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OTA 2018 Boot Camp

OTA 2018 Acute Treatment of Knee Dislocations

1) Evaluation

Incidence and associated injuries – 15-25% of femur/femur and tibia and acetabular fxs

N/V status – Document all nerves. Always do ABIs, Get CTA if ABIs < 0.9

Compartment Syndrome - always admit and watch

Irreducible – pucker sign then open

2) AAOS KD Study Group 2009 - Recommendations

- a. Arthroscopic reconstruction of the ACL and PCL should be done, rather than repair
- b. Primary open reconstruction rather than repair of the LCL/PLC should be done
- c. Based on:
 - i. Stannard JP. *Am J Sports Med.* 2005;3:881-888
 - ii. Stannard. AOS for Sports Med, 2005
 - iii. Levy BA, *Am J Sports Med.* 2010, 38:804
 - iv. Surgeries were staged and delayed – Levy et al. mean 132 days

3) Repair Works

- a. Martinek V. *American Journal of Knee Surgery.* 13(2):74-82, 2000.
- b. Weaver JK. *Clin Orthop.* 1985;91:185-191.
- c. Chhabra A. *Journal of Bone & Joint Surgery - American Volume.* 87 Suppl 1(Pt 1):1-21, 2005 Mar.
- d. Strand T. *Archives of Orthopaedic & Trauma Surgery.* 125(4):217-21, 2005 May.
- e. Owens et al. *J. of Orthopedic Trauma* Feb. 2007

4) Owens et al. *J. of Orthopedic Trauma* Feb. 2007

- a. 25 patients w/ multiligament tears
- b. all repaired, even midsubstance tears
- c. 5/25 (20%) needed MUA or lysis of adhesions
- d. No late loosening

5) =Complications

- a. Stiffness 4/47 - 8.5 %
 - i. MUA – 2/47 – 2.25 %
 - ii. Lysis of Adhesions - 2/47 - 2.25 %
- b. Infection – 2/47- 4.25 %
 - i. One with I&D and antibiotics
 - ii. One due to rotational flap failure
- c. HO with surgery – 2/47 – 4.25%
- d. Late loosening and instability w/ Reoperation - 0%

6) Delayed or Scope treatment cannot treat all associated injuries

- a. PT avulsion
- b. Fractures
- c. Bucket handle meniscus
- d. Extruded meniscus
- e. MCL “flipped” avulsions
- f. Menisco-capsular rim tears