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Bilateral total knee arthroplasty, stage or simultaneous

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Background: Bilateral total knee arthroplasty as a simultaneous procedure is a subject of controversy and debated for many years. Simultaneous procedure has the definitive advantage of decreased anesthetic exposure to the patients, shorter hospital stay, shorter rehabilitation and physical therapy, convenient to family members and even cost effective. However this procedure threatens the major complications like pulmonary embolism and cardiac problems. So our study aims to establish that whether simultaneous procedure is as safe as stage or unilateral procedures.

Methods: We reviewed 25 patients (50 knees) performed simultaneous bilateral exposure. All the patients were reviewed extensively before surgery with notification of associated comorbidities, demographic profiles, and blood loss during surgery, functional improvement of knee joints and major peri and postoperative complications.

Results: The average age of patients in our study was 69.36 ± 5.49 year with 40% male and 60% female. Eighty percent of cases were ASA grade I and II with 24% of patients having hypertension, 20% diabetes mellitus, 16% COPD and 8% coronary artery disease. Average pre-operative hemoglobin was 13.47 ± 0.88 gm/dl, average post-operative hemoglobin was 9.82 ± 0.54 gm/dl, mean blood loss in both knees was 1239.6 ± 198.08 ml and average hospital stay was 8.72 ± 1.59 days. Knee Society Score (KSS) was improved from 37 ± 3.48 to 81.04 ± 3.58 within one year and there were no major pulmonary, neurological and cardiac complications noted.

Conclusion: SBTKA seems safe, effective, less expensive and with no added major pulmonary and cardiac complications in properly selected patients.

Biography

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