How to marnage the third space in TKA?

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#### What is the "third space"? First and second spaces of historically important flexion and extension

- spaces (the Third Space)
- We accept we will balance these as part of knee surgery
- Third space is patello femoral joint AND extensor hood apparatus AND soft tissues of quads AND medial AND lateral retinaculus n
- Highly innervated soft tissue, highly variable movement, highly demanding for the surgeon!

✓20% patients dissatisfied with TKR
✓45% Anterior Knee pain (AKP)





Third space =
Patella and
externsor hood Ant.

Atensor hood

AviOT just if the

patella is

resurf

resurf

#### And how that?

- AKP is the same, Native = Resurfaced
- Secondary patella resurfacing does not address AKP
- Its about the whole highly innervated extensor hood, its fracking and tension and balance
- It's a function of tibio-femoral stability

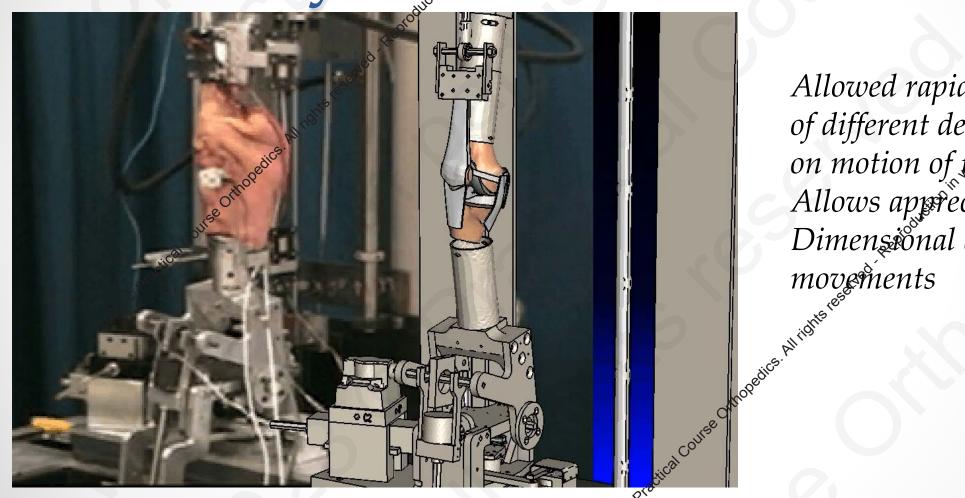
ool<sup>3</sup>©Pradiick

What do we keenow about partelloabout partellofemoral keinematics?

Not much



Dynamic FEA Model



Allowed rapid prediction of different days of different design ideas on motion of the knee.
Allows appreciation of 3
Dimensional dynamic

#### Model of for soft tissues

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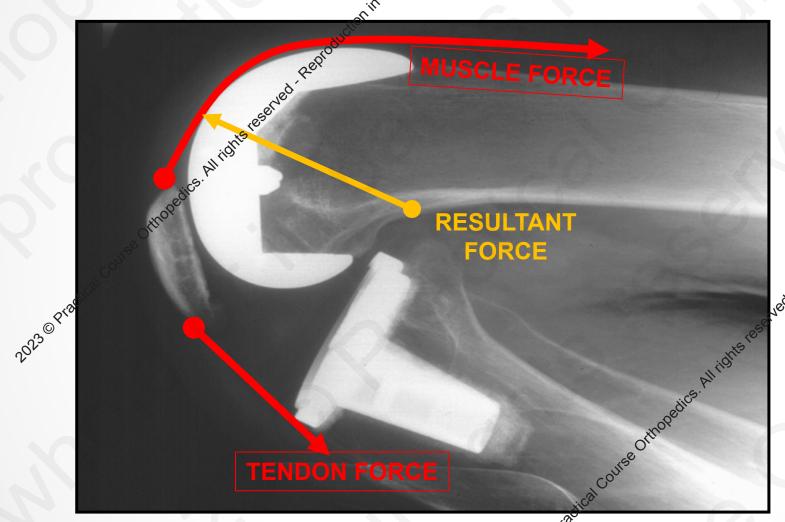
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Tendofemoral Sharing
& Patella Loading

