

# Accuracy of PSI: control with navigation

Sebastien Lustig MD, Prof,

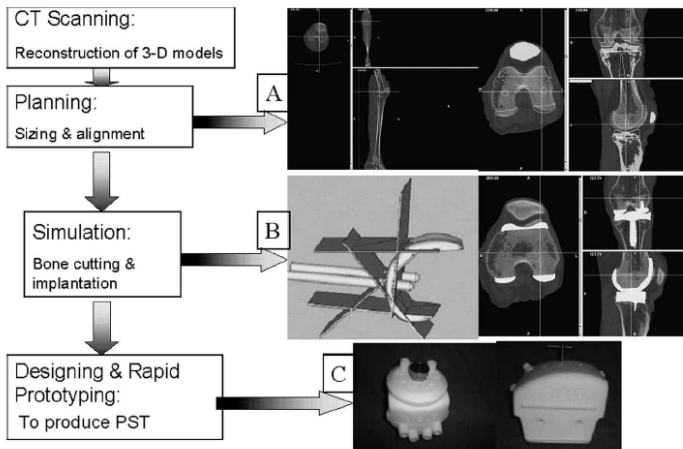
Sam Oussedik FRCS, Corey Scholes PhD,  
Myles RJ Coolican FRACS, David A Parker FRACS

<sup>1</sup> CHU Lyon Nord, Centre Albert Trillat, France  
<sup>2</sup> Sydney Orthopaedic Research Institute, Australie



# Computer-assisted Total Knee Arthroplasty Using Patient-specific Templating

*M. A. Hafez, FRCS(Ed)\*†; K. L. Chelule, PhD†; B. B. Seedhom, PhD†; and K. P. Sherman, FRCS, PhD‡*

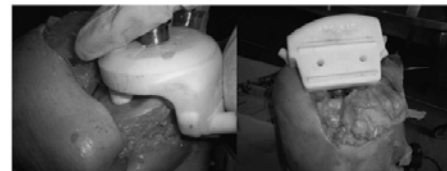


## TKA using Patient-Specific Templating (PST)

**A**  
Positioning  
& Bone  
cutting:  
Plastic specimen

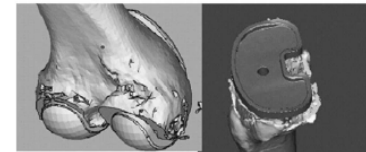


**B**  
Cadaveric  
Experiment

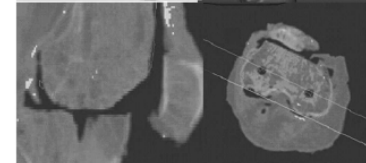


## Computer Assisted Analysis of Postoperative CT

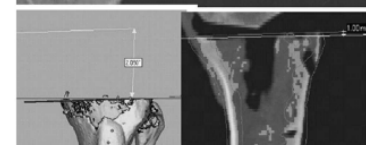
**A**  
3-D Evaluation:  
Implant sizing & position



**B**  
3-D Evaluation:  
Femoral cuts & alignment



**C**  
3-D Evaluation:  
Tibial cuts & alignment



## Patient-specific instruments: industry's innovation with a surgeon's interest

Emmanuel Thienpont · Johan Bellemans ·  
Hendrik Delpont · Philippe Van Overschelde ·  
Bart Stuyts · Karl Brabants · Jan Victor

80,000 TKA with  
PSI in 2012

**Table 1** Numbers in volume PSI TKA cases 2011 and 2012

Company name by alphabetical order	PSI TKA Global 2011	PSI TKA Europe 2011	PSI TKA Global 2012	PSI TKA Europe 2012
Biomet	11,192	3,169	22,506	6,501
DuPuy-Synthes	6,000	700	16,000	1,100
Medacta	4,600	3,400	6,200	4,600
Smith & Nephew	19,500	1,825	22,000	2,614
Wright Medical	1,600	400	2,000	550
Zimmer	9,800	1,250	13,850	2,150

# Literature ...

80,000 PSI TKAs



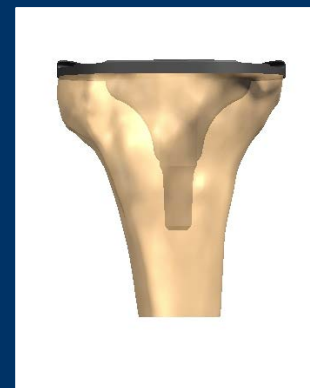
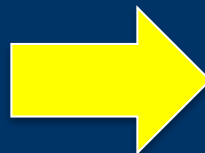
**A. J. Costa,  
S. Lustig,  
C. J. Scholes,  
J-C. Balestro,  
M. Fatima,  
D. A. Parker**

**BJR**



**■ KNEE**

**Can tibial coverage in total knee replacement be reliably evaluated with three-dimensional image-based digital templating?**



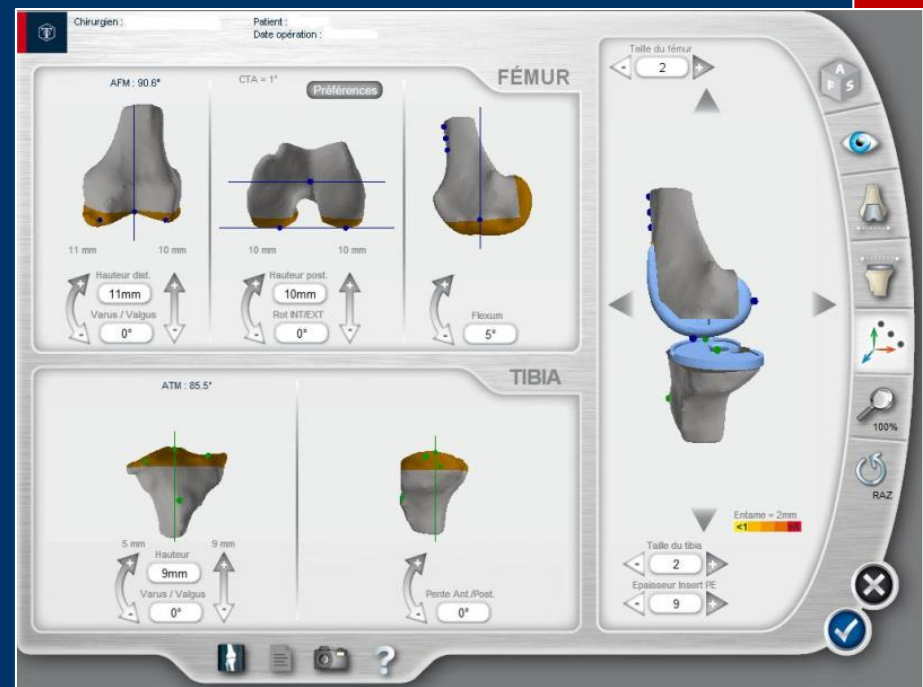
# Problem ?

