OTA 2018 Acute Treatment of Knee Dislocations

1) Evaluation

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

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:
   ii. Stannard. AOS for Sports Med, 2005
   iv. Surgeries were staged and delayed – Levy et al. mean 132 days

3) Repair Works

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