Moderate Knewe Flexion

**FORCE** 

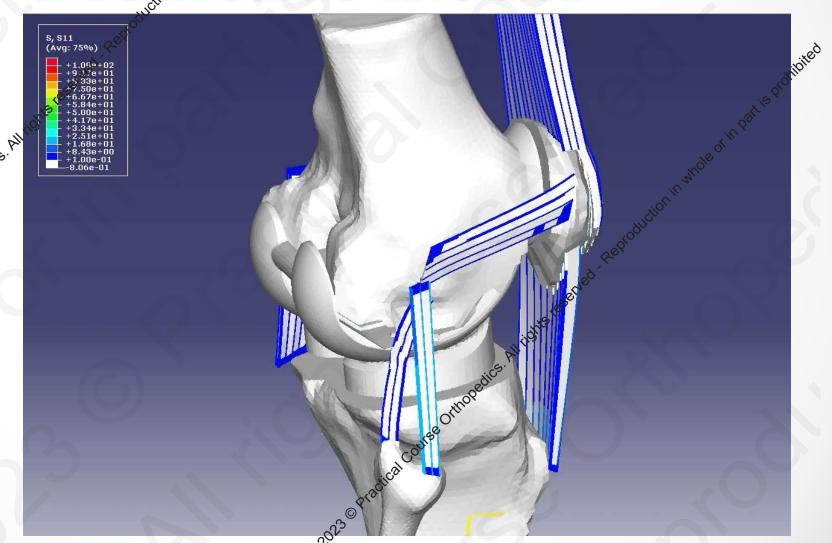
#### High Desmand Knee



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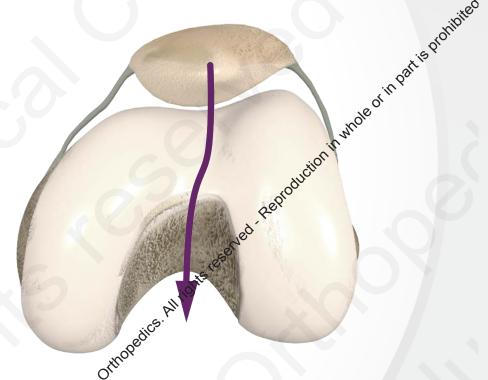
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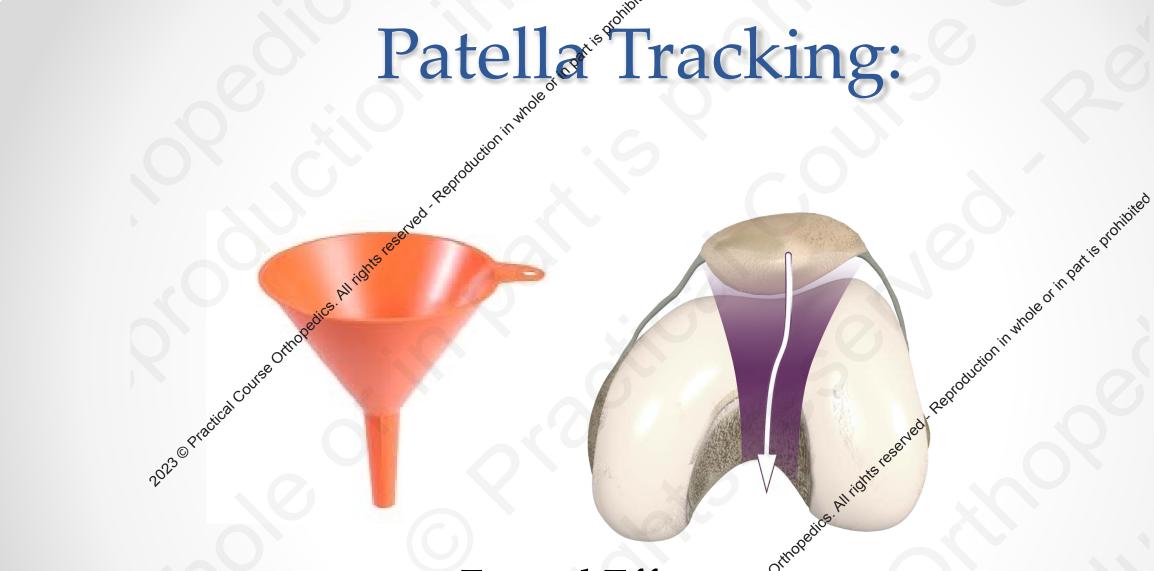
Predictive model