Someone at computer making all the decision for you ...

Chirurgien		Patient	
Nom		Prénoms	
Sexe		Age	
Adresse		Sexe	
Code postal		Sexe	
Ville		Sexe	
Profilage		Sexe	
Utile à aborder		Sexe	
Autre données		Sexe	
APM		Sexe	
ATM		Sexe	
MMA initial		Sexe	

Données de planification	
Emplacement	
Centre de rotation	
Angle de rotation	
Rotation EXT	
Rotation INT	
Hauteur de la coupe distale	
Hauteur de la coupe proximale	
Angle	
Rotation PE	
Hauteur de la coupe distale	
Hauteur de la coupe proximale	
Angle	
Varus / Valgus	
Profilage	



# Problem ?

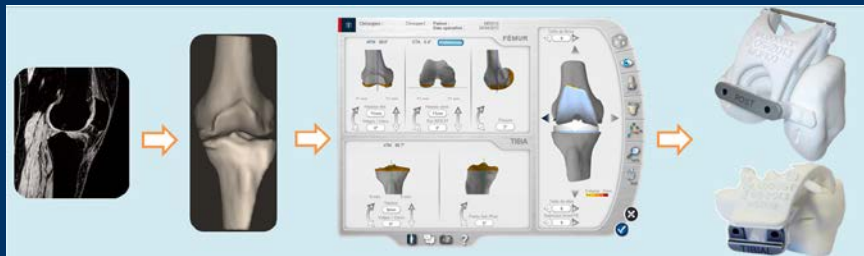


How can we control the accuracy of the process...



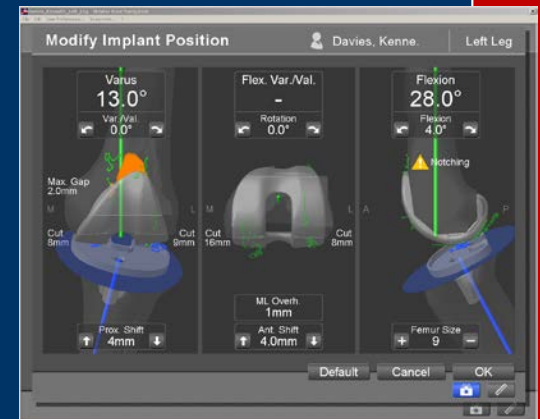
# Aim

Assess intraoperatively the accuracy  
Of a Patient Specific Instrumentation  
for TKA  
Using a navigation system



PSI

VS

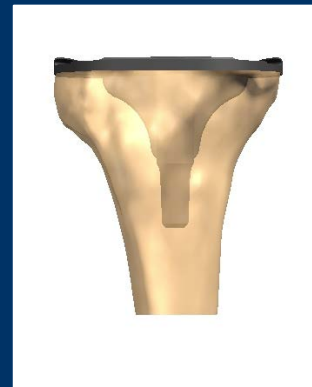
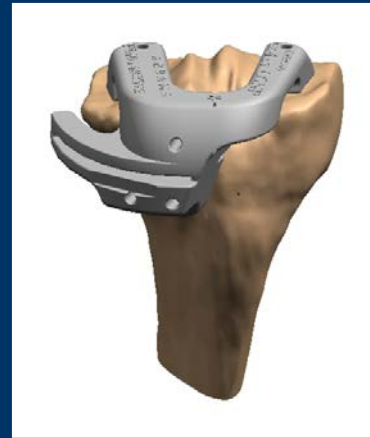
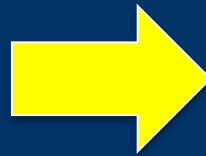


Navigation



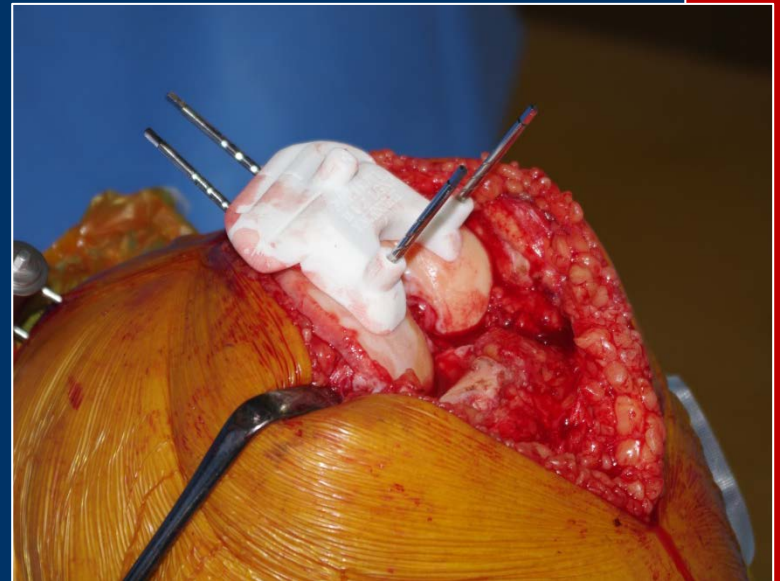
# Method

Visionaire® Smith and Nephew



# Method

- 60 consecutiv primary TKAs
  - Genesis II PS cemented
  - Navigation system Stryker Precision®
- Patient specific instrumentation
  - Visionaire® (SN)
- Positioning checked with CAS



(PSI used only if positioning was ideal – error less than 1° or 1mm)

# Method



**VISIONAIRE**  
Patient centered instrumentation

**TKA Cutting Block Surgical Alignment Plan**

Patient	DAVID, JAMES
Anatomy	LEFT
Surgeon	DR. PARKER
Implant	LEGIS
Surgery Date	1/29/2010

**2-Fluor Measurements**

Mechanical axis medial valgus angle	0.0 Deg
Pre-op full leg distal angle	18.7 Valgus
Fluor distal angle	0.0 Deg

