

# Implant Size and Outcome Differences Between Knees in the Same Patient *after Simultaneous and Staged Bilateral TKA*

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# Disclosures

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## Consultant/Speaker

Medtronic

Convatec

Heron

Exactech

Depuy

Microport

Osso VR

Think Surgical

## Research Support

Zimmer

Microport

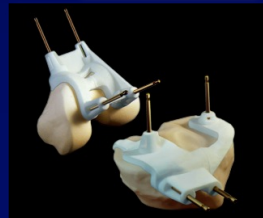
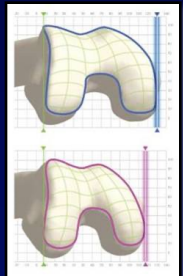
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# Introduction

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- The importance of anatomic variation in knee replacement prosthesis selection has gained popularity.
- This trend is evident by the availability of gender-specific designs, patient-specific cutting jigs, and an increased number of prosthesis size options.
- Clinical benefits of these numerous options are conflicting.
- Size differences can also occur between knees of the same individual.



# Objective

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- The purpose of this study is to evaluate the frequency of anatomic variation between knees within the same patient and to determine whether outcomes differ depending on the component size.



# Methods

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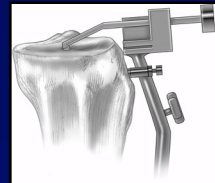
- From 2010-2018, 550 patients underwent staged or simultaneous bilateral knee replacements by a single surgeon.
- Of the 1100 procedures, there were 440 simultaneous TKAs and 660 staged procedures.
- Patients had an average age of 70 at time of the first surgery, and BMI of 30.
- Tourniquet time was the same for the two surgeries, average 76 minutes.
- Intraoperative range of motion against gravity was the same for both knees at 110 degrees.
- Patients were evaluated for perioperative complications and by clinical outcomes.
- Radiographs were evaluated for implant positioning and appropriateness of size.



# Results

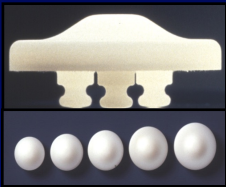
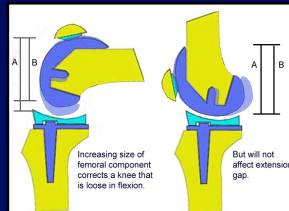
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- Component sizes differed within the same patient in 36.2% (398 / 1100).
- Femoral sizes differed in 52 patients (4.7%), the tibia 57 (5.2%), the patella 47 (4.3%), and liner 238 (21.6%).
- In 12 patients, the femur and tibia simultaneously differed in size from one knee to the other.
- The liner size differed simultaneously with 14 patients with differing femurs.
- The liner was thicker in 13 knees with larger tibial components, and thicker in 9 with smaller tibial components.
- Tibial size did not seem dependent on depth of tibial resection as the tibial insert thickness did not correlate with smaller tibial sizes ( $p=0.47$ ).



# Results

- Patellar thickness before and after resurfacing were similar ( $p=0.48$ ) for knees in which patellar component size differed.
- Motion was not greater for smaller femoral sizes, with both groups achieving average 127 degrees flexion ( $p=0.9$ ).
- Knee and function scores were not different between the knees with larger versus smaller components.
- Patient satisfaction was similar for both knees in each patient.



# Discussion

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- ✓ Total knee replacement component sizes can vary between knees of the same patient.
- ✓ Liner thickness most frequently varies between knees, but femoral, tibial, and patellar component sizes can also differ with some regularity.
- ✓ Surgeons should be aware of this occurrence of size differences to avoid improperly sizing the second knee based only on its contralateral counterpart.
- ✓ The different sized components do not seem to affect outcome of the individual knees.
- ✓ Rather, the variability in prosthesis size is appropriate anatomically and leads to comparable outcomes compared to the contralateral knee.

