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Indications, Contraindications and Pitfalls of Patellofemoral Arthroplasty.

JBJS 2006, Vol 88-A: Supplement 4 2006

Wayne Leadbetter MD et al

- McKeever 1955
  - All Metal, abandoned due to Trochlear wear
- Richards 1979
  - Reported by Blazina, 42-92% goodexcellent but patella tended to impinge in flexion >90

- Lubinus (Waldemar Link)
  - Several poor result reports
  - 28% revision rate
    - Especially with
      - WSIB claim
      - Poor pre-op range
      - More 2 previous operations

- Leadbetter et al.
  - Avon PFA
    - 30 knees
    - 25 patients
      - 23 Female
      - 2 Male
    - Average age 48

#### INDICATIONS

- 1. OA limited to Patellofemoral joint
- 2. Severe symptoms, failed conservative R
- 3. Post Traumatic Arthritis
- 4. Extensive Grade III Chondrosis; trochlea and medial facet or prox half of Patella
- 5. Failed extensor unloading procedure
- 6. PF malalignment/dysplasia-induced degen. With or without instability

- Contraindications
  - 1. >Kellgren Gr 1 OA of Tib-Fem joint
  - 2. Systemic inflammatory arthropathy
  - 3. OA or Chondosis of Gr. 3 or less
  - 4. Patella baja (infera)
  - 5. Uncorrected malalignment
  - 6. Active infection
  - 7. Fixed loss of range (need 10-110 min.)
  - 8. Psychogenic Pain!! (No Kidding)

- Relative Contraindications:
  - Multiple previous operations or trauma
  - Prior arthrofibosis
  - Ligamentous tib-fem instability
  - Prior meniscectomy
  - Chondrocalcinosis
  - Age <40 Patella alta
  - Primary OA
  - MALE

- Results
  - 25 knees Good to Excellent
  - 5 Fair (mostly due to poor on stairs)
  - 2 Revised to TKR
  - Post Fulkerson:
    - of 8: 6 Good- Excellent, 2 fair
    - No revisions

- Causes of Failure
  - Notching of Femur, 1
  - Stiffness, 4
  - Patellar tendon rupture, 2
  - Infection, 1
  - Revised to TKR, 2

- Recomends:
  - Never leave less than 10mm patella thickness
  - Never exceed original Patella thickness (25mm)
  - Never notch the femur
  - Balance the patella tracking.

- Leadbetter concludes:
  - Effective and pragmatic operation
  - Possible to avoid patellectomy
  - Delay TKA significantly
  - Very easy conversion, should it become necessary.

- Sisto
  - JBJS July 2006
  - Reports on custom PFA
  - 25 knees, 22 patients from 1995-2002
  - None revised
  - Excellent 18
  - Good 7

- THE AVON PATELLOFEMORAL ARTHROPLASTY
- Ackroyd, Newman et al., JBJS 2007; 89-B:310-315
  - Five Year Survivorship and Functional Results



- Femoral Component
  - 1.5 mm (centre of groove)
  - Reduced sides
  - U shaped distal tip
  - Symmetrical
  - CoCr Alloy



- Femoral Component
  - 4 Sizes
    - Extra Small, Small, Medium, Large

Size	M/L width (mm)	A/P length (mm)
Extra Small	43.5	42.5
Small	46.5	42.5
Medium	50.3	47.5
Large	54.3	49.0



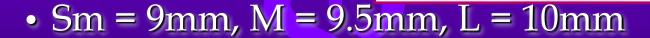
- Femoral Component
  - Fixation
    - Stability
    - Position
    - Alignment
  - Avon
    - 4 small pegs
    - Spaced apart



- Design Criteria
  - Surface replacement only
    - Minimal bone resection
    - Easy conversion to TKA
  - Broad trochlear surface → ↑ contact area
  - Congruous articulation throughout ROM
  - Improved patellofemoral tracking
  - ↑ survivorship



- Patella Component
  - All-Poly button
  - Pegged fixation (3)
  - 3 available sizes