#### Patello-femoral mechanics - the changing character

- Key angle 0-30 degrees
- Movement variable on surface of flat area of trochlea (unconstrained)
  - Retingeular fibres guide until 30 degrées
- Patella commits to groove, becomes anatomically stable. (constrained) Retinacular fibres loose





Funnel Effect

## Paterla resection

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## Balance pat/fem joint?

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Beatance? Insion gate

Ing?

2mm replaced by 6mm = +4mm

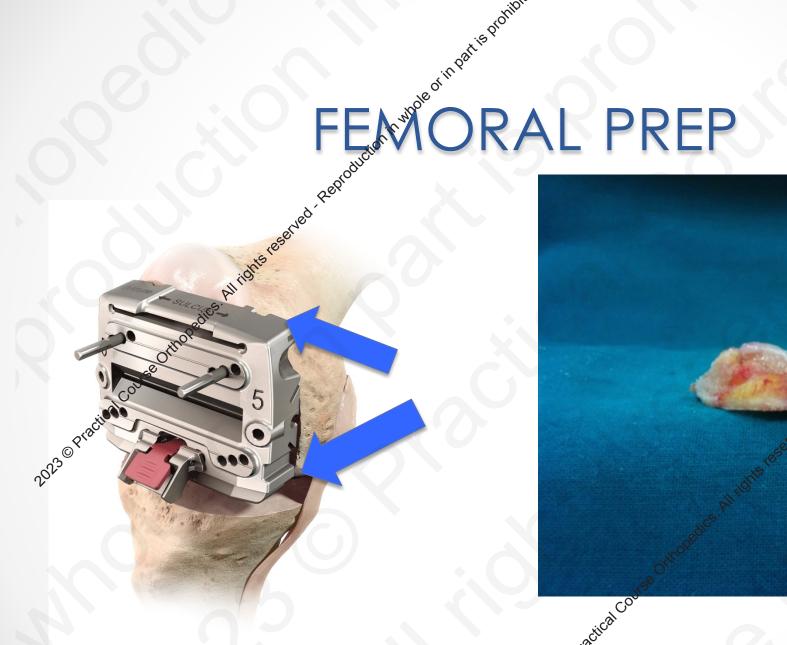
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10mm replaced by 6mm = -4mm

Would you accept 4mm mismatch
in flexion/extension gap
balancing?

Lution in the interest of the Tendon Force





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### FINE TUNING of FEMORAL POSITION





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Summary – so far.....

- Balance the third spæe/position and size the femur

- Understand the flexibility and effect of femoral positioning and Balance of Pat/fem and Mid flexion instability and effect of sexual positioning and the impropriate of Pat/fem and Mid flexion instability.

# • Balancing the third specifice • Femoral orients of the specific of the speci



Variable notation axial alignment

The production of the Language of Knee Alignment
Upparted Definitions and Considerations For REBARRET.

The Language of Knee Alignment
Upparted Definitions and Considerations For REBARRET.

