



2013

Les Prothèses du Genou

Ph Neyret

E Servien
S Lustig
G Demey
V Duthon

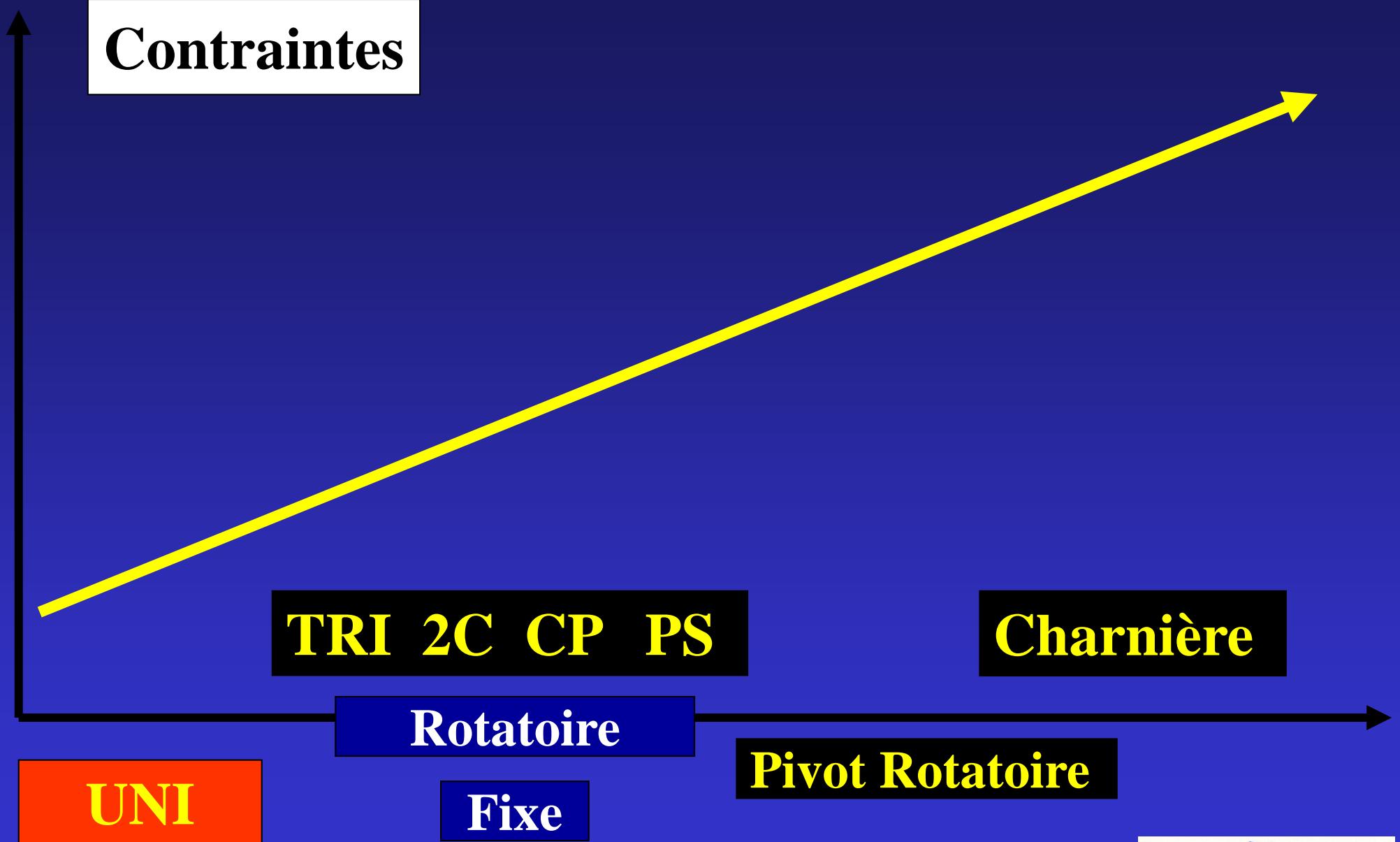


UNIVERSITY TEACHING CENTER



**Quelles sont les familles
de PROTHESE de
GENOU disponibles?**



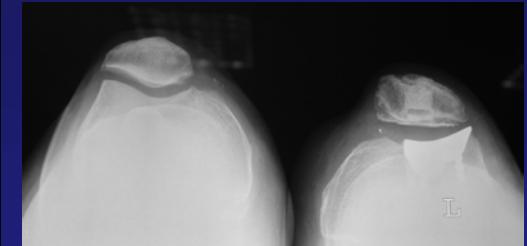
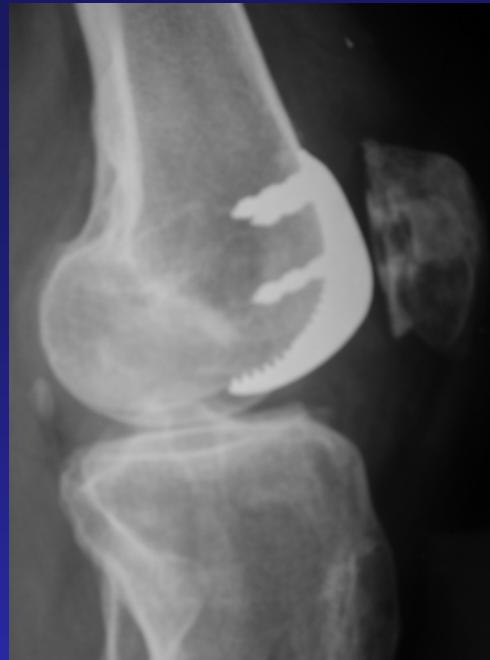






