighted significant clinical and functional improvement on composite scores such as Knee injury and Osteoarthritis Outcome Score (KOOS) [9,10], Knee society score (KSS) [11,12], and Western Ontario and McMaster osteoarthritis index (WOMAC) [13,14], or reported satisfaction rates exceeding 80% [14–16], confirming that TKR outcomes are generally good. However, in long-term follow-up, orthopaedic surgeons and also GPs and rheumatologists may face some patients who do not find the operated knee totally natural despite absence of functional limitations or pain. To address the question of what is

an “excellent” result from the patient’s point of view, since January 2001 we used the concept of the “forgotten knee” (FK), derived from the “forgotten hip” concept and defined as the complete and permanent sensation of having a normal knee joint. The aim of the present single-centre prospective pragmatic study was to assess post-TKR FK rates as compared with conventional outcome measures.

2. Materials and methods

2.1. Patients

All patients were prospectively enrolled between January 2001 and January 2008 in the same institution. Oral informed consent was obtained. Inclusion criteria required Ahlbäck grade-4 radiological lesion [17] and failure of adapted medical treatment. Exclusion criteria comprised history of severe cardiologic, locomotor, neurodegenerative or psychiatric pathology and residence in an institution. If patients underwent two-step bilateral arthroplasty during the inclusion period, both were considered for

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analysis. The study received local medical ethics committee authorisation and was registered on <http://www.ClinicalTrials.gov> (No. NCT02127619). No external funding was received.

2.2. Baseline clinical assessment

At baseline, all patients underwent clinical examination at a mean 3 ± 4 months before surgery. Orthopaedic history and knee joint pathology aetiology were recorded. Anthropometric data (weight, height, BMI) were collected. Clinical examination included global knee pain assessment on a 0–10 visual analogue scale (VAS) (10: worst possible pain), range of active flexion, flexion contracture, extension lag, alignment and mediolateral and anteroposterior laxity. Comorbidity was assessed on the Charnley classification [18], and functional and clinical status on the self-reported Lequesne index (24 points, higher scores indicating worse status) [19] and Knee Society Score (KSS) [11]. Total KSS was calculated as the sum of the objective subscore combining pain intensity and physical assessment (KS Knee Score: KSKS) and the functional subscore (KS Function Score: KSFS) [11]; maximum value for each subscore is 100, higher scores indicating better condition.

2.3. Postoperative follow-up

The surgeon or a fellow performed postoperative clinical assessment at 1, 3, 6, 12, 18 and 36 months, then at 3-year intervals.

Each consultation included assessment of global pain (VAS, 0–10), range of active flexion, flexion contracture, extension lag, alignment and mediolateral and anteroposterior laxity. Lequesne score, KSKS and KSFS were collected. FK acquisition was defined by a positive answer to the closed question: “Do you feel the operated knee to be always normal in all everyday activities?” (“normal” = like before onset of pathology, or like the contralateral knee, if healthy). Intermediate or conditional answers were considered negative.

2.4. Surgical technique

The TKR was systematically a rotating mobile-bearing implant (ROCC®, Biomet), performed by the same surgeon (MB). The femoral and tibial interfaces with the prosthesis were fixed by cement or coated with hydroxyapatite, depending on primary stability on trials. Patellar resurfacing was associated in patients reporting patellar-femoral pain, irrespective of intensity. Peroperative management included antibiotherapy and analgesia. Postoperative management comprised antithromboembolic prophylaxis, oral analgesics and non-steroid anti-inflammatories. Passive and active rehabilitation were initiated on leaving the recovery room. Given the lack of availability of rehabilitation center depending on region of residence, only 63% of patients entered a rehabilitation center.

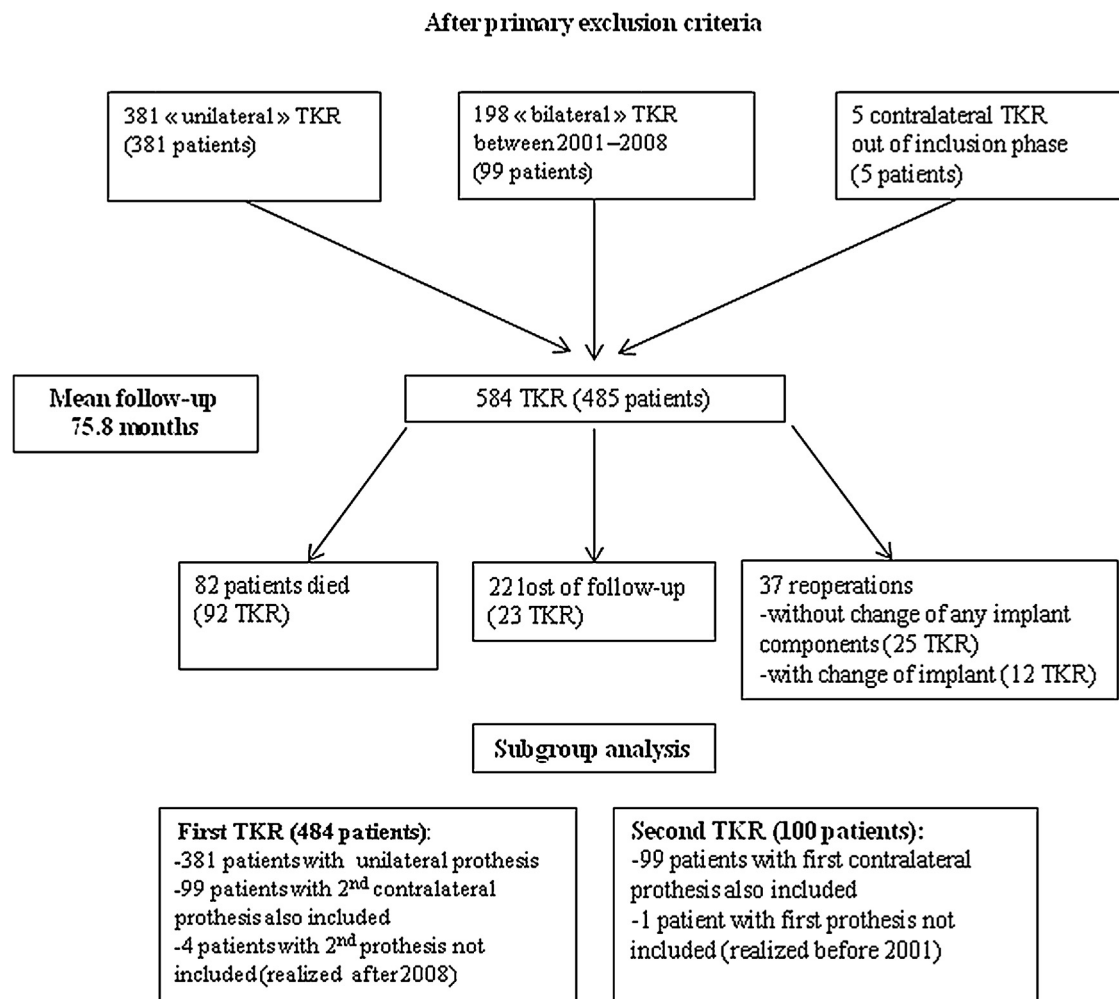


Fig. 1. Flowchart.

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