In TOTAL KNEE ARTHROPI ASTV

Different alignment strategies in TKA based on a constitutional varus knee phenotype example



CPAK Type I knee aHKA = -8° (MPTA - LDFA) JLO = 170° (MPTA + LDFA)



Aim: prioritizes symmetrical compartmental loading for prosthetic longevity

Alignment: fixed; neutral JLO and HKA angles Assistance: commonly, manual cutting guides Soft-tissues: severe MCL tightness requiring major soft tissue release; lateral condylar

Other: raised medial joint line; lateral femoral column lengthened; limb lengthened; higher chance of requiring increased constraint

Aim: prioritizes soft tissue balance, equalizing gap heights while minimizing changes to JLO Alignment: restricted boundaries applied

Restricted boundaries: HKA -6° to 3"; MPTA & LDFA 84° to 93° Assistance: robotic-assisted with pre-resection

with final position adjusted according to

Soft-tissues: soft-tissue release unlikely

Other: likely to achieve gap balance while

pre-resection soft-tissue laxities

**Unrestricted Kinematic Alignment** 



Aim: prioritizes native JLO for restoration of

constitutional soft-tissue laxities Alignment: individualized; resections parallel to native LDFA, MPTA, and PCA Assistance: calliper-based, with manual cutting guides

Soft-tissues: soft-tissue release unlikely; coronal and sagittal gap imbalance possible Other: risk of extreme alignments, particularly with low-precision instrumentation

MA tibia

and apex distal JLO (< 177°)



Estension

Aim: implant position of prom neutral start point towards considered and alignment alignment; individualized; most conservative Restricted by Godries:

HKA -3\* to 3.5\* Pil As is LDA 83\* to 93\*

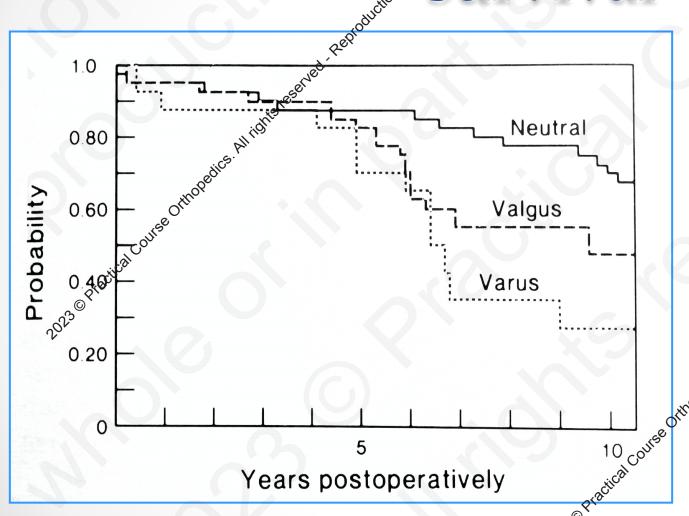
Assistance imputer- or robotic-assisted control of the start Ot(G): JLO not restored; high likelihood of

Central image shows extreme varus outlier to highlight differences between techniques. Late ues have not yet been attenuated in this example.

#### Why is that suddenly important?

- Recent interest in different alignment last few years
  - The Chitranjan Radawat award: is neutral mechanical alignment normal for all patients? The Soncept of constitutional varus.
    - Bellemans J, Colyn W, Vandenneusker H, Victor J.
      - Clin Orthop Relatives. 2012 Jan;470(1
- Because it offakes so long to develop a TKR, all TKRs today, where designed for 0 degrees mechanical axis +/- 3 degrees