LYON
GENOU  CENTRE
ALBERT
TRILLAT

HLS Uni Evolution



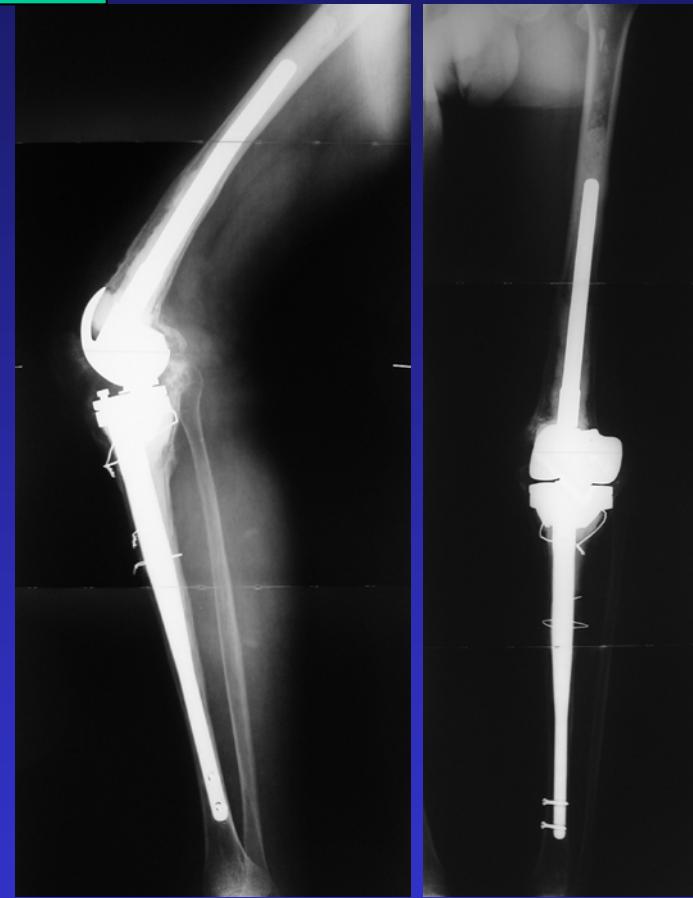
P. Fémoro-patellaire



HLS Revision

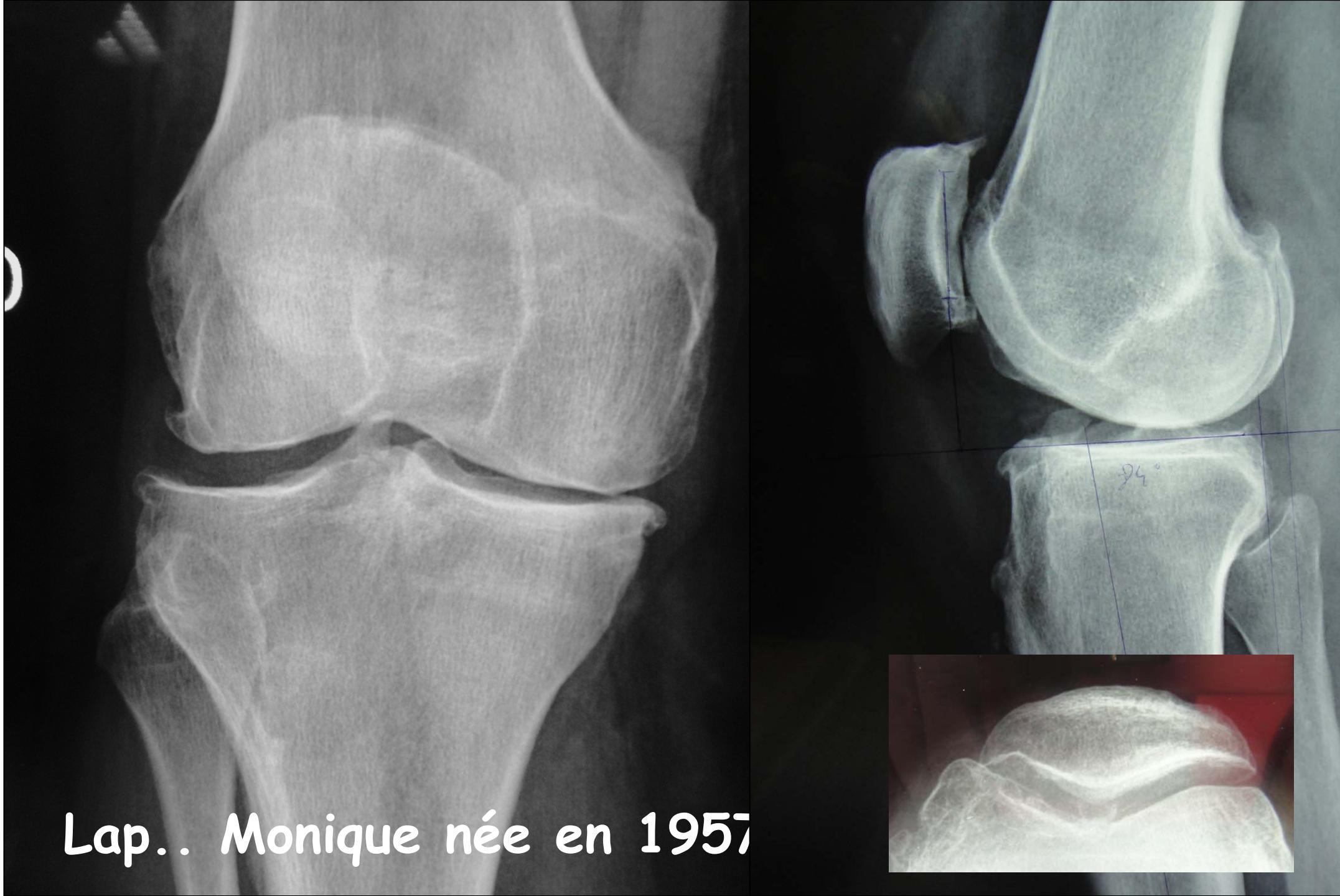


Prothèse Charniere



Prothèse à pivot rotatoire

Bilan Radio Diagnostique ?