Central Dome offset by 3mm medially



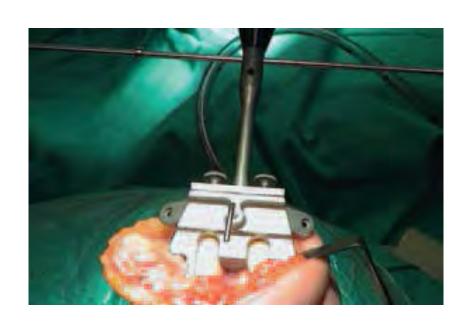




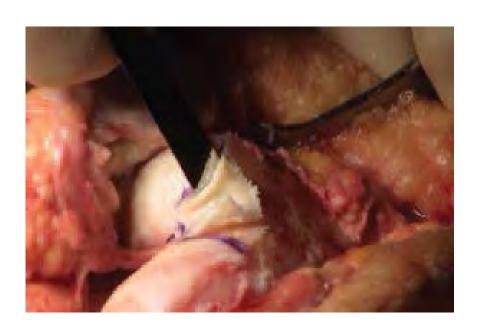


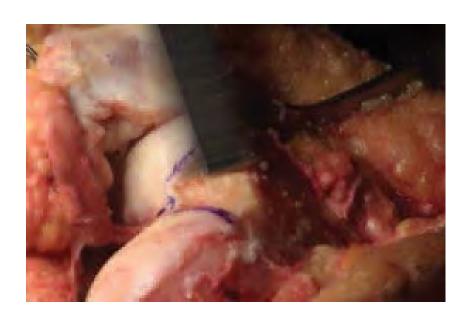




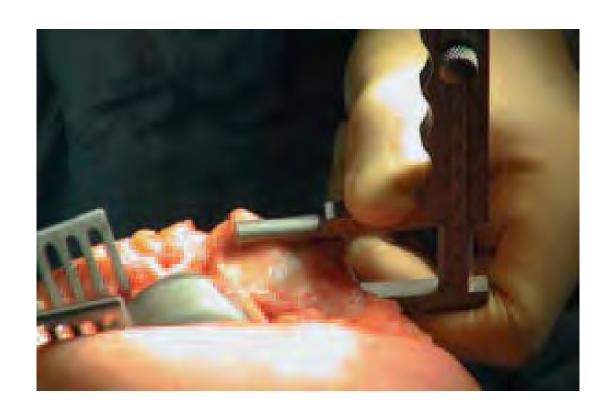


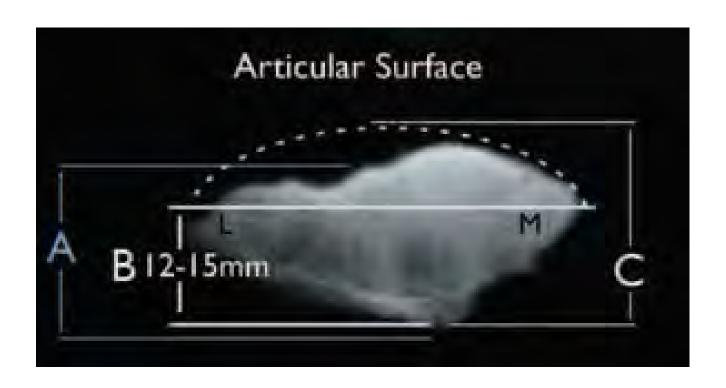








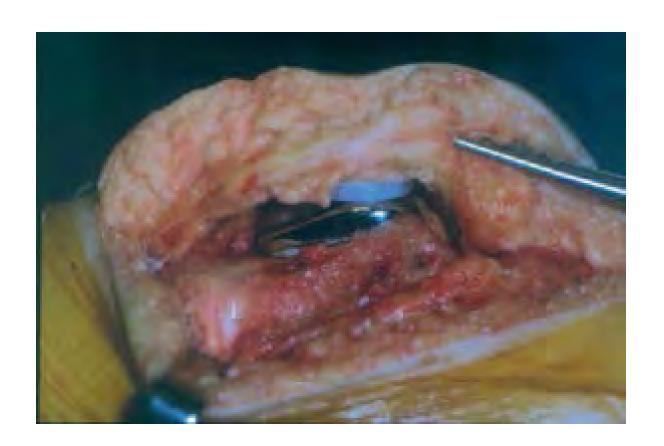














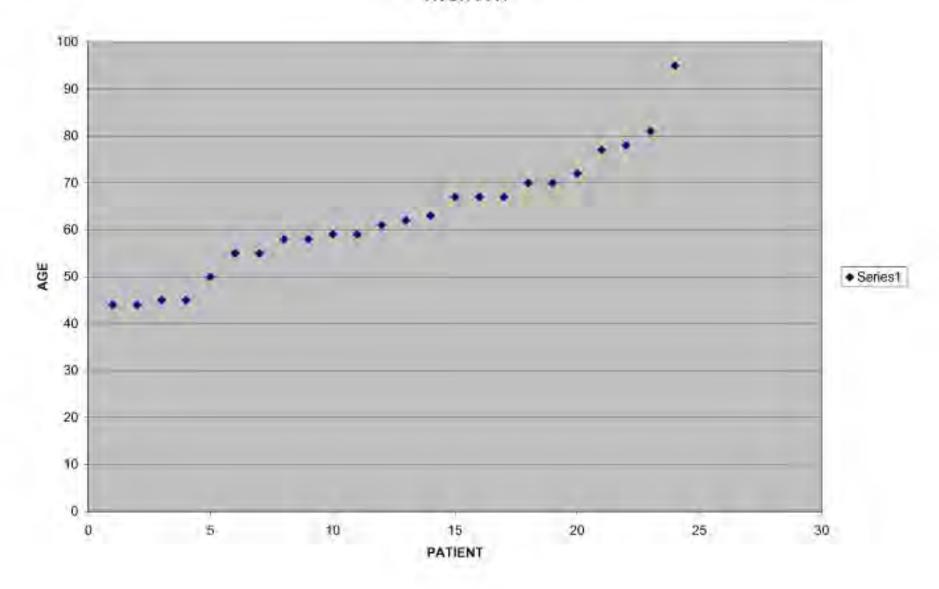


- 85 patients
- 109 knees
- >5years follow-up
- 95.8% No loosening, no revisions
- 18% showed progression of OA in tibfem joint

