

Tibial or Femoral Osteotomy in
Femoro tibial Osteoarthritis ?

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Coming soon in
new edition of Knee surgery
Insall Scott Kelly

OSTEOTOMY FOR THE ARTHRITIC KNEE:
A EUROPEAN PERSPECTIVE

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Selecting the appropriate knee

Anatomical criteria

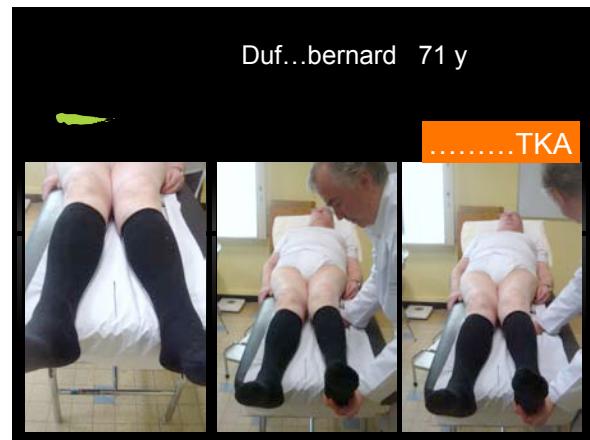
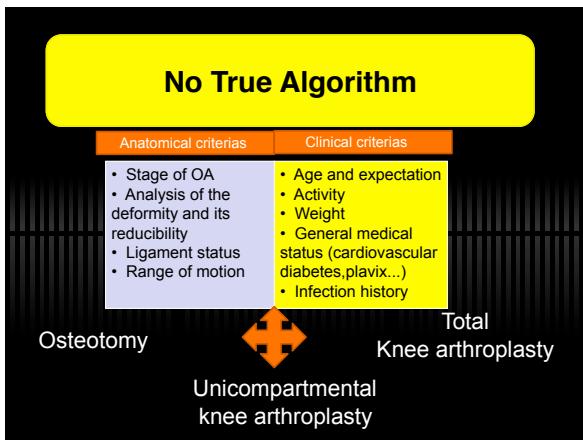
- ✓ Stage of Osteo-arthritis
- ✓ Analysis of the deformity and its reductibility
- ✓ Ligament status
- ✓ Range of motion

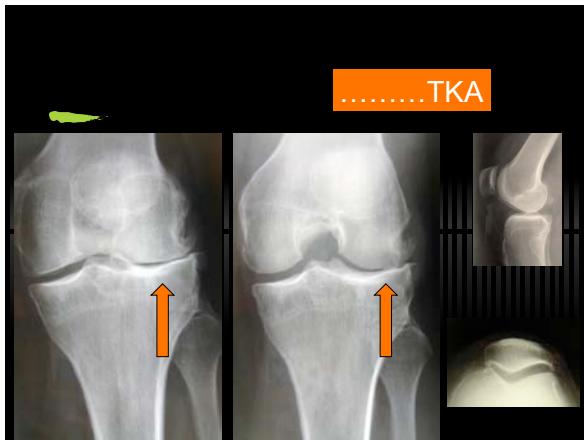
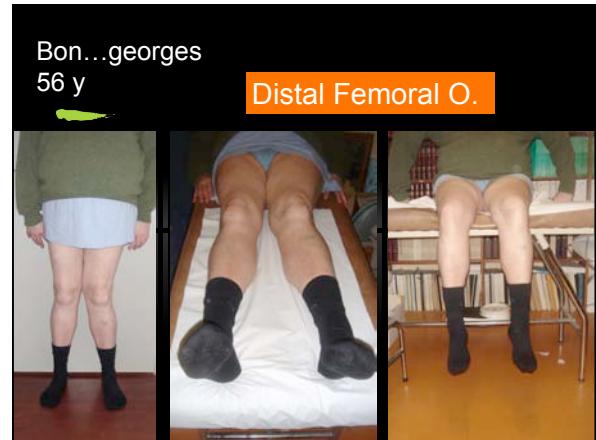
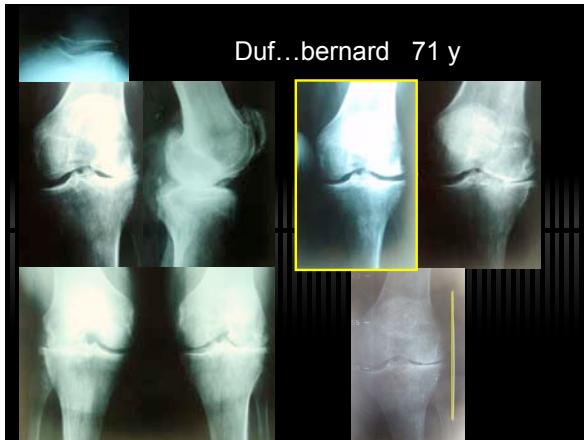
Selecting the appropriate knee