Lap.. Monique née en 1957

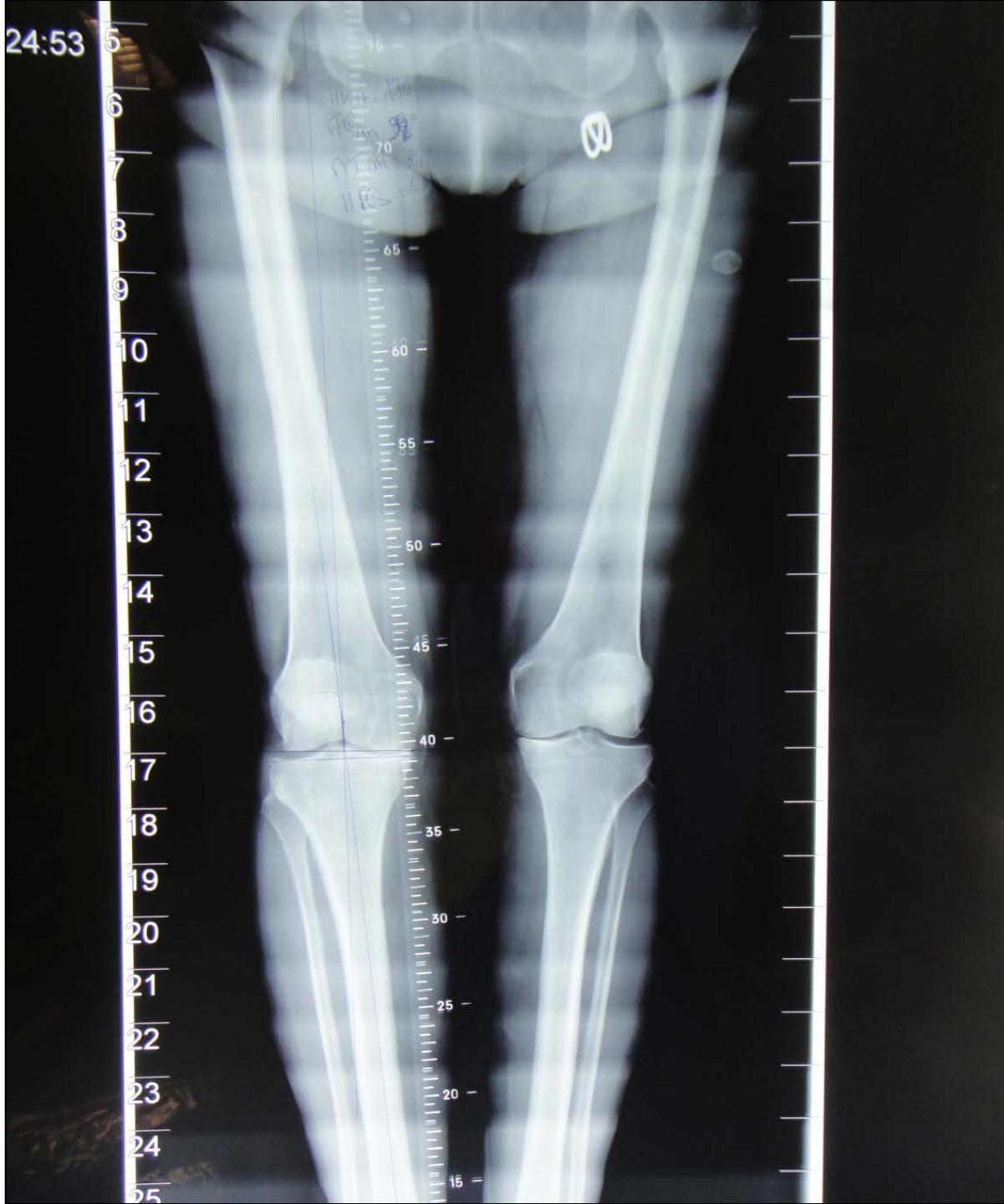


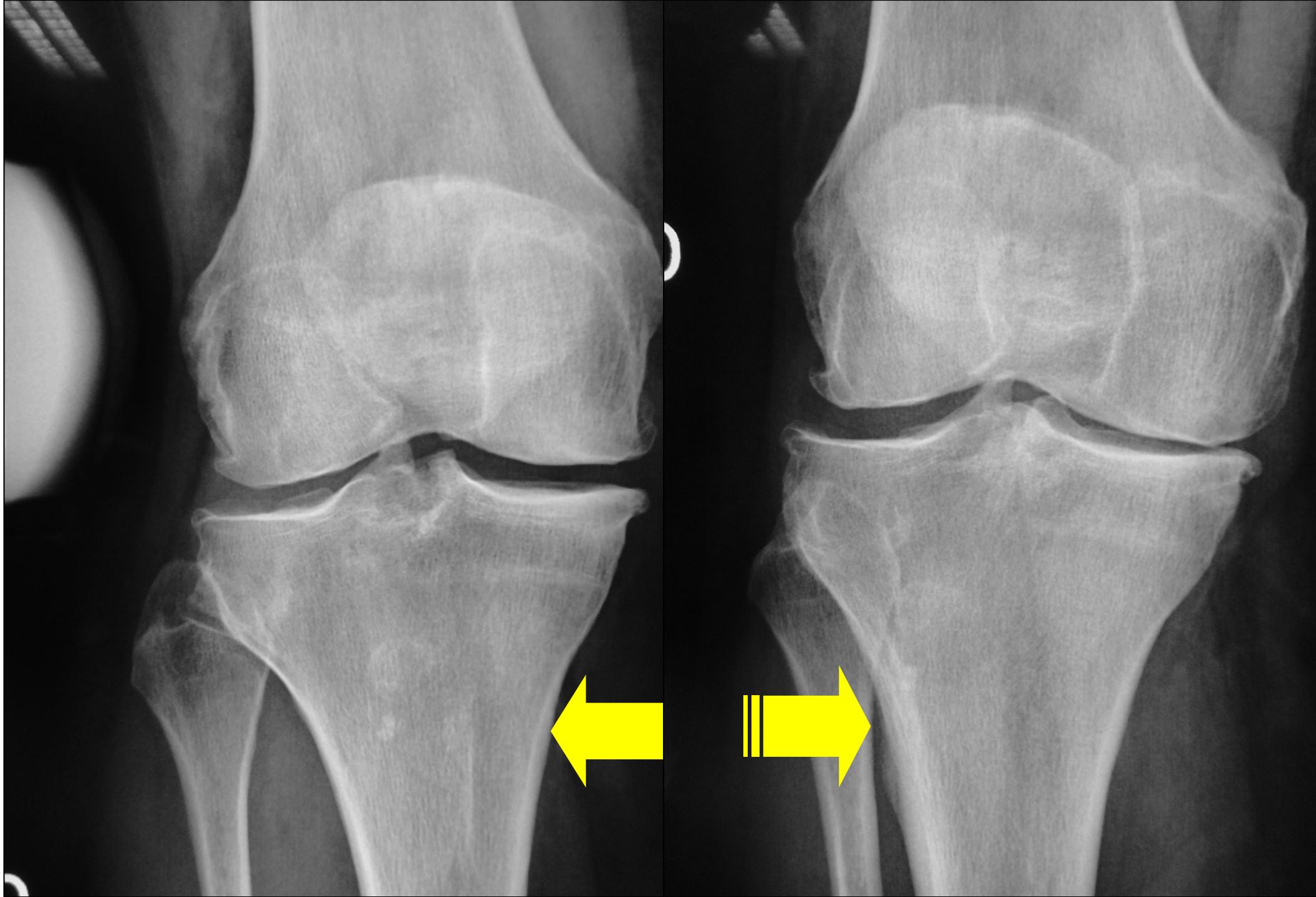


Bilan Radio Pré-opératoire



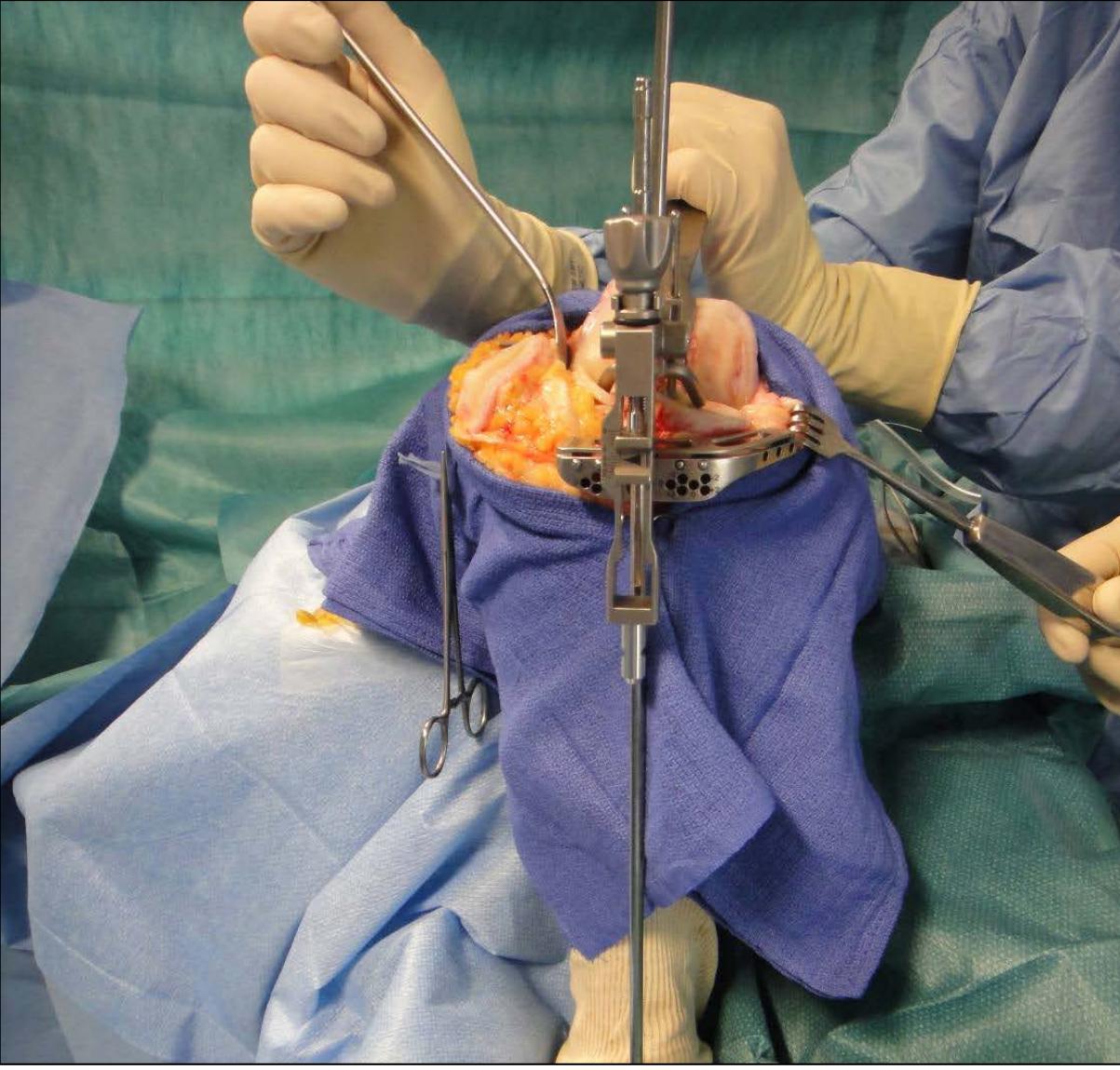
24:53



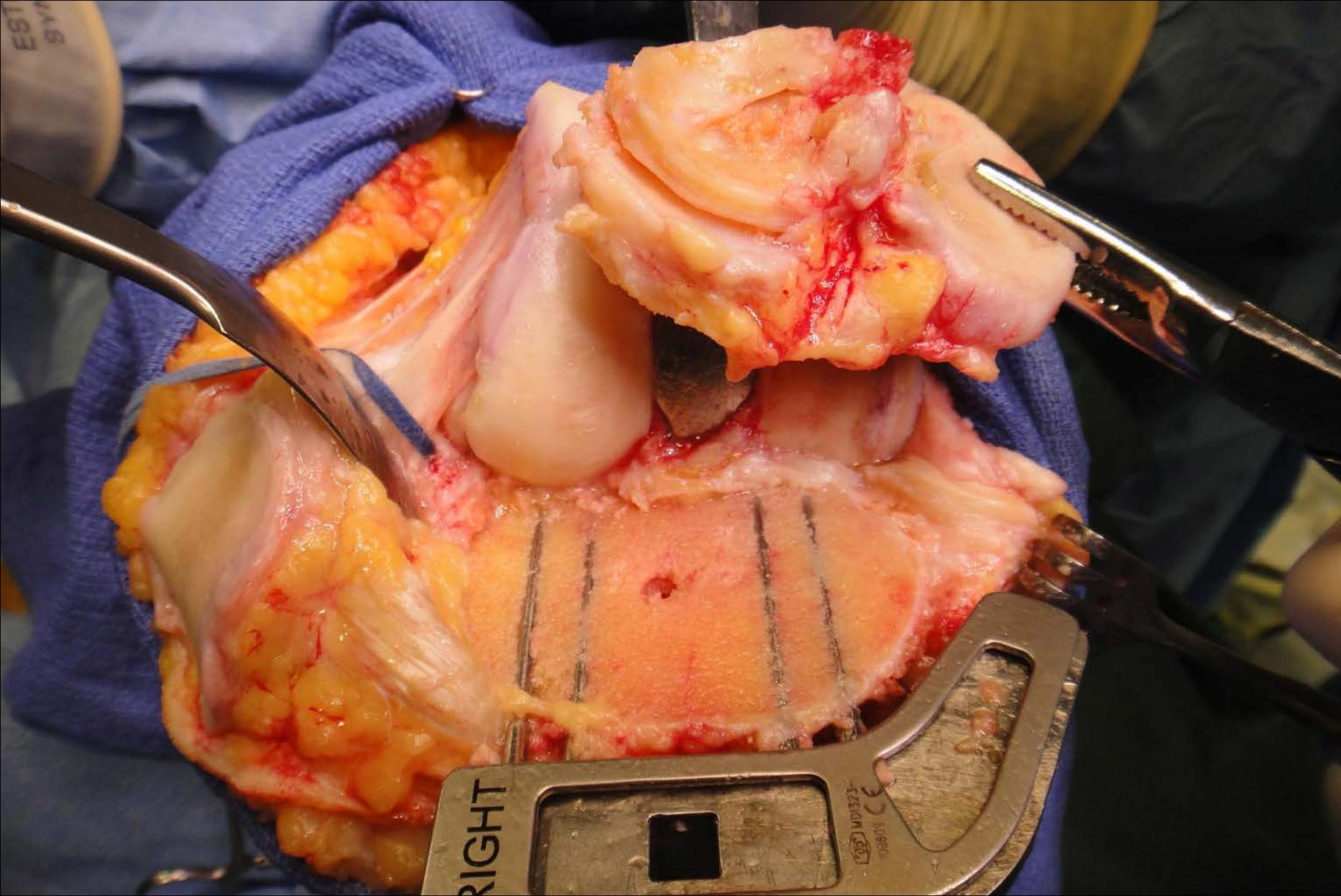


- Pas D' IRM
- Rarement CT Scan
sauf peut être à l' avenir pour des solutions individualisées
- Pas de scinti ni arthroscopie