- Reduced incidence of Maltracking and Patella wear though 70% had it pre-op
- Broad shallow proximal trochlear design
- Lifted from Kinemax plus
- Release Retinaculum at subperiosteal attachment to patella.
- 40% had some femoral condyle damage

- F. Smith Avon Series.
- 23 knees
- 17 patients
  - 15 female
  - 2 male
  - (7.5:1 ratio, same as Ackroyd)
- Implanted 2003-2007

#### AVON PFA







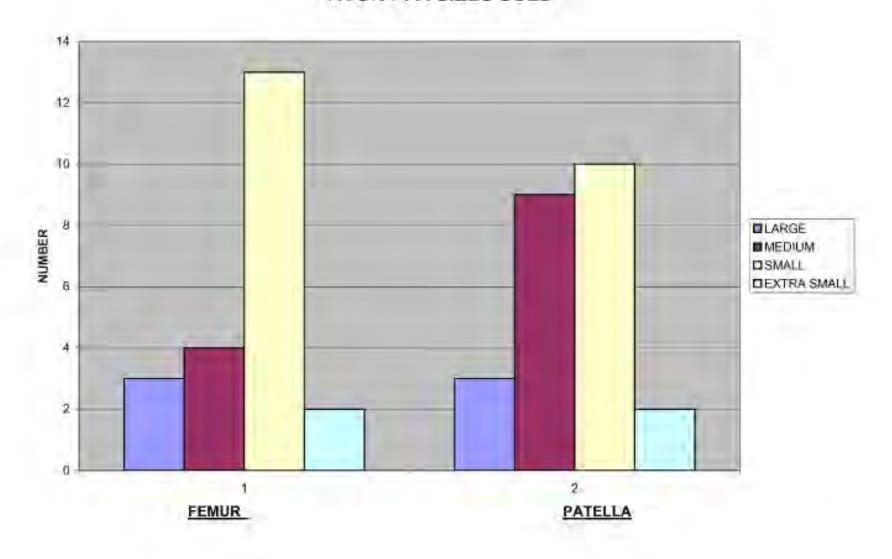






- Same day bilaterals:
  - 4, all female
- Sequential bilaterals:
  - 3; 2 male 1 female