**Femur Part No. P1000994V1**

Fluor	0.0 Deg
Mechanical Axis OFF PATIENT X-RAY	0.0 Deg
Mechanical Axis Medial Valgus	0.0 Deg
Resection Length	IMPLANT THICKNESS IS 5MM
Internal Medial Resection	APF 5.0
Distal Cut	5
Internal Medial Condyle Resection	0.0 mm
Internal Lateral Condyle Resection	0.0 mm
Posterior Medial Condyle Resection	10.0 mm
Posterior Lateral Condyle Resection	0.0 mm
Distal Lateral Resection	1.0 mm

**Tibia Part No. P1000994V2**

Posterior Slope Proximal	3.0 Deg
Mechanical Axis OFF PATIENT X-RAY	0.0 Deg
Mechanical Axis Medial Valgus	0.0 Deg
Internal Medial Resection	0.0 mm
Internal Lateral Resection	0.0 mm
Posterior Medial Resection	0.0 mm
Posterior Lateral Resection	0.0 mm
Resection to Intercune	10 mm

**Notes:** Femur implant resection is on AP axis. TEA was difficult to determine from the scan for this patient so was not used to set rotation. Due to the significant lateral wear on the tibia, the resection was reduced to 3 mm.

**Femur Alignment**

**Lateral**

Distal Resection:	0.0 mm from Medial
	0.0 mm from Lateral
	1.0 mm into Sulcus
Proximal Resection:	10.0 mm from Medial
	0.0 mm from Lateral

**Anterior Resection:**  
Flush to Anterior Shell

**Anterior**

Distal Resection:	0.0 mm from Medial
	0.0 mm from Lateral
	1.0 mm into Sulcus

**Femur Valgus:**  
MECHANICAL AXIS OFF PATIENT X-RAY

**Distal 20 deg Benders**

**Rotation:**  
A/P AXIS

Proximal Resection:	10.0 mm from Medial
	0.0 mm from Lateral

**ML Implant Width:**  
Vertical Line  
Implant Boundary  
Most Posterior Horizontal Lines



**Modify Implant Position** | Davies, Kenne. | Left Leg

<p><b>Varus</b> 13.0°</p> <p>Var./Val. 0.0°</p>	<p><b>Flex. Var./Val.</b> -</p> <p>Rotation 0.0°</p>	<p><b>Flexion</b> 28.0°</p> <p>Flexion 4.0°</p> <p>Notching</p>
<p>Max. Gap 2.0mm</p> <p>Cut 8mm</p> <p>Prox. Shift 4mm</p>	<p>Cut 9mm</p> <p>Cut 16mm</p> <p>ML Overh. 1mm</p> <p>Ant. Shift 4.0mm</p>	<p>Cut 8mm</p> <p>Femur Size 9</p>

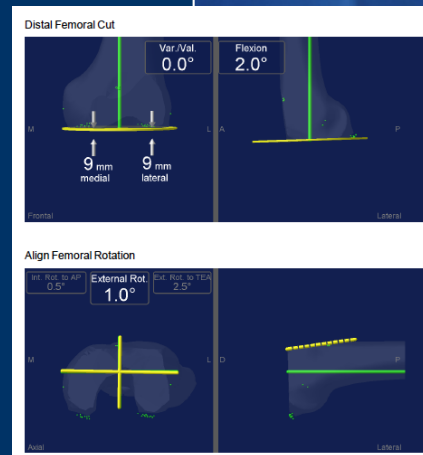
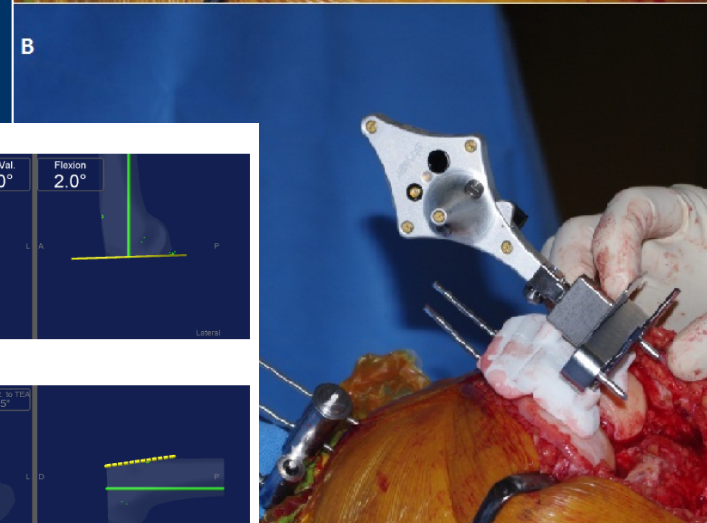
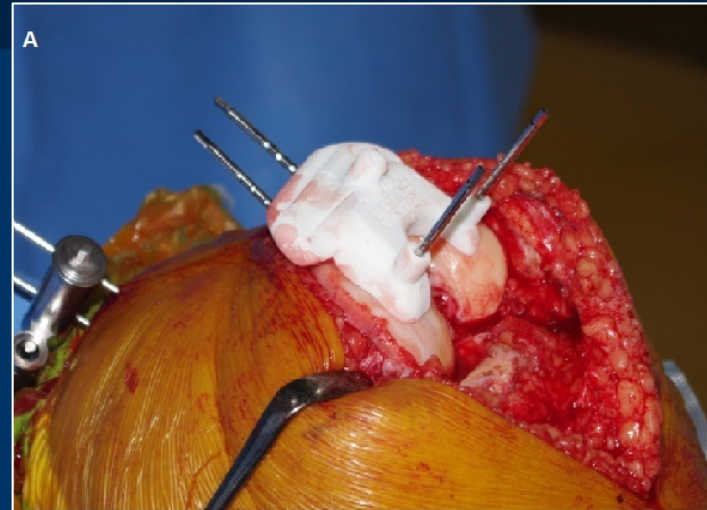
Default Cancel OK

# Method : Parameters assessed

## Femur

Bone cuts :