Technique

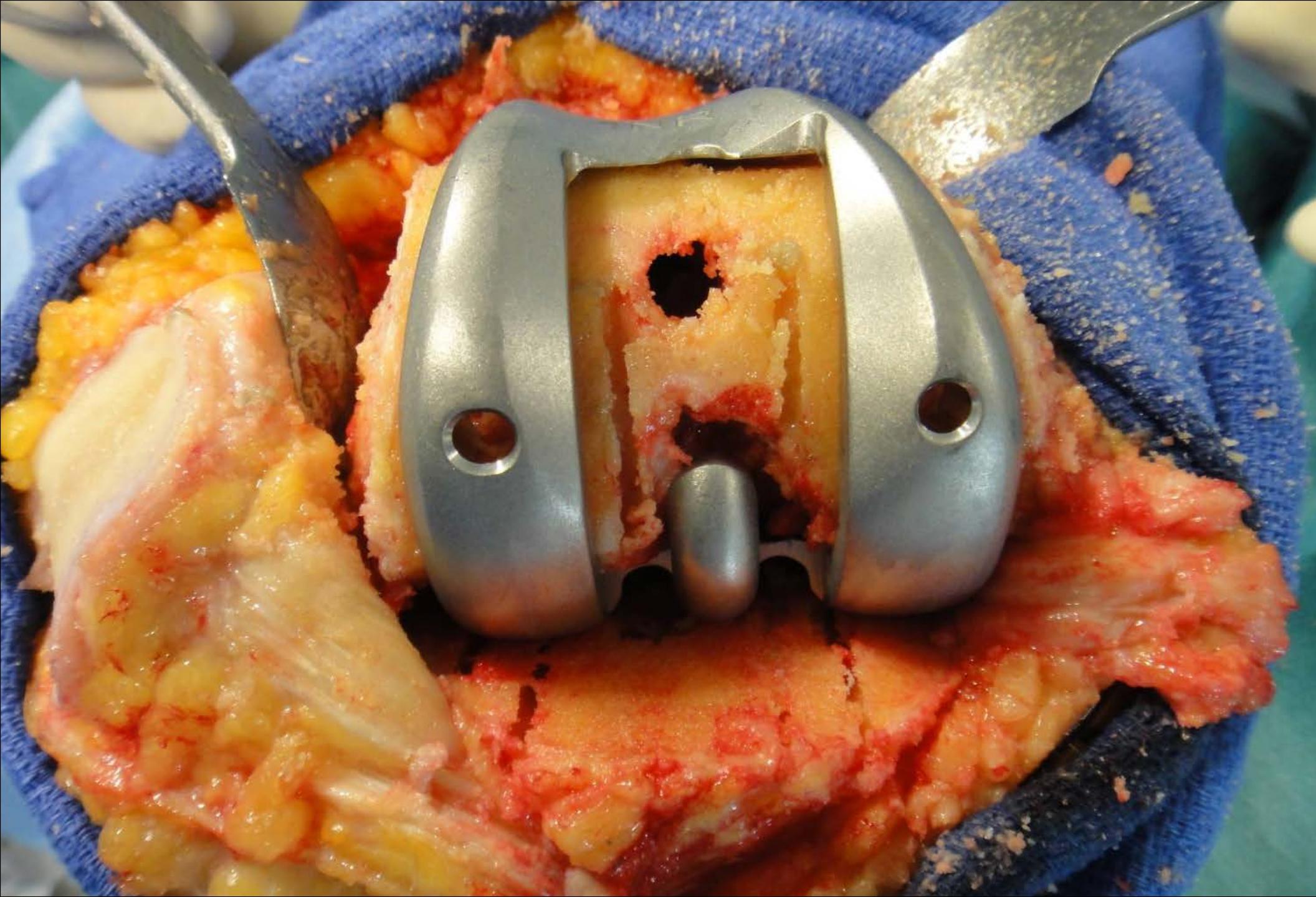


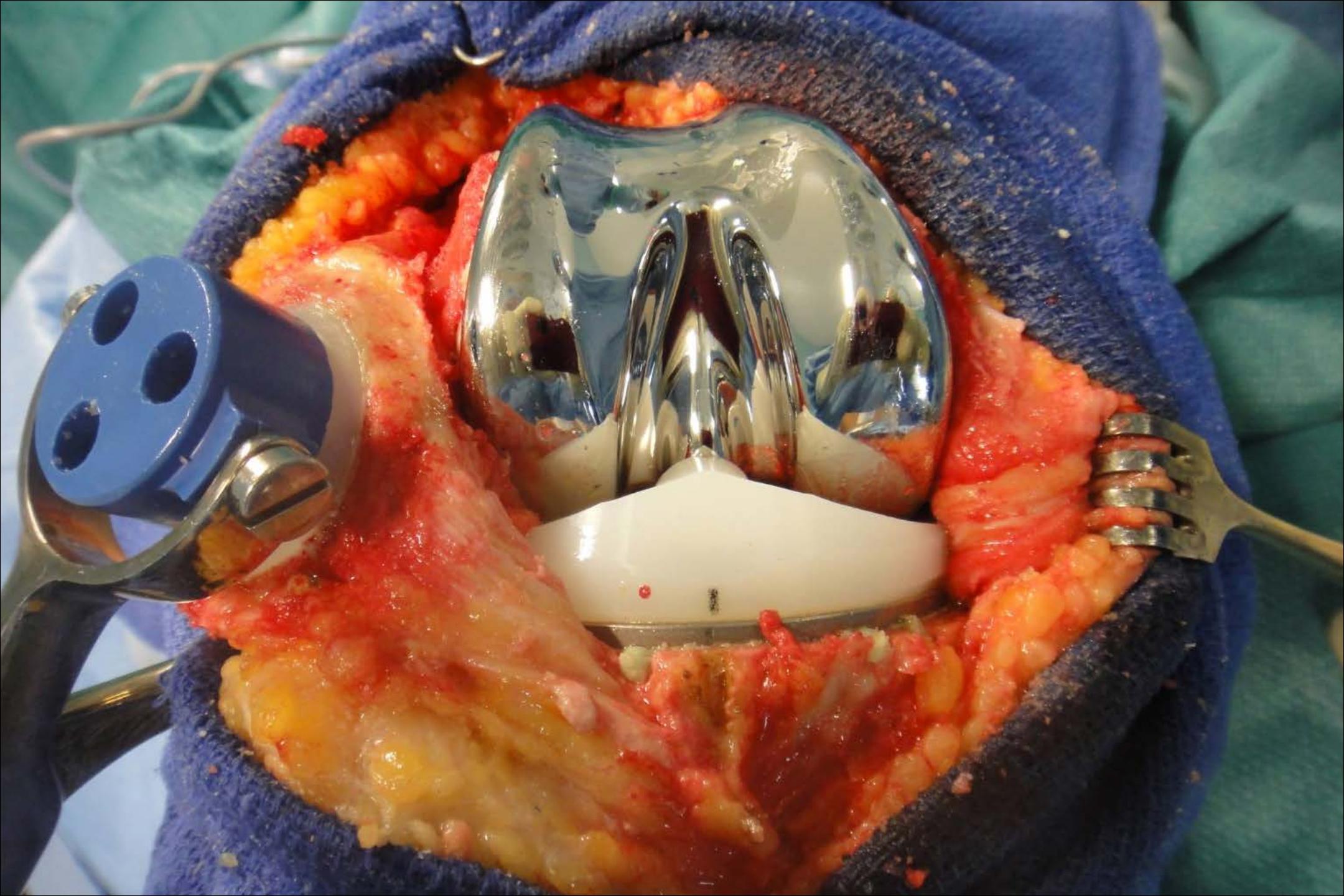
TECHNIQUE PTG



RIGHT

WD325
CE
2005





Le Futur ?