#### **AVON PFA SIZES USED**



- 93 year old female
  - Still living alone
  - Still writing weekly column
  - MVA, Fracture of right patella.
  - Presents 1 year later with knee pain
  - Had been treated in a cast only

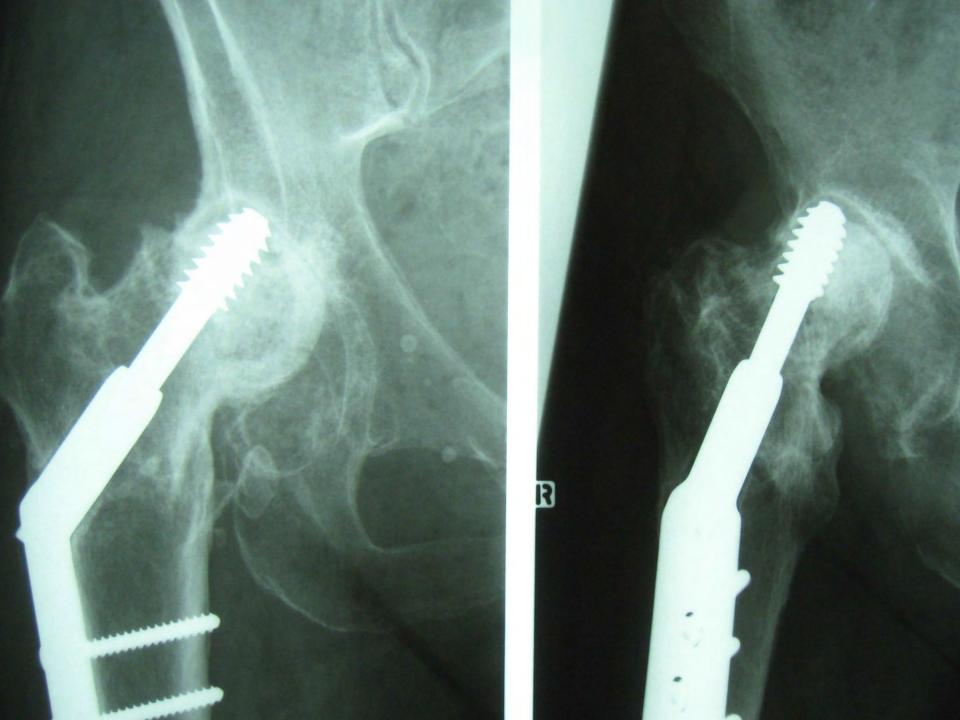