- Frontal plane
- Sagittal plane
- Rotation
- Thickness
- Implant Size

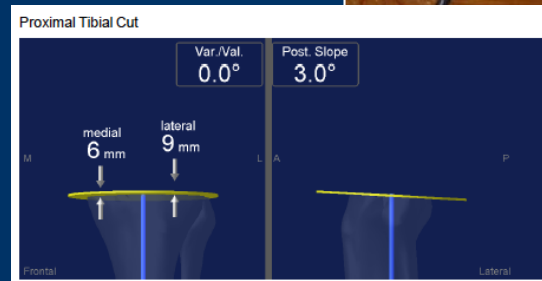
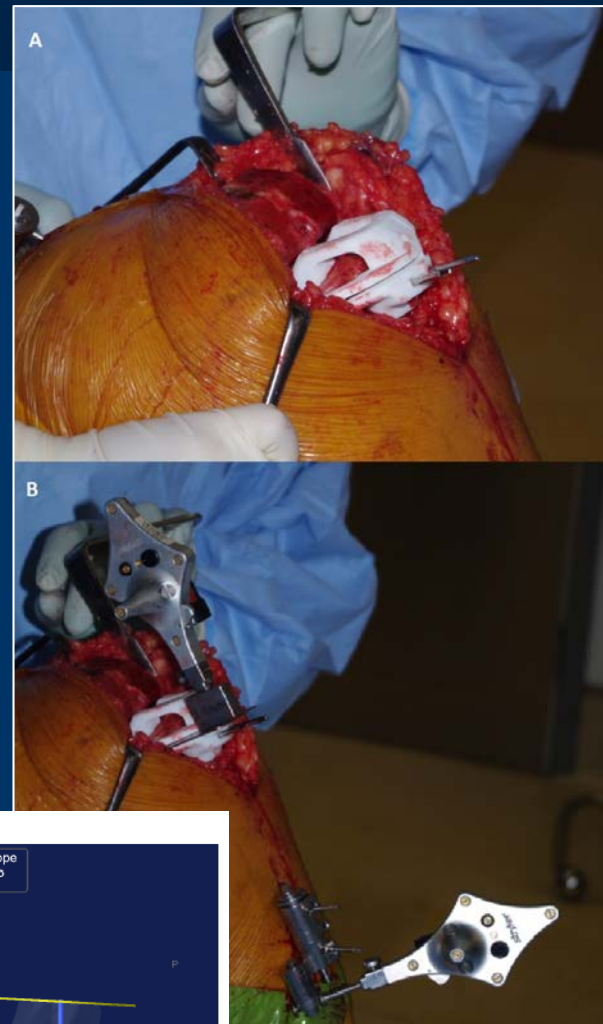


# Method : Parameters assessed

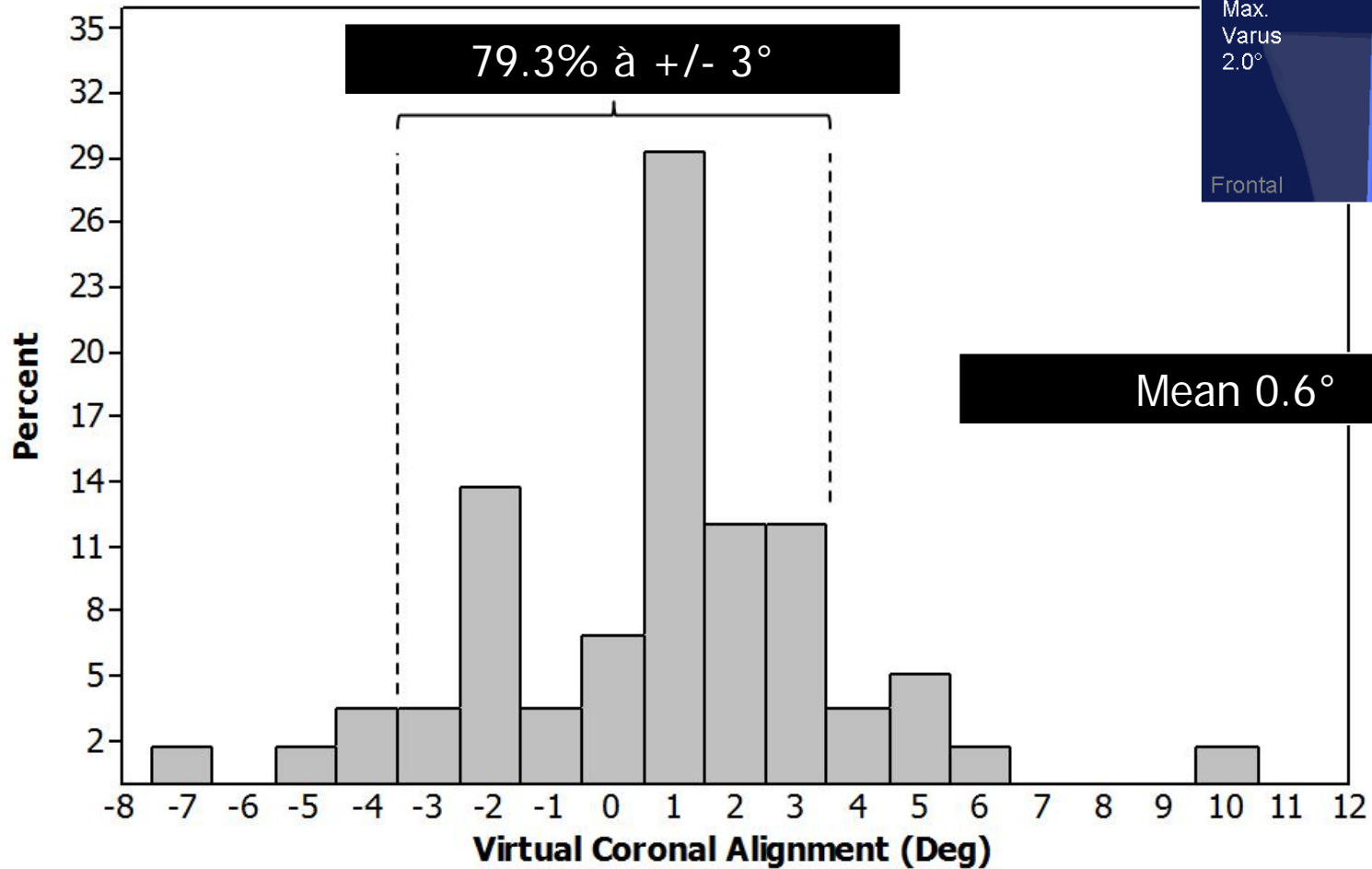
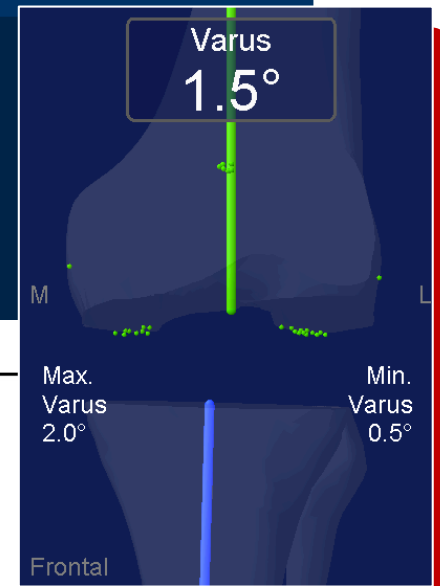
## Tibia