P
R
E
C
I
S
I
O
N

R
E
P
R
O
D
U
C
T
I
B
I
L
I
T
É

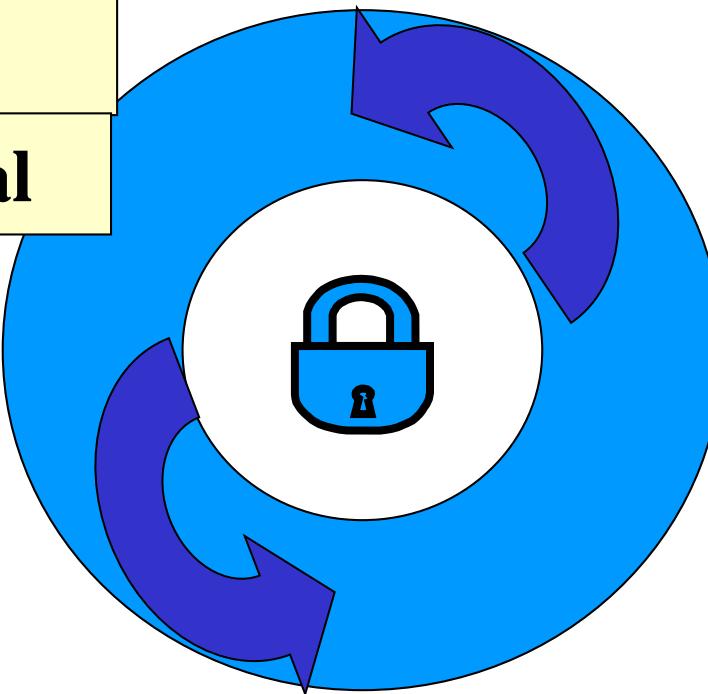
Technique

M
I
S

médical

chirurgical

2011



2018

Implant

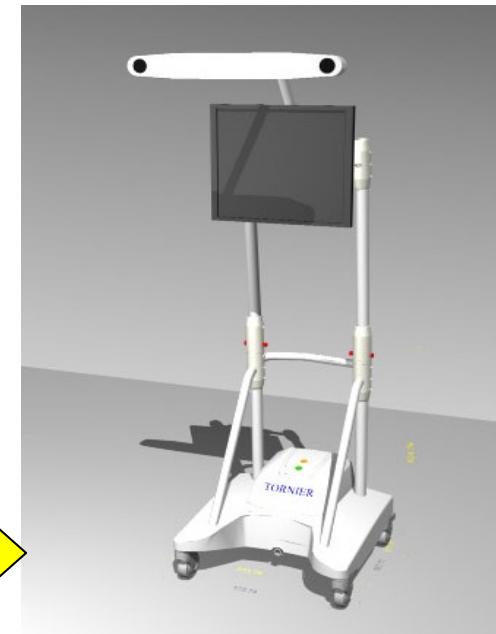
Dessin

Biomatériaux

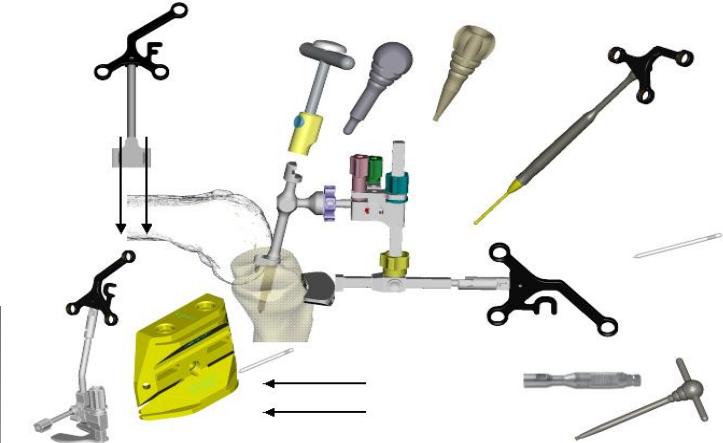
Fixation



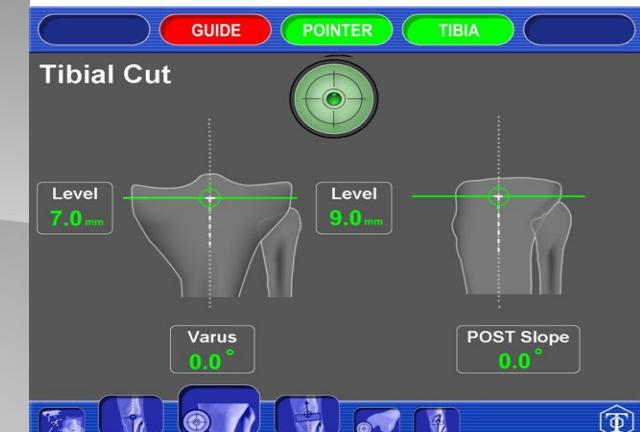
PLEOS Knee



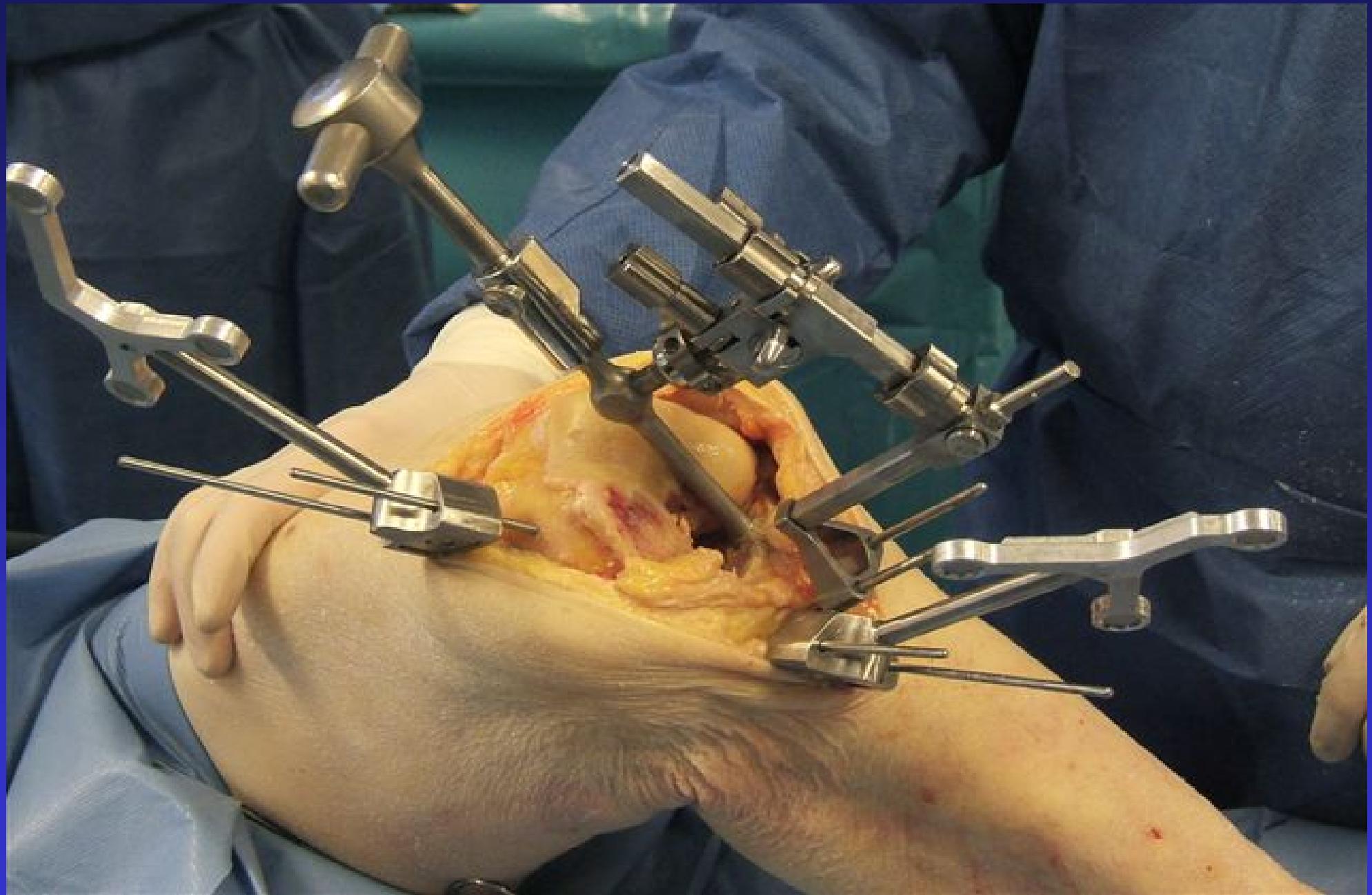
Platform



Instruments



Software





WORKFLOW – Ligament Balancing Extension

FEMUR

POINTER

TIBIA

Ligament Balance in Extension

Flexion
0.0 °



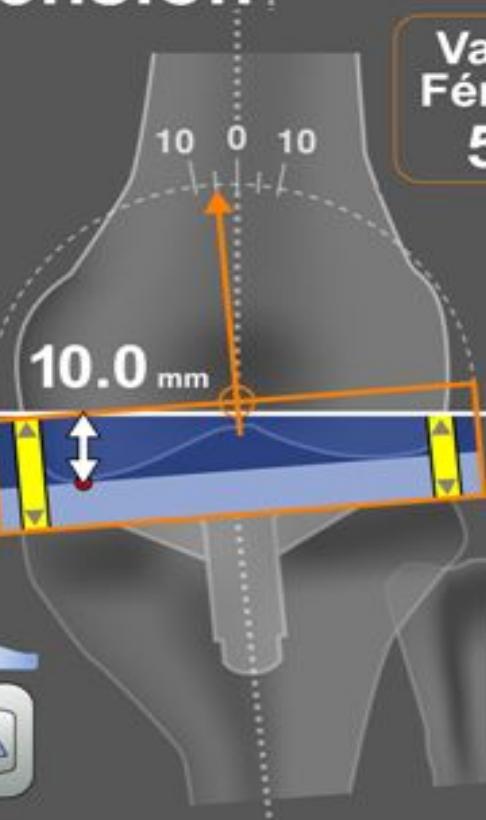
HKA
185.0 °

170 180 190

20 mm

15 mm

PE (mm)
9



Valgus
Fémoral
5.0 °

Setup

Control

Tibia

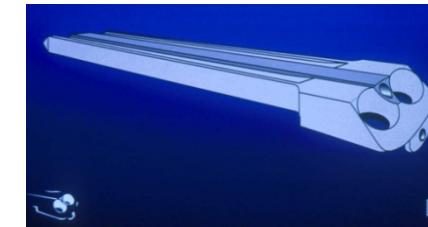
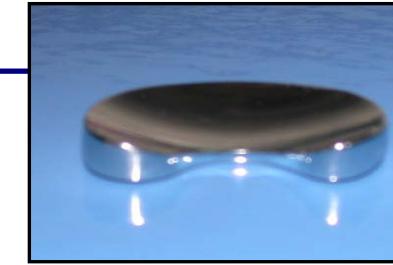
Simulation/
Balancing