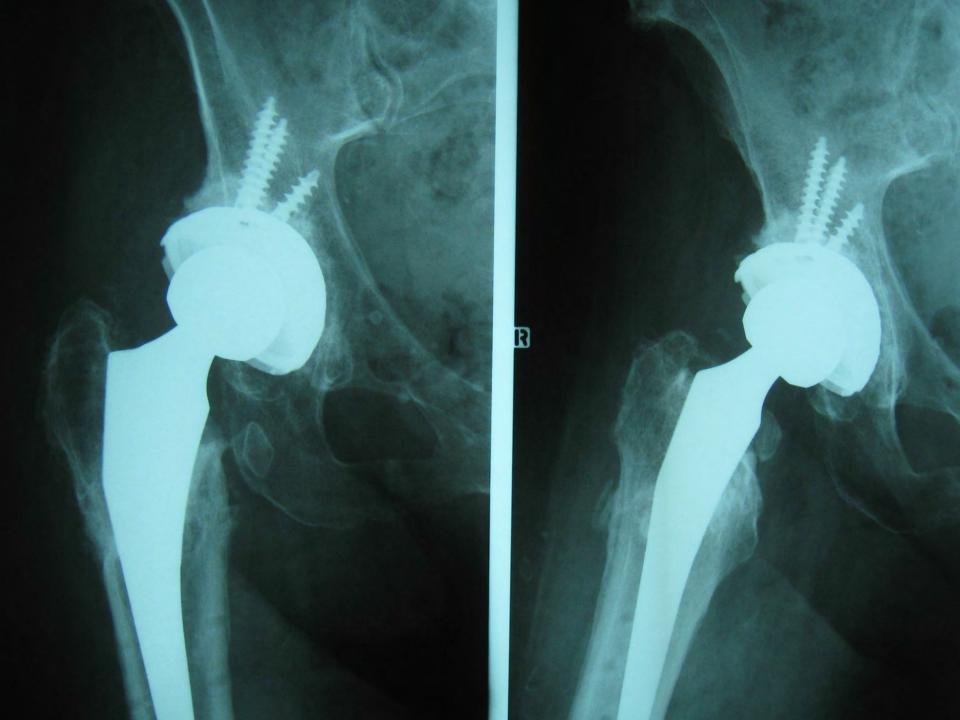






- Complaints of pain after Avon P.F.A.
- No Patello-femoral crepitus
- Pain on rotation of hip





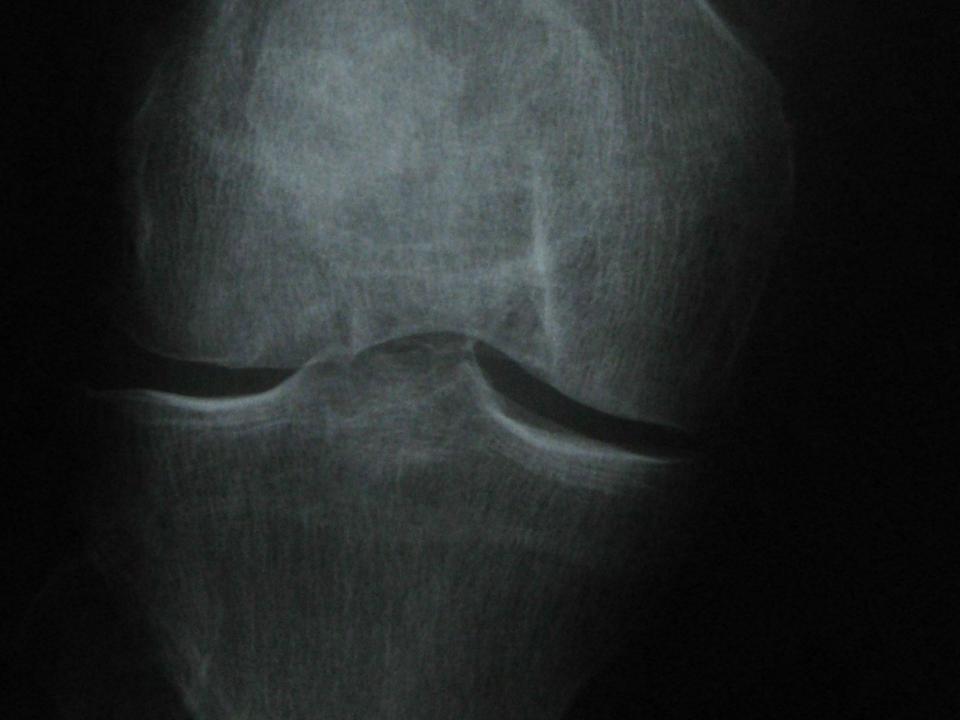
- Back to writing her column
- Now 96
- Not Driving!







