J Orthop Trauma Surg Rel Res, ISSN: 1897-2276

Finding an optimal time interval to maximize outcomes and minimize morbidity and mortality in staged bilateral total knee arthroplasty

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Introduction: Demand for total knee arthroplasty (TKA) is projected to increase by over six-fold in the next decade. Along with that, the number of patients who are indicated for arthroplasty of both knees will likely increase at a similar rate. Several studies have compared the functional outcomes, perioperative morbidity, and complication rates of patients undergoing simultaneous bilateral total knee arthroplasty (BTKA) versus staged BTKA. Despite that, there remains a lack of consensus regarding how the various timing schemes in staged BTKA affect morbidity, complications, mortality, and outcomes.

Methods: The literature was queried using searches with keywords "bilateral total knee arthroplasty," "staged," "timing," "interval," "complications," "morbidity," and "mortality." Clinical outcomes, functional outcomes, complications, morbidity, and mortality data from selected articles were compiled and categorized by interval for staged BTKA. Resulting papers that met strict inclusion criteria were stratified by staged intervals: 7 to 21 days, 22 to 90 days, 91 to 180 days, 181 to 270 days, 271 to 365 days, and greater than 365 days. The clinical and functional outcome scores, complications, morbidity, and mortality data were compared among intervals to determine the optimal timing for staged BTKA.

Results: In total, 7 articles met the inclusion criteria and were included in this review. Overall, there was a lack of consensus regarding optimal timing for staged BTKA, as well as a lack of standardization when investigating the optimal time interval. There was no significant difference between time intervals for staged

Biography

Safa Fassihi is a US-based physician pursuing a career in orthopedic total joint arthroplasty. His research focuses on newer arthroplasty techniques and how they affect patient outcomes. In this specific analysis, he collaborated with a US board-certified orthopedic surgeon who performs a high volume of both simultaneous and staged bilateral total knee arthroplasty.

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