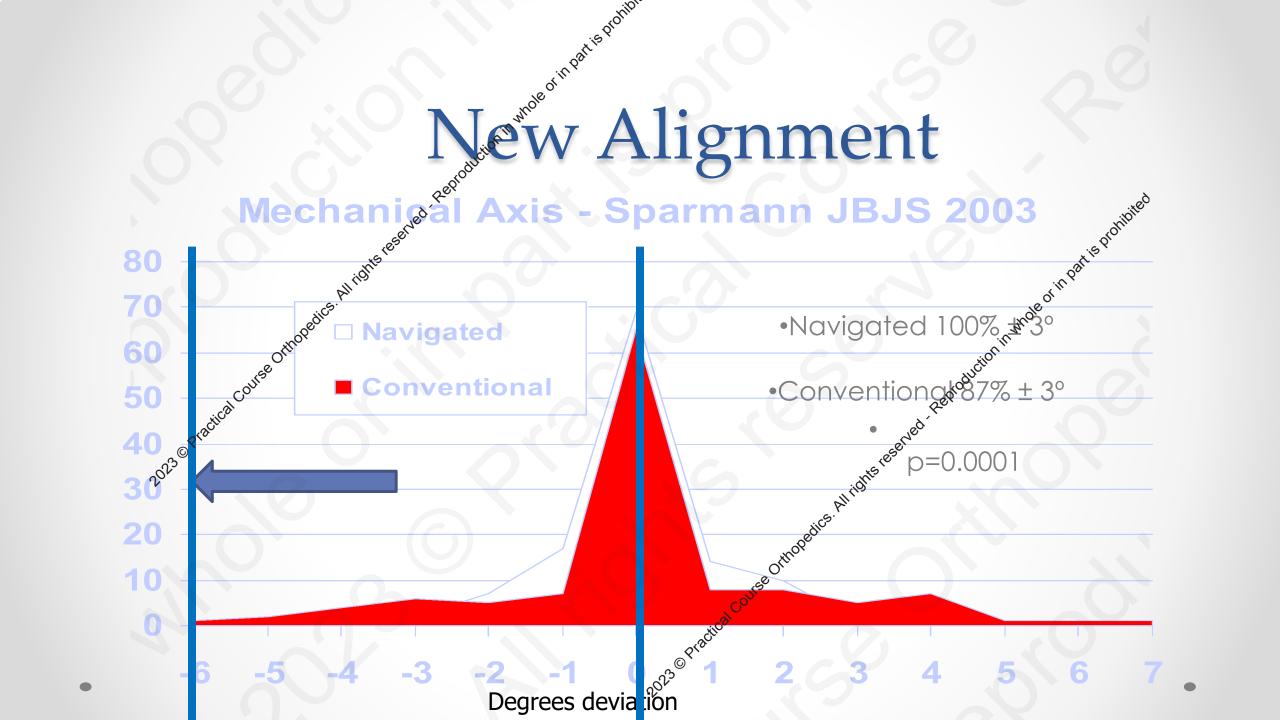
#### Limb malalignment & TKA RODUCION IN SURVIVAL



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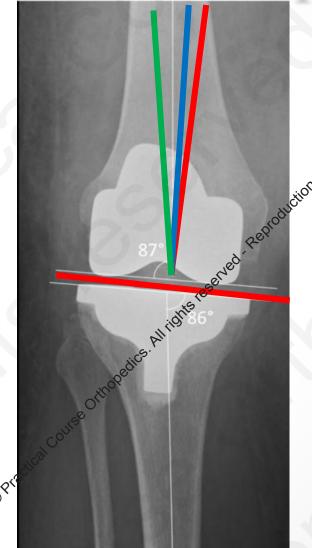
JBJS 66A, 1984 Part Part Post arthroplasty a gnment Neutral Qood of the Valgues of the





What affect does altered femoral alignment have on the third space?

Q angle 3 degrees Every single TKR on the market has been designed for 0 degrees mechanical Tibia at max 6 degrees varus (restricted kinematic) Resulting Q angle is -3 degrees Desired Q angle +3 degrees 6 degrees of patella maltracking......



- Data? Alignment philosophy influences trochlea recreation in total knee arthroplasty: a comparative study using image-based robotic technology
- Jobe Shatrov1,2 · Benoit Coulin1 · Cécile Batailler1 · Elvire Servien1 · Bill Walter3,4 · Sebastien Lustig1
- Received: 19 August 2022
- International Orthopaedics https://doi.org/10.1007/s00264-022-05570-3

Higher proportion of patella complications in those Kick knees revised

## Will TKRs perform outside their design envelope? Remember, every averilable TKR designed for 0 degrees -/+ 3 degrees

No new knees released that are designed for 0 degrees -/+ 3 degrees. No new knees released that are designed for KA or restricted KAppath

## Probabilistic Analysis



What if we do this?