- Median follow up 22 months
- Range 7-55 months
- Age 44-95
- Mean 66.5 years

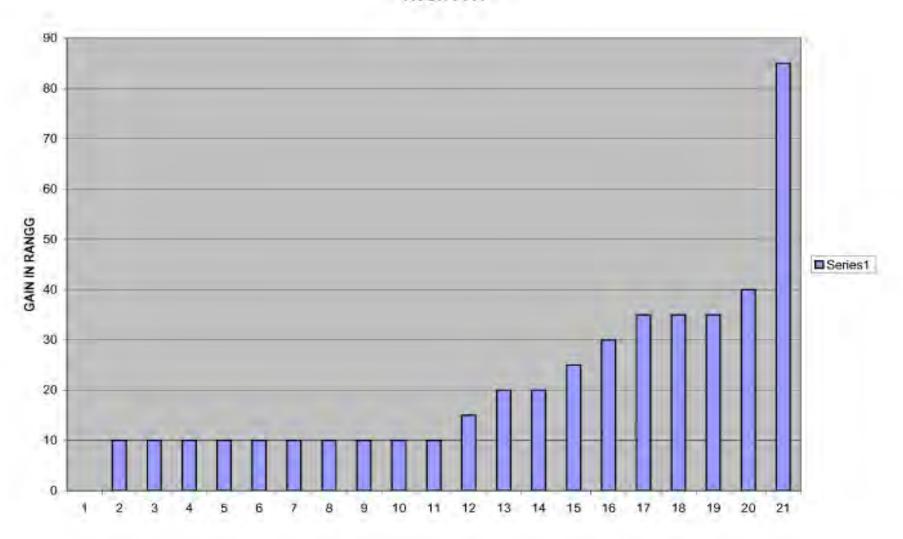




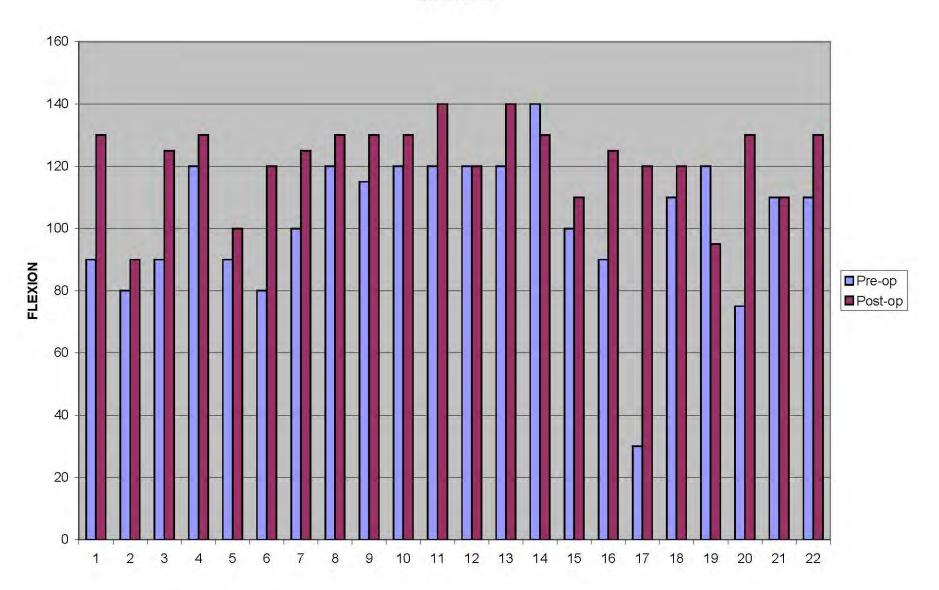




#### **AVON PFA**



#### **AVON PFA**



- Four re-operations
  - 1. Developed generalised R.A. 18 months post op. Converted to TKA
  - 2. WSIB patient constant ache on stairs, remained same after TKA
  - 3. Late severe aseptic swelling, Nickel allergy; custom femoral component, Titanium. Fully recovered.
  - 4. After Aggressive Physio, supra patellar impingement. Cleaned up per scope, 0-140

- Good to excellent 18
- Fair 2; same patient; WSIB
- Poor 2; Revised to TKR
- 15 patients would repeat the operation.

#### Avon<sup>TM</sup> Patellofemoral Arthroplasty



The ONLY PFJ Replacement system with 5 years of published clinical results from over 200 knees!!!!

Thank you.

