

American Academy of Orthopaedic Surgeons: Early outcomes similar for cementless, cemented fixation TKR

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Hospital length of stay, complications, hospital readmission within 90 days, and revision surgery at two years do not differ for cementless total knee replacement (CL-TKR) versus cemented fixation (CEM) TKR, according to a study presented at the annual meeting of the American Academy of Orthopaedic Surgeons, held from March 22 to 26 in Chicago.

Kyle Alpaugh, M.D., from Massachusetts General Hospital in Boston, and colleagues reviewed 598 primary unilateral TKRs (170 CL-TKRs and 428 CEM-TKRs) of the same design from 2016 to 2018 to examine early [complications](#) and treatment failure, defined as any reoperation.

The researchers found that patients undergoing CL-TKR were younger and more often male. Computer assistance was used less frequently for CL-TKR. Less operative time was required for CL-TKR (82.6 ± 21.4 versus 109.1 ± 24.6 minutes), but the groups did not differ in terms of mean length of stay (57 versus 60.5 hours). Ninety-day readmission did not differ between CL-TKR and CEM-TKR (1.8 versus 0.9 percent). At two years, survivorship free from revision was 96 and 95 percent for CL-TKR and CEM-TKR, respectively. CL-TKR failure was 1 percent (two cases) due to aseptic loosening; both cases underwent isolated tibial component revision, with no additional complications.

"The biggest question now is whether or not cementless total knee replacement will have better long-term durability and fixation than cemented knee replacement," coauthor Brian P. Chalmers, M.D., of the Hospital for Special Surgery in New York City, said in a statement. "Following these [patients](#) to assess long-term outcomes is the next step."

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