Femur

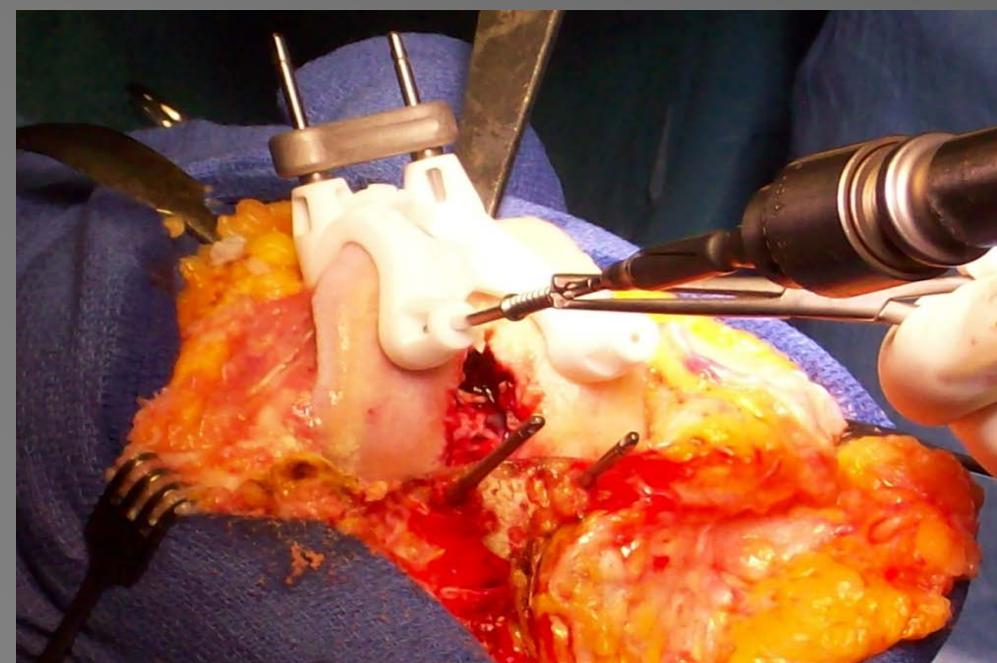
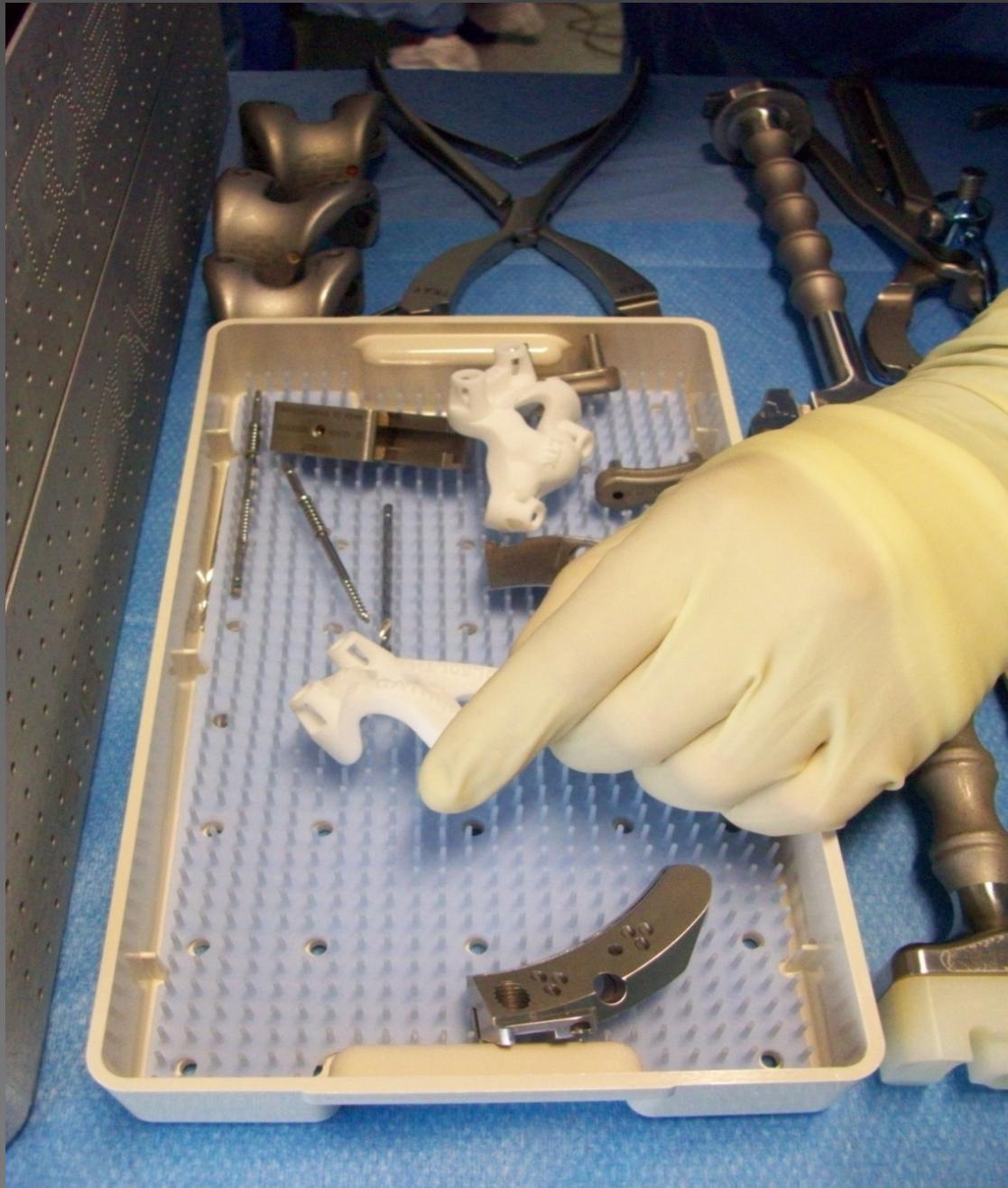
Control

★ Ligament position





Albert Tritllat' Center Lyon -France



Pourquoi choisir une Ostéotomie, Uni ou une PTG?

...si le traitement
médical a échoué





Satisfaction du patient

Information

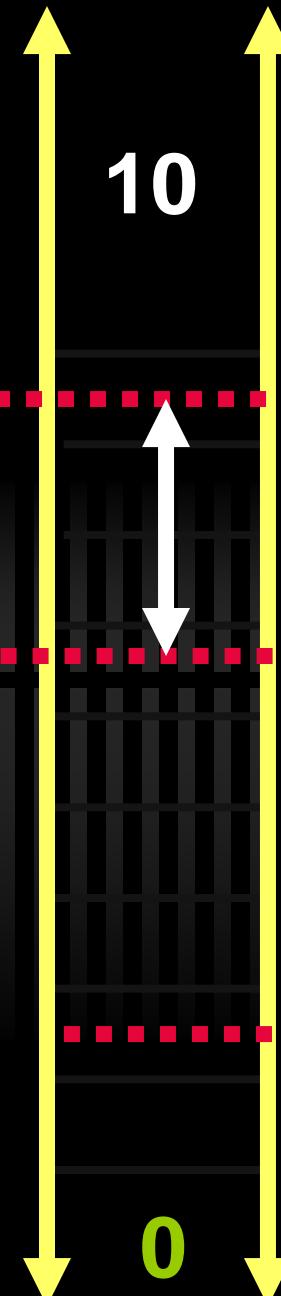
Résultat fonctionnel attendu

Résultat fonctionnel obtenu

Etat fonctionnel pré-op

10

0



Pondération des différents facteurs

Critères anatomiques	Critères cliniques
<ul style="list-style-type: none">• Arthrose/stade• Déformation et réductibilité• Ligament• Amplitudes	<ul style="list-style-type: none">• Age et résultat attendu• Poids• Etat général (diabète cardiovasc, plavix..)• Atcd chirurgical ou infectieux

