



Robotic vs Navigational vs Conventional
Primary Total Knee Arthroplasty. Clinical and
Radiological Long-Term Results with a Minimum
Follow-up of 10 years -Survivalship Analysis-

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Abstract

1. Introduction

The aim of this study was (1) to compare the clinical and radiological outcomes of robotic, navigational and conventional total knee arthroplasty(TKA) with a minimum follow-up of 10 years, (2) to evaluate the survival rate, (3) and to estimate the accuracy of the three techniques.

2. Methods

We evaluated 515 knees who underwent robotic, navigational or conventional TKA with minimum follow-up of 10 years. Finally, this study including 92 patients (103 knees) who underwent robotic TKA using ROBODOC® , 197 patients (225 knees) who underwent navigational TKA using Orthopilot, and 175 patients (187 knees) wh

o underwent conventional TKA. Hospital for special surgery(HSS) score, Knee Society Score(KSS), Western Ontario and McMaster Universities (WOMAC), and Range of Motion(ROM) were used for clinical evaluation. Mechanical alignment, implant radiological measurements and outliers were analyzed for radiological results. Complication related with surgery was also evaluated.

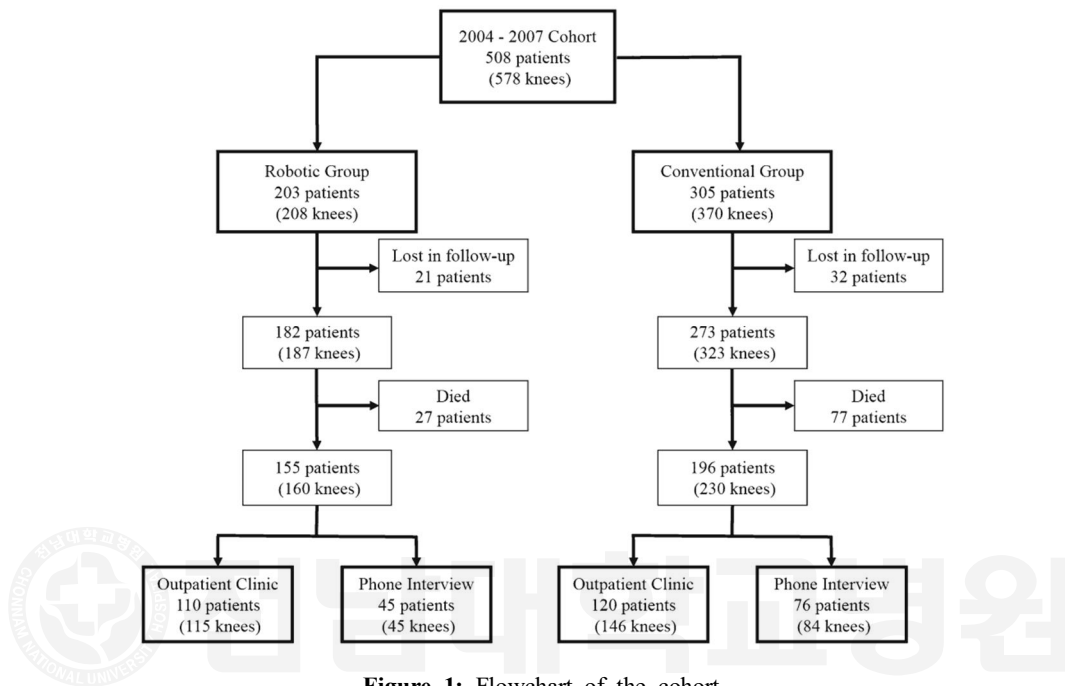


Figure 1: Flowchart of the cohort



Figure 2: ROBODOC®-assisted total knee arthroplasty

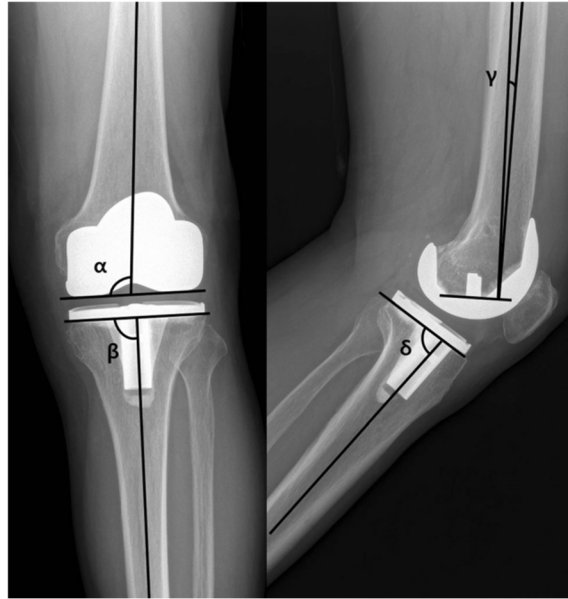


Figure 3: Radiologic measurement of femoral and tibial implants. α , coronal inclination of femoral component, β coronal inclination of tibial component, γ sagittal inclination of femoral component, δ sagittal inclination of tibial component

3. Results

All clinical assessments including HSS, KSS, WOMAC, and ROM at final follow-up showed improvements in three groups (all, $p < 0.05$), without any significant difference between the groups ($p > 0.05$). In radiologic data, sagittal inclination of femoral implant in robotic group showed better result than another groups ($p < 0.05$). The cumulative survival rate was 94.8% in the robotic group, 96.2% in the navigation group, and 92.4% in the conventional group with excellent survival ($p = 0.563$). Complication rate was 5.2% in the robotic group, 5.3% in the navigation group, and 8% in the conventional group

4. Conclusion

Our study showed excellent survival with robotic, navigation and conventional TKA and similar clinical outcomes at long-term follow up. However, in terms of radiological outcome robotic TKA showed accurate position of femoral component. With longer follow-up and larger cohort, the accuracy and effectiveness of robotic TKA can be elucidated in the future.

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