Selecting the patient

Clinical conditions

- ✓ Age and expectation
- ✓ Weight
- ✓ General medical status





Selecting the appropriate knee

Anatomical criteria

- ✓ Stage of Osteo-arthritis
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Stage of OA

- Osteonecrosis
- Osteoarthritis (IKDC)

Grade A or B

Grade C or D

Severe OA with cupula

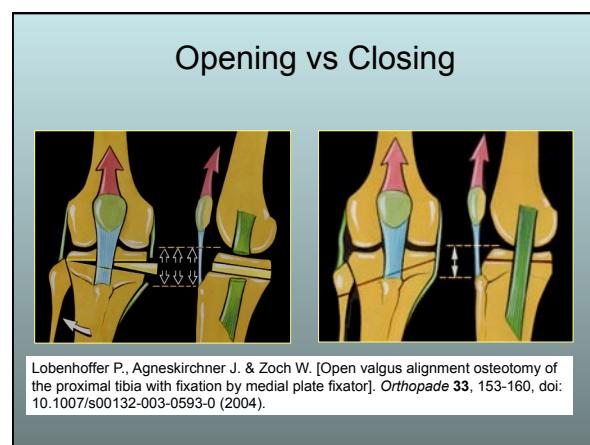
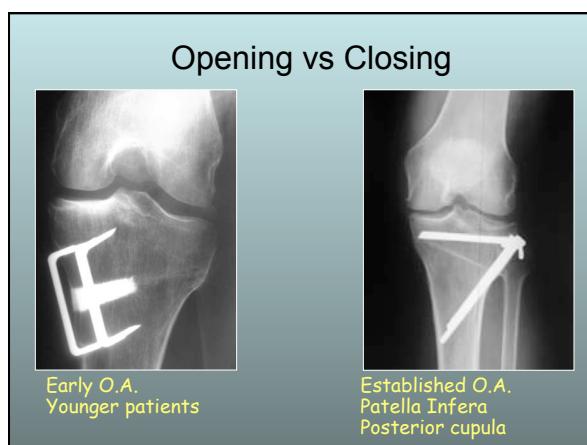
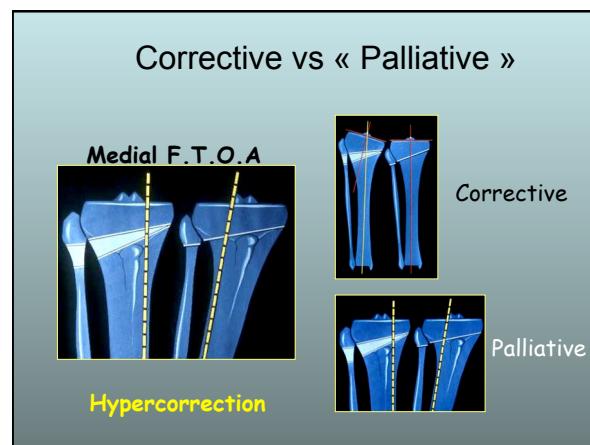
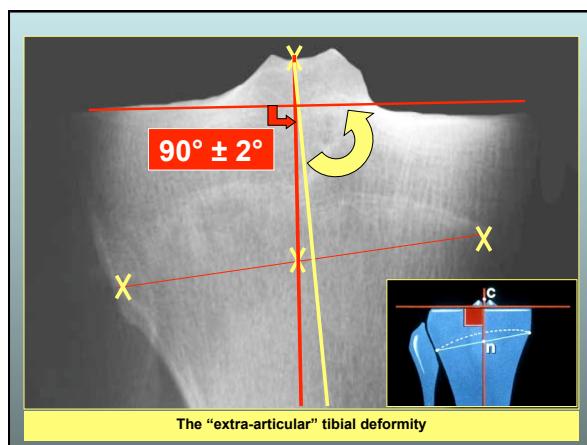
Analysis of the deformity, its reducibility