Ostéotomie

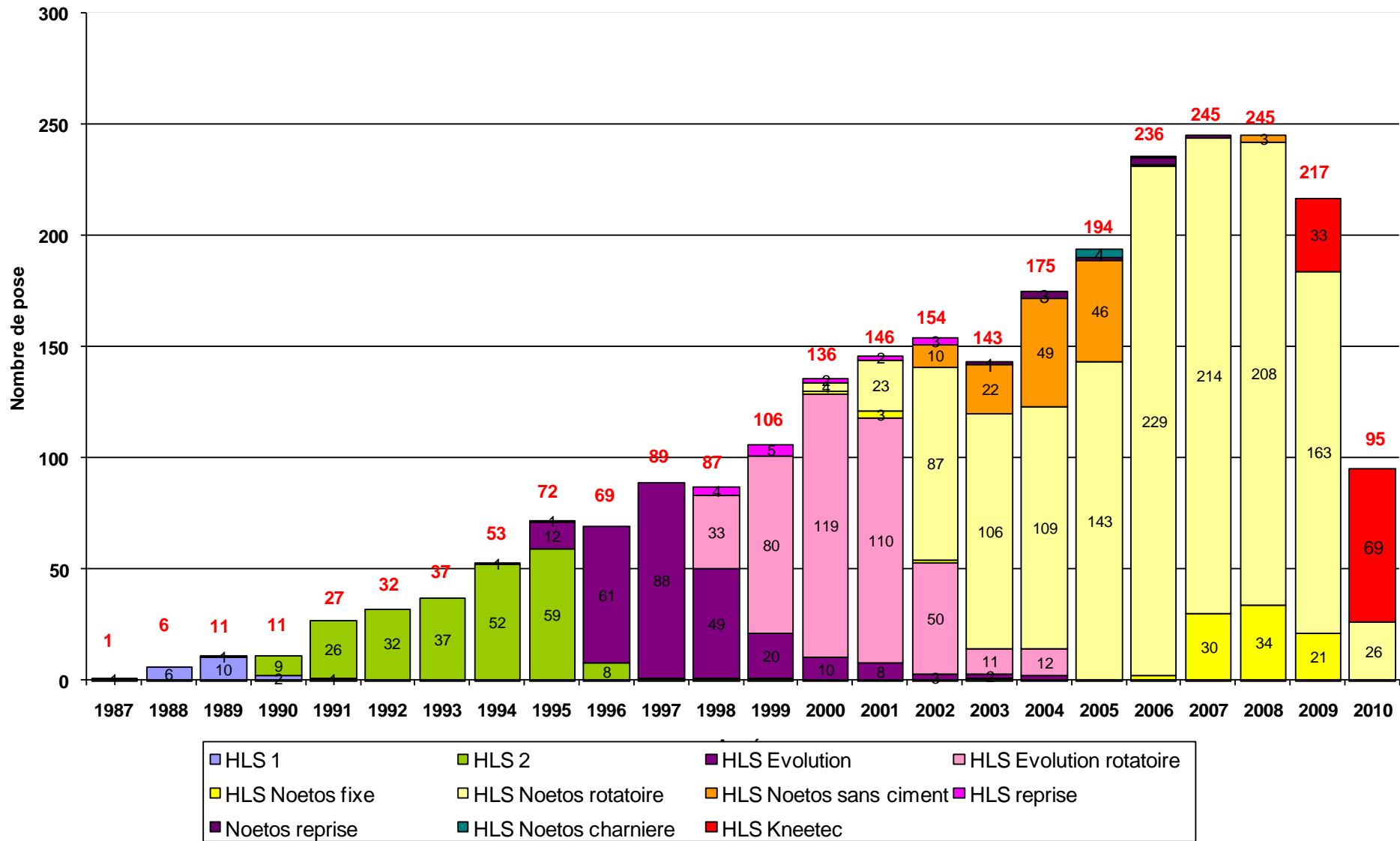


Uni

PTG

Répartition des poses de première intention par années

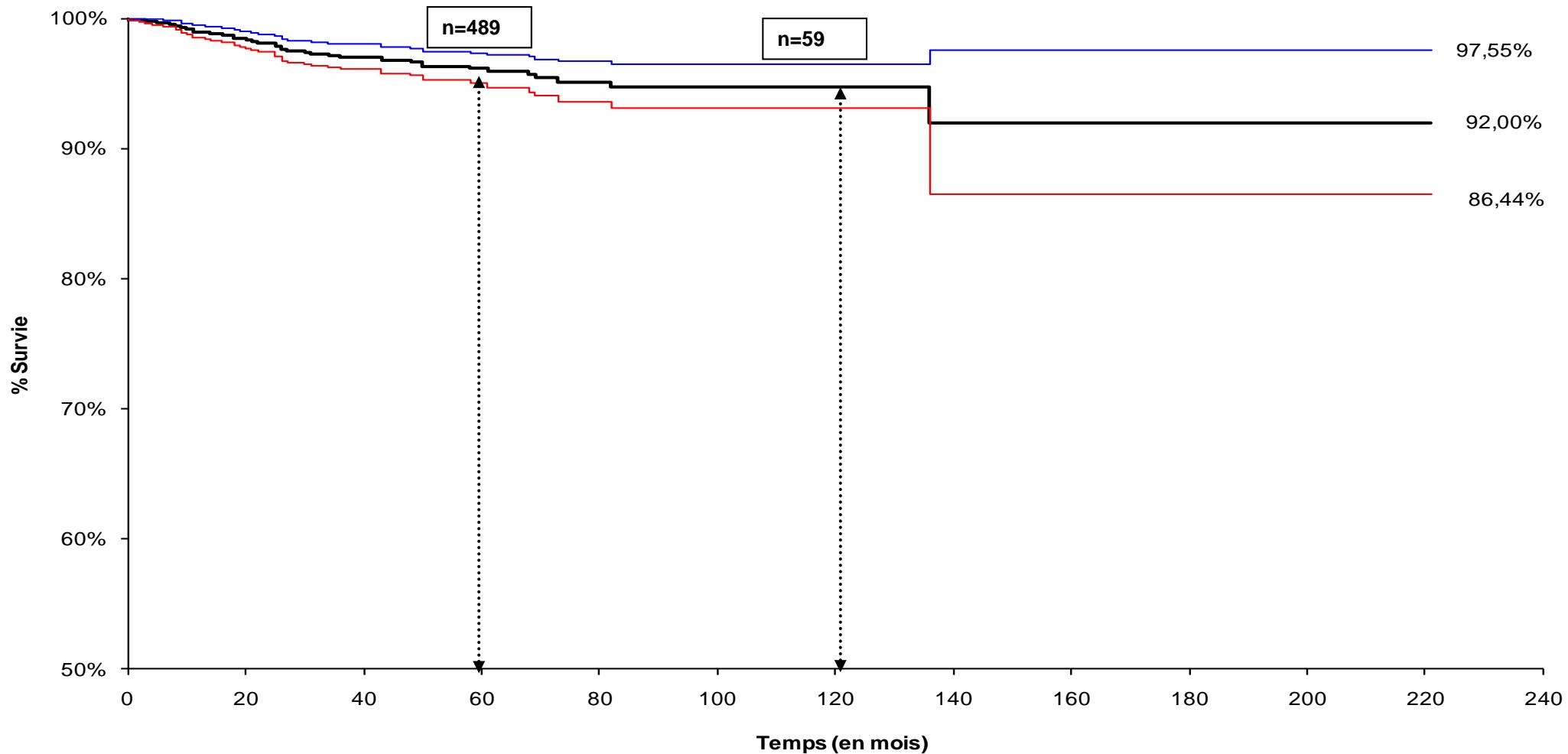
n= 2586



Courbe de survie (Kaplan Meier)
Echec=remplacement composant tibial ou fémoral
(simple changement bouton rotulien ou PE exclus)