Bone cuts :

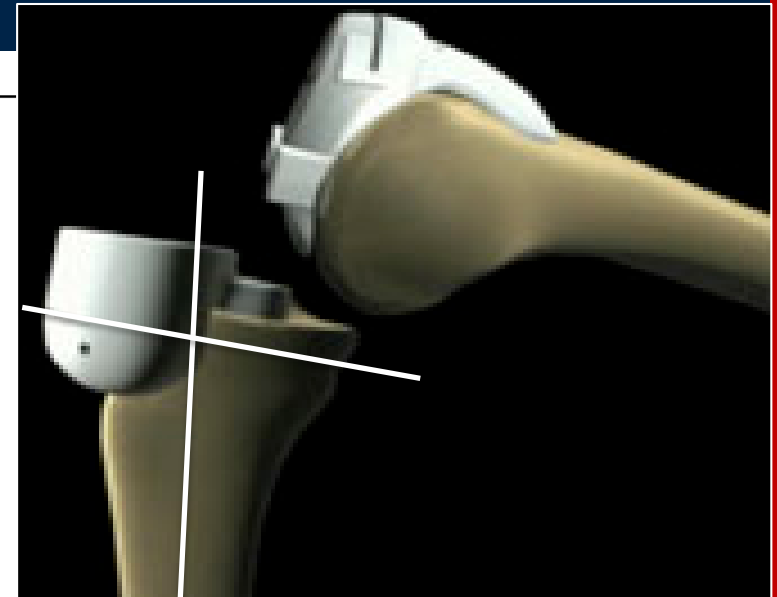
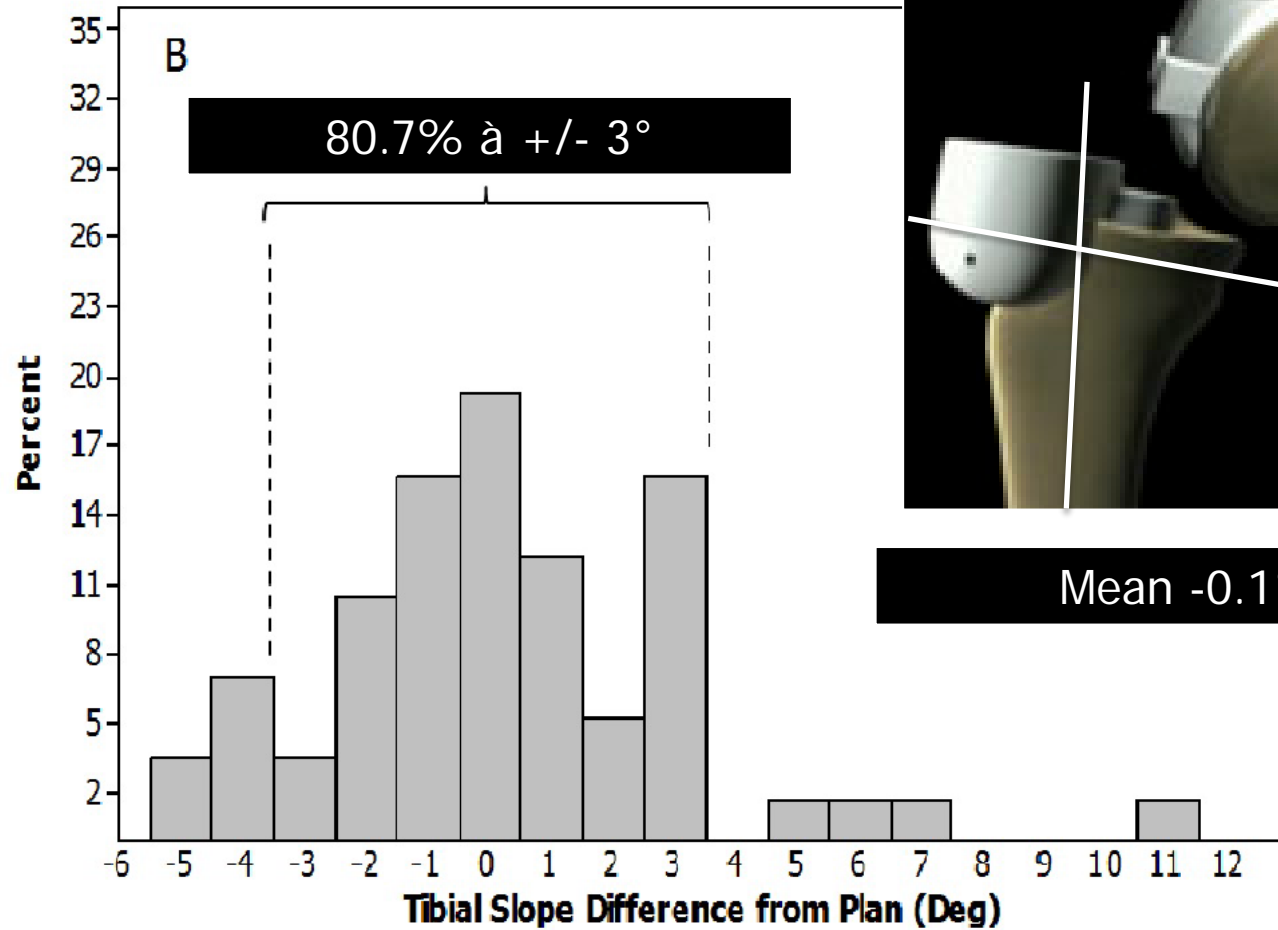
- Frontal plane
- Tibial Slope
- Thickness
- Implant Size