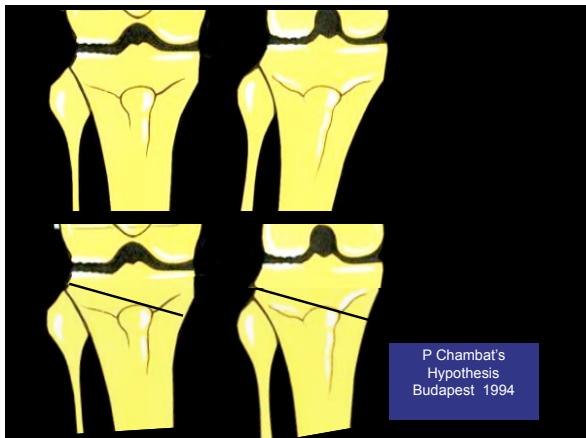
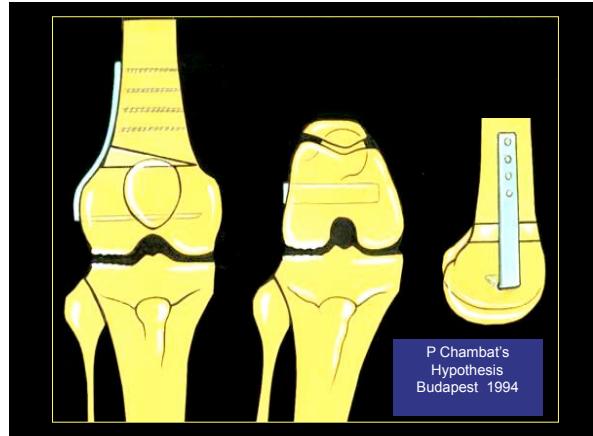
- HKA film: mechanical Femoro-Tibial Angle

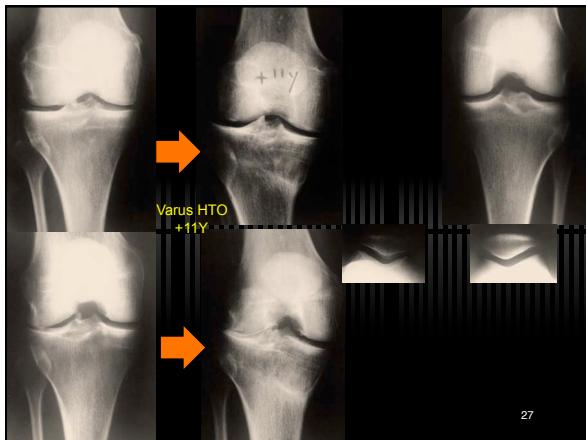
mFTA

mFTA is like a spacer to compensate wear

Osteotomy corrects extrarticular deformity







Expected result

1. Osteotomy
2. No pain(95%), Forgotten knee(80%), Stability (90%), Walking distance (no limit), normal Stairs, no limping, no crutch, no swelling.
3. All sports
4. Complete extension, flexion 145° (preop ROM)
5. Restricting surgery, Weight bearing delayed 2 months, (pre-op rehabilitation), Hospitalisation (5 days), no rehab center, adaptation 3 to 6 months. autonomy and driving

Survival rate: 70% at 10 ys
Infection : < 0.5%