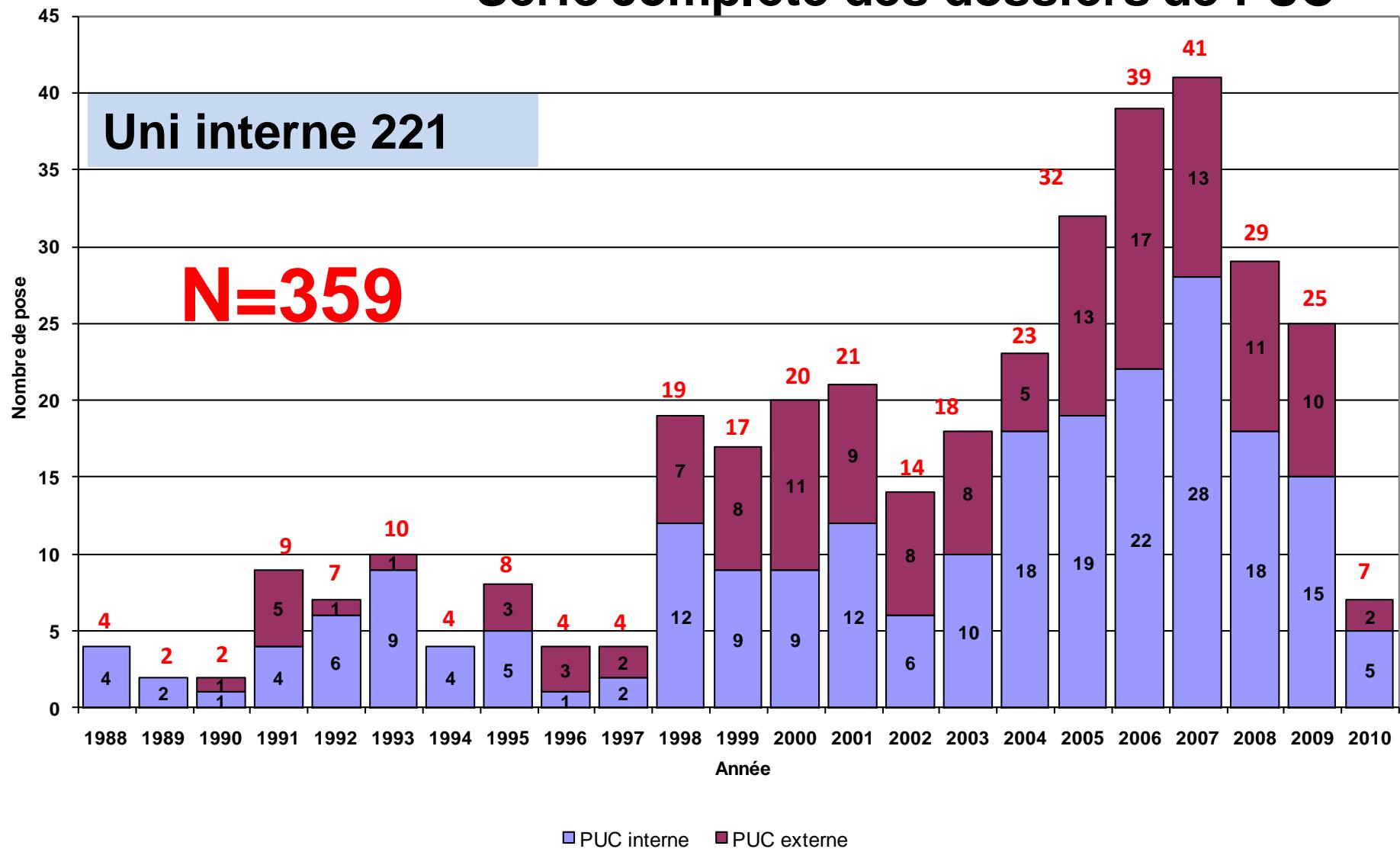
Nombre de dossiers suivis=2163

Recul moyen=36.75 mois



Répartition des poses de PUC par années

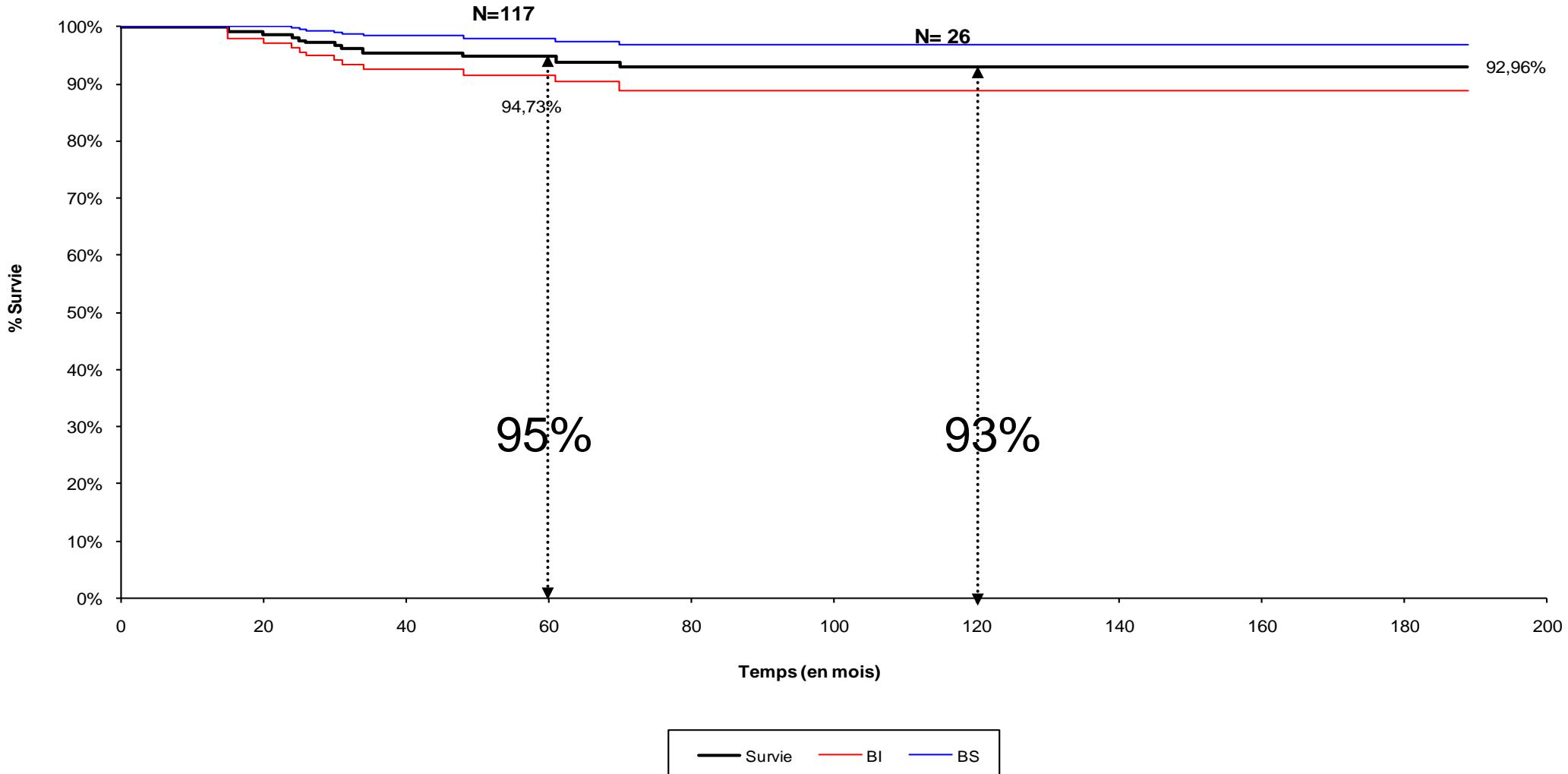
Série complète des dossiers de PUC

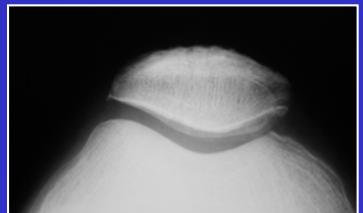
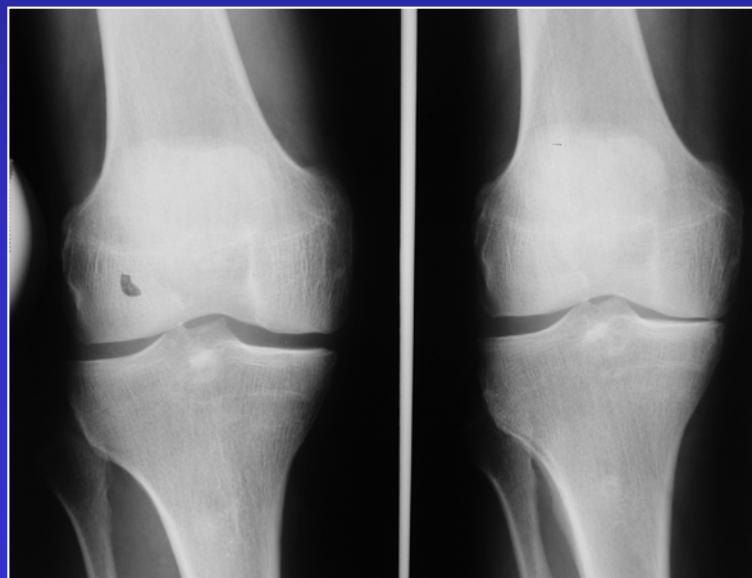
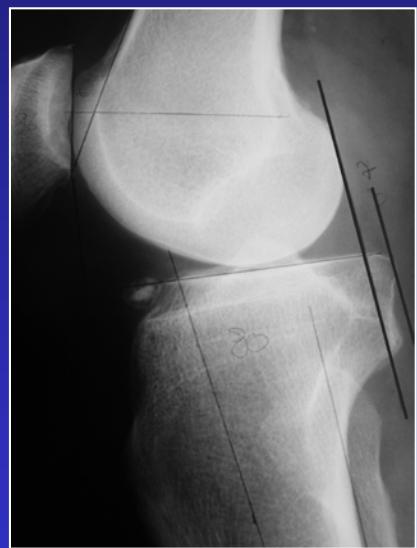
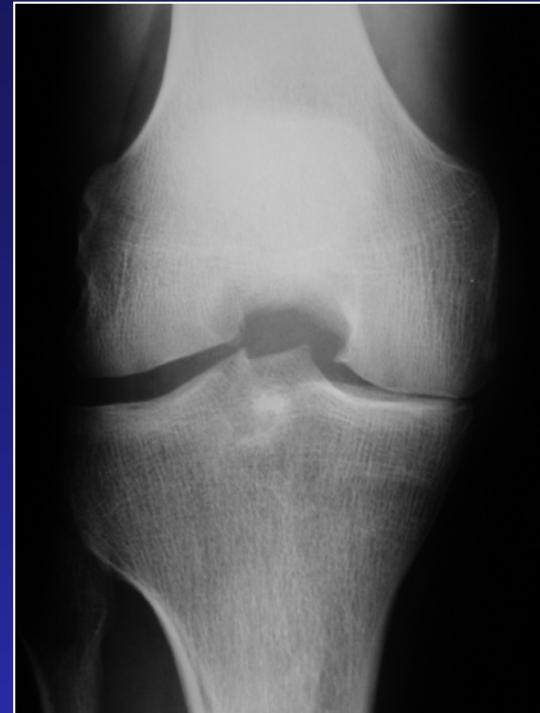
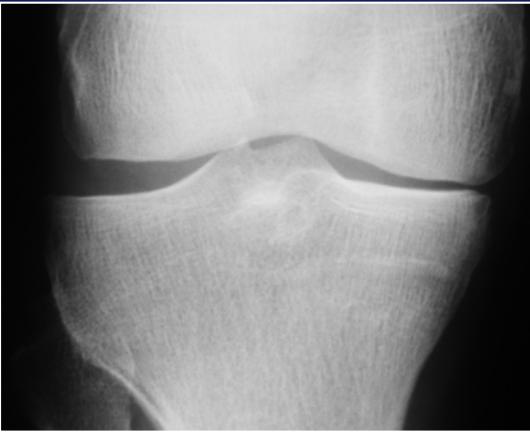


Courbe de survie (Kaplan meier)
Echec=remplacement d'un ou de plusieurs élément de l'implant (quel qu'il soit)

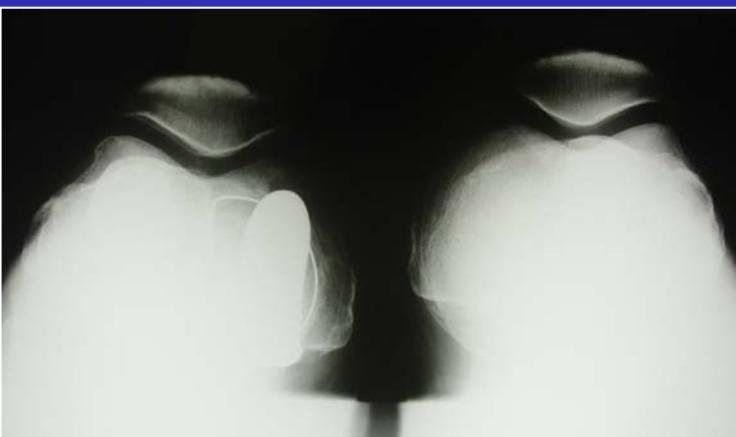
n = 359

Recul moyen= 43 mois

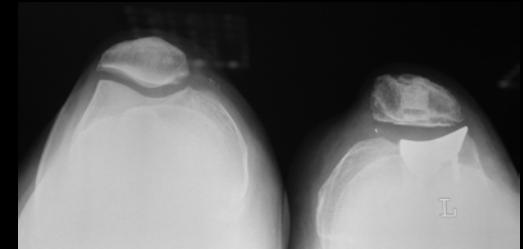








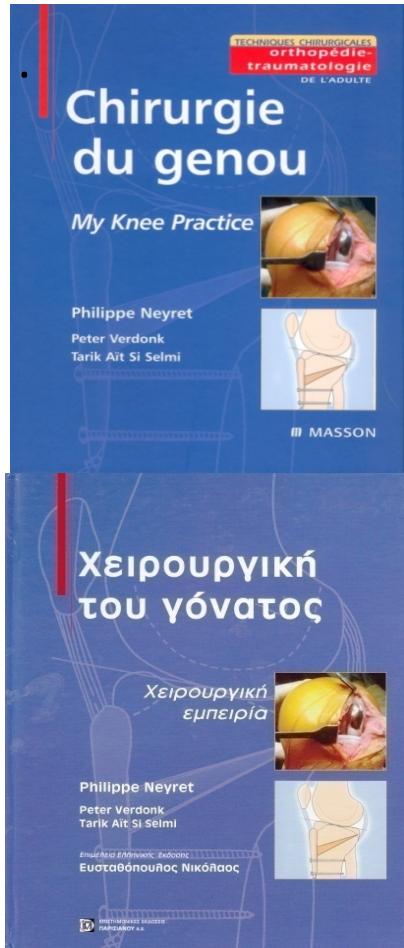
Prothèse fémoro-patellaire



65-85
%

10 ans de suivi

aatrillat@gmail.com



Merci



2013

Les Prothèses du Genou

Ph Neyret

E Servien
S Lustig
G Demey
V Duthon