# Results – Alignment

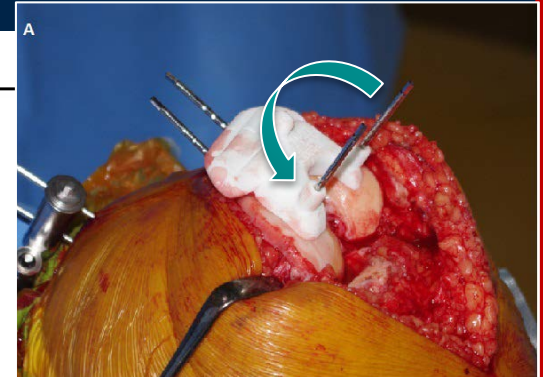
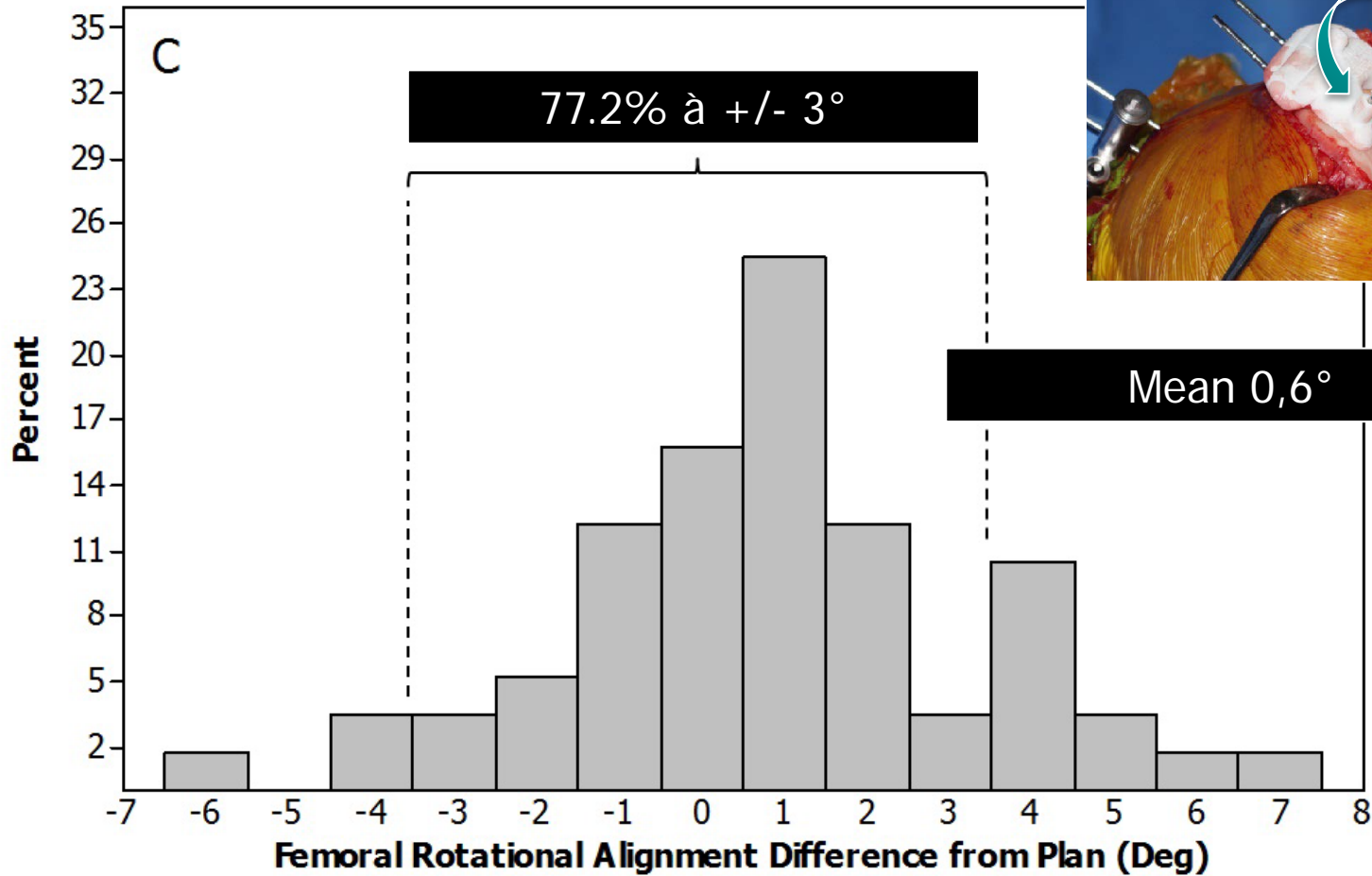


