# Five points to optimizing primary TKA

## 1- adapt the goals (customized alignment)







The Nine morphotypes before TKA		TIBIA		
		VARUS	NORMO	VALGUS
FEMUR	VARUS			
	NORMO			
	VALGUS			

The Nine morphotypes before TKA		TIBIA		
		VARUS	NORMO	VALGUS
FEMUR	VARUS	5%	10%	3%
	NORMO	30%	27%	8%
	VALGUS	2%	10%	5%

## 2- adapt the bone cuts (customized resections)



### 3- Follow your experience

#### Follow the most sophisticated surgical tool





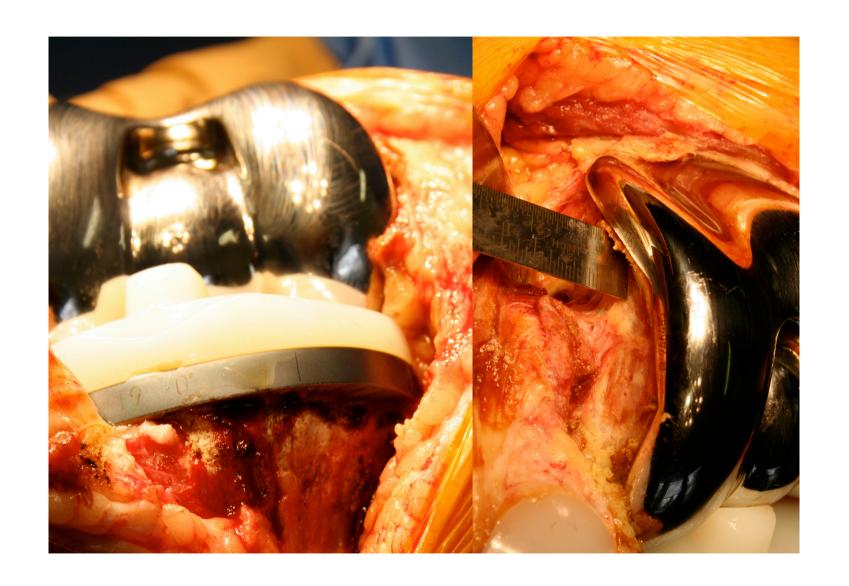
Malcolm Gladwell

By the author of THE TIPPING POINT

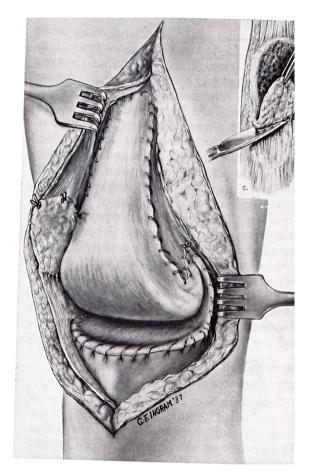
The Power of Thinking Without Thinking

Malcolm Gladwell

### 4- adapt the size



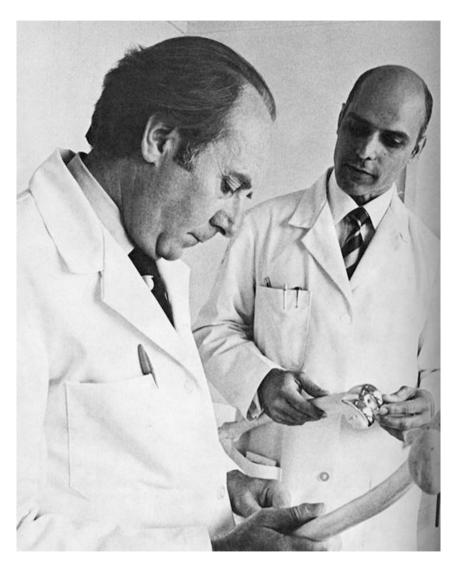
## 5- adapt the shape (customized implants?)



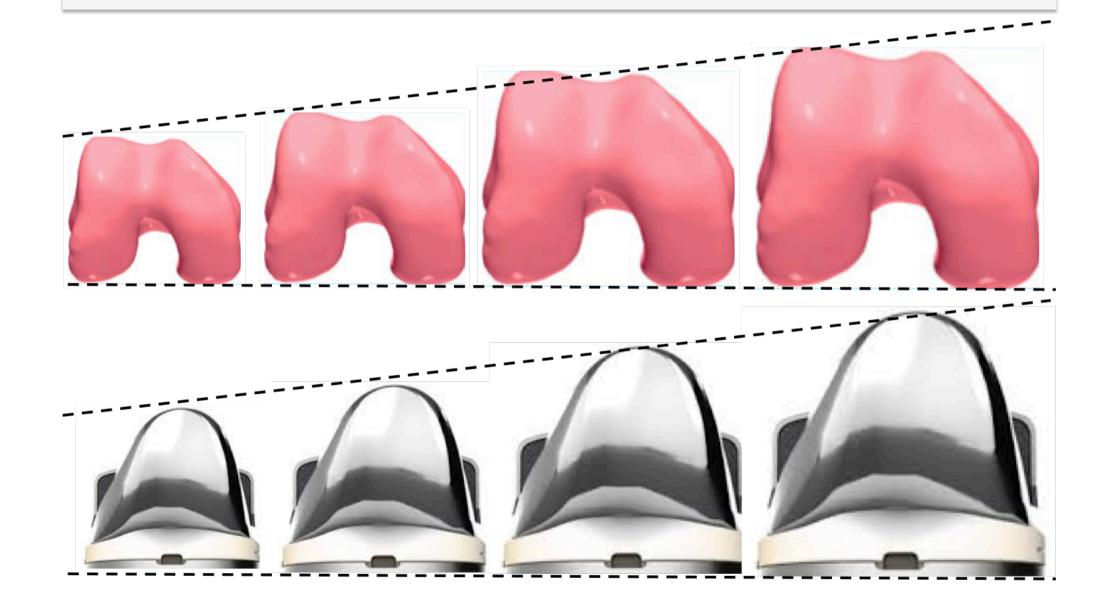


Campbell 1938





### **Proportional evolution**





#### **■ KNEE**

### Morphometric analysis of the distal femur in total knee arthroplasty and native knees

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#### **Aims**

Analysis of the morphology of the distal femur, and by extension of the femoral components in total knee arthroplasty (TKA), has largely been related to the aspect ratio, which represents the width of the femur. Little is known about variations in trapezoidicity (i.e. whether the femur is more rectangular or more trapezoidal). This study aimed to quantify additional morphological characteristics of the distal femur and identify anatomical features associated with higher risks of over- or under-sizing of components in TKA.

#### **Methods**

We analysed the shape of 114 arthritic knees at the time of primary TKA using the preoperative CT scans. The aspect ratio and trapezoidicity ratio were quantified, and the postoperative prosthetic overhang was calculated. We compared the morphological characteristics with those of 12 TKA models.

#### Industrial limitations

- Titanium: failures
- Chromium-Cobalt
- Mould are expensive
- Machining is difficult
- Large scale production