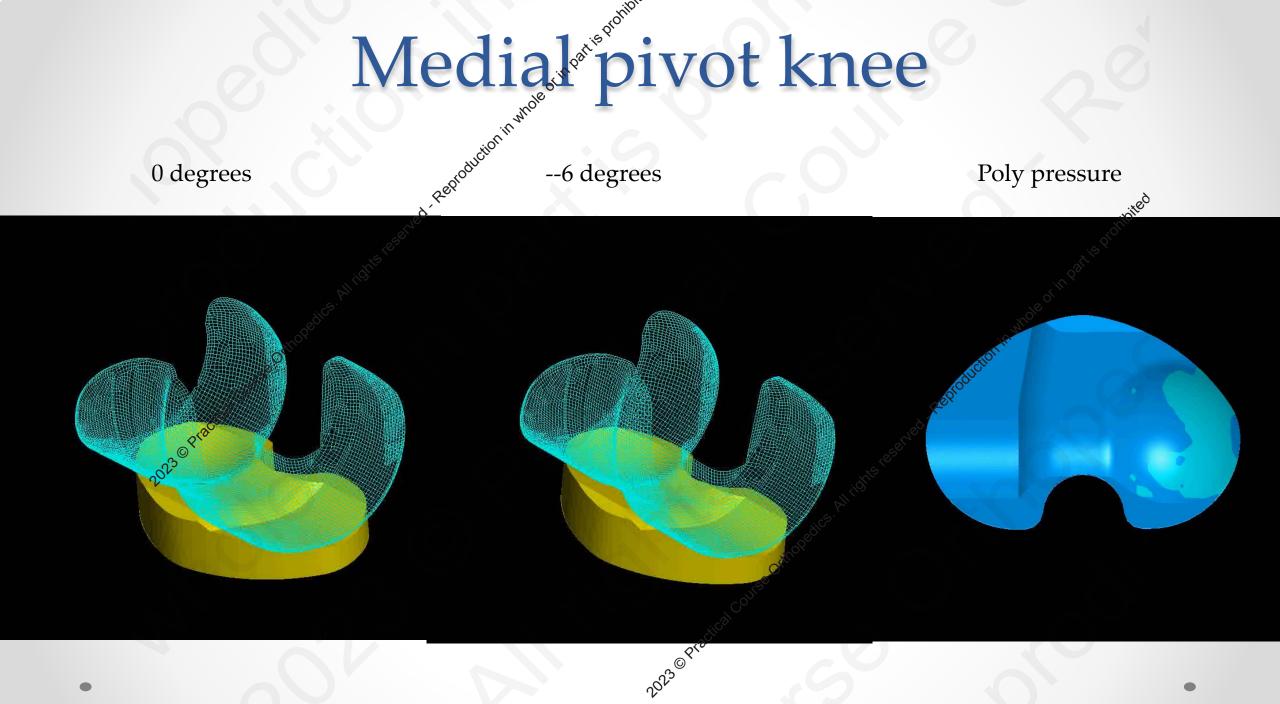
How does it effect the function and movement of the implantation movement of the implante

What are the probabilities that it will perform?





Creation in whole of the code recording to t Poly pressure 0 degrees STATE 4: 30.0018 THE STATE 1: 0



# Each implant will react differently Check with your company before you try the sexy new Alignament!





January Maria of the Cortin Parties of the C

- The third space is functionally important
- We can basance/control the third space
- TKR design has changed to replicate trochlea function (rather than "accetable to the control of "captore the patella"
- New alignment techniques will also affect the third space
- Not all TKRs will perform well with new alignment approaches