# Tibial Slope



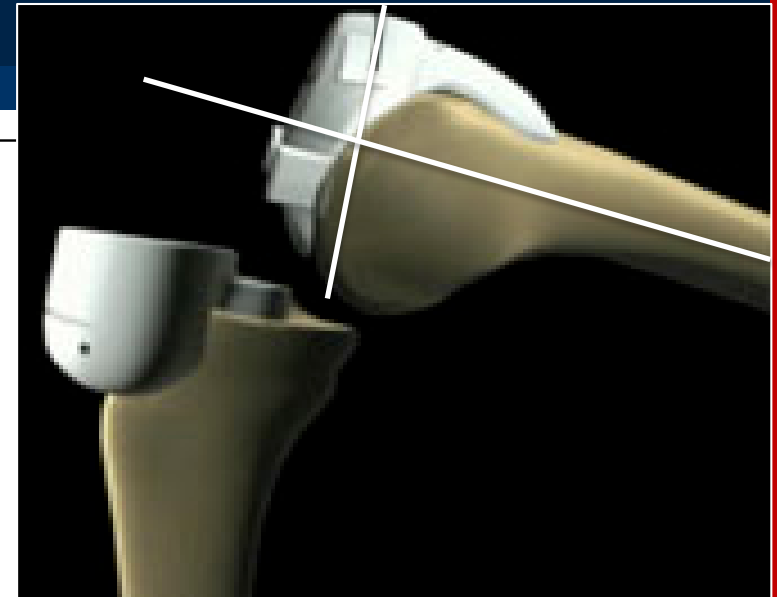
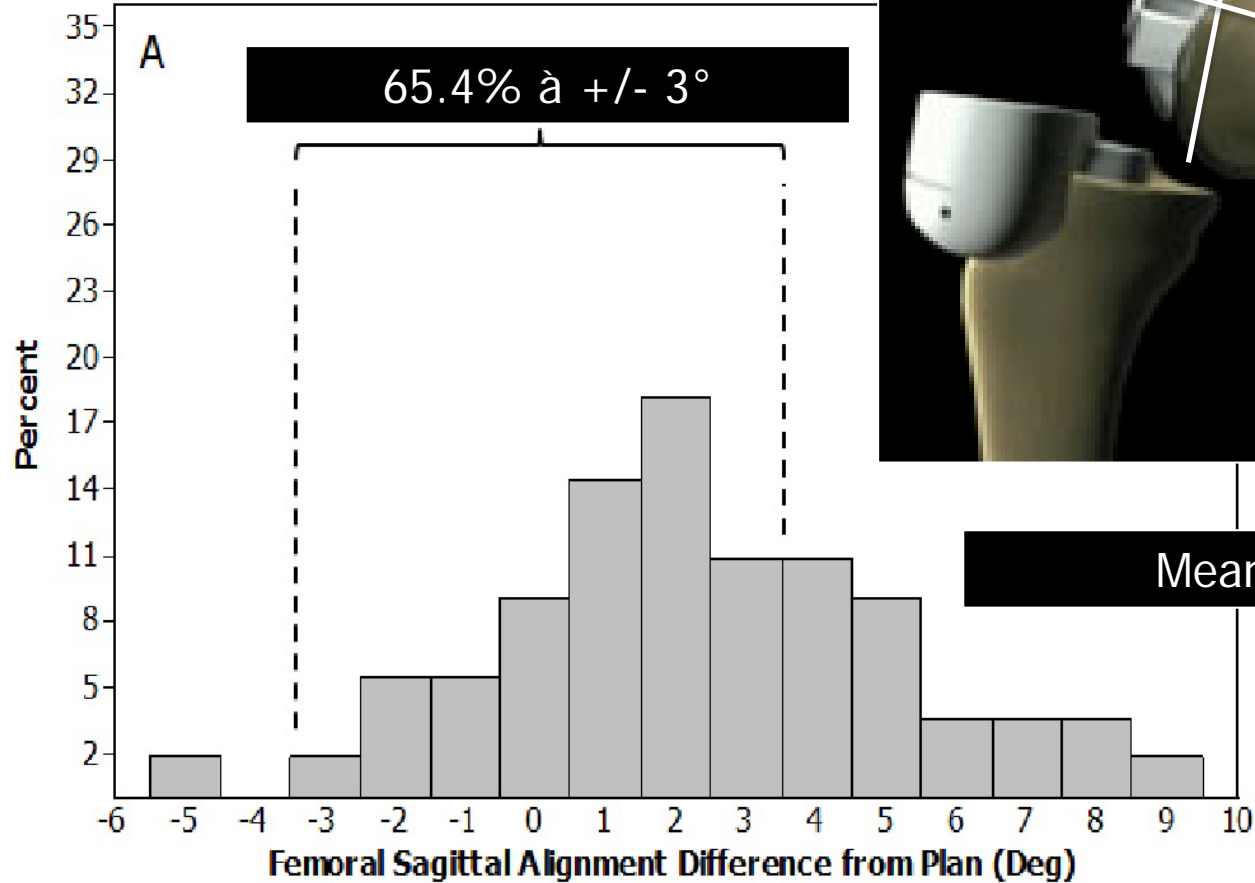
Mean  $-0.1^\circ$

# Femoral rotation





# Femur : sagittal alignment



# Results

- Compared to preop plan :
  - Implants size : Femur 52%                      Tibia 50%
  - Bone cuts thickness:

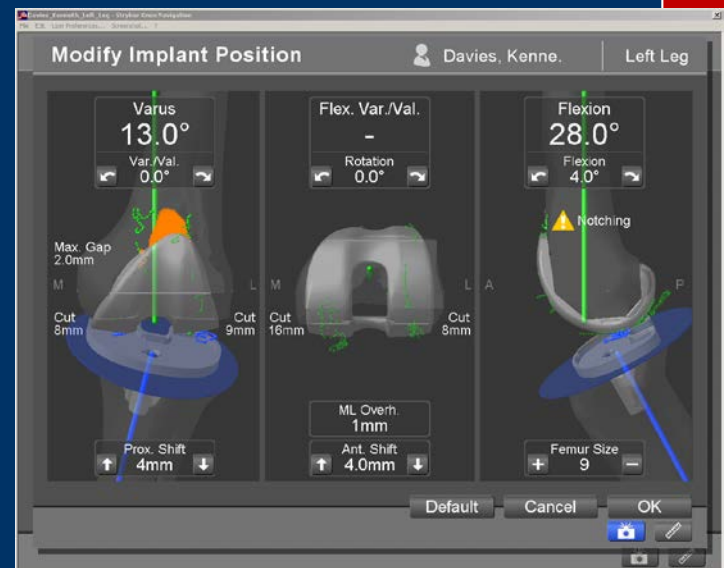
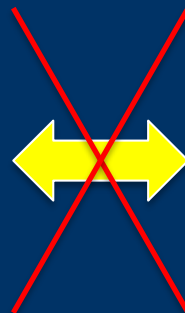
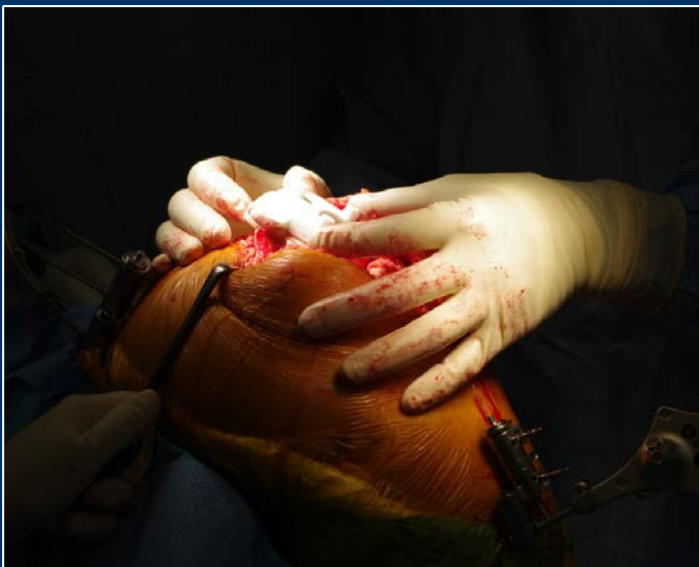
	Difference (mm)	Max (mm)	% +/- 2mm
<b>Femur</b>			
Medial	0.0 ± 1.2	-3.5 <u>to</u> 6.5	87.7
Lateral	0.25 ± 1.1	-6.5 <u>to</u> 6.5	87.7
<b>Tibia</b>			
Medial	0.1 ± 1.2	-6.0 <u>to</u> 3.0	78.9
Lateral	0.1 ± 1.1	-7.0 <u>to</u> 3.0	78.9

# Discussion

20% mismatch  $> 3^\circ$  for all parameters

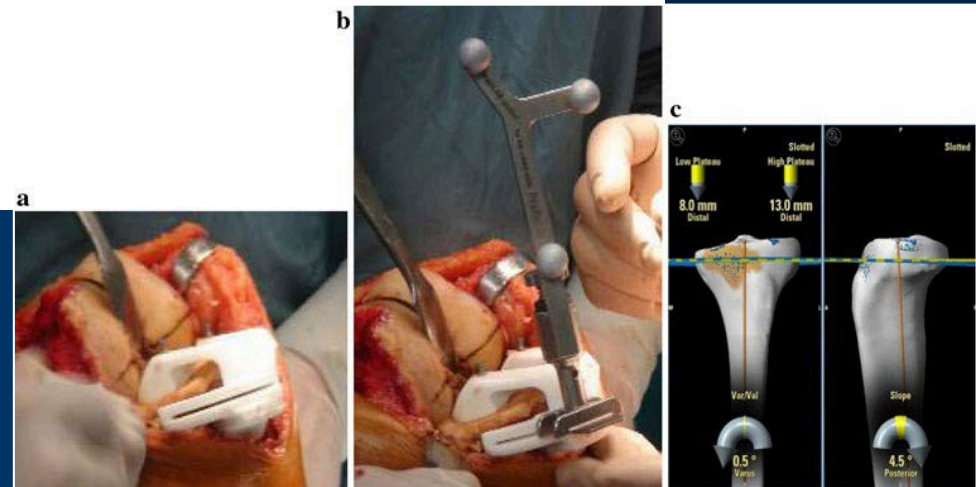
35% mismatch  $> 3^\circ$  for sagittal positioning of the femur

« Mistakes » up to  $8^\circ$  for the frontal plane and  $13^\circ$  for the sagittal plane



## Evaluation of the accuracy of a patient-specific instrumentation by navigation

Fabio Conteduca · Raffaele Iorio · Daniele Mazza ·  
Ludovico Caperna · Gabriele Bolle ·  
Giuseppe Argento · Andrea Ferretti



" (...) According to the above criteria, the custom cutting jigs were reliable in 34 out of 48 measurements (75 %) (...) "

# Discussion

VISIONAIRE<sup>®</sup>  
Patient Matched Technology

## *Conteduca KSSTA 2012*

12 patients

Tibia frontal	1.2° (0°-5°)
Tibia sagittal	3.8° (0°-7,5°)
Femur frontal	1.2° (0°-6°)
Femur sagittal	3.7° (0°-9°)



Sagittal plane

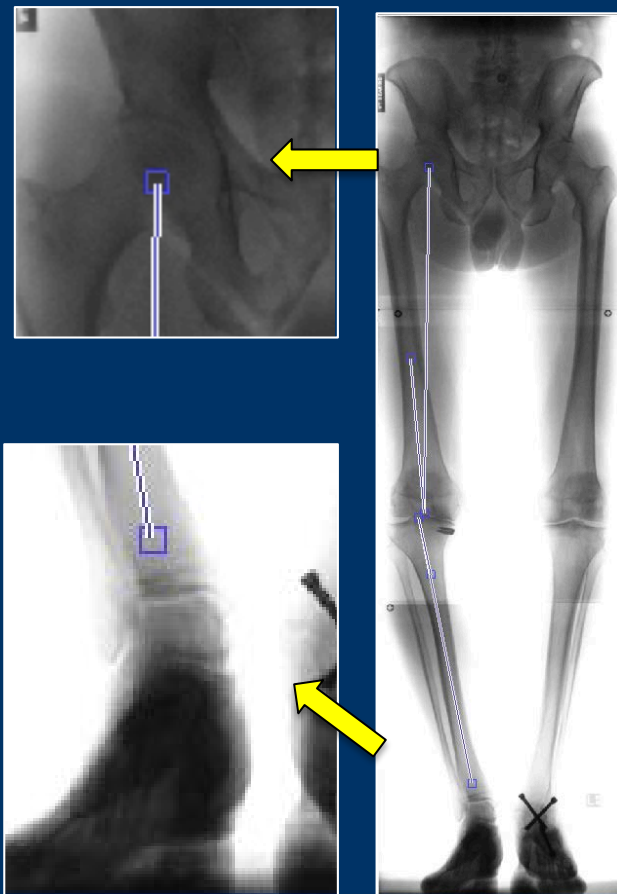


*"In cases of the use of the custom made cutting jigs it is recommended to perform an accurate control of the alignment before making the cuts, for any step of the procedure"*

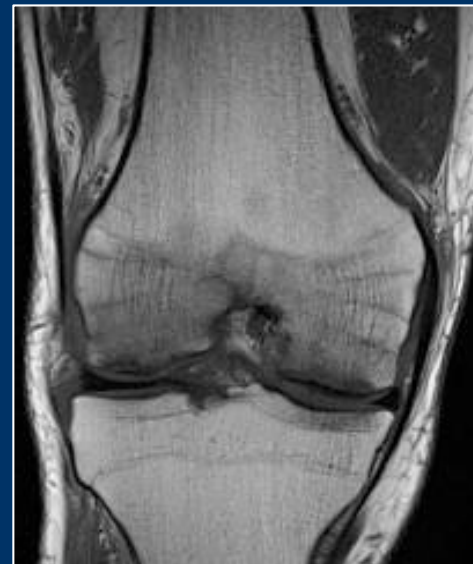
# Discussion

VISIONAIRE<sup>◇</sup>  
Patient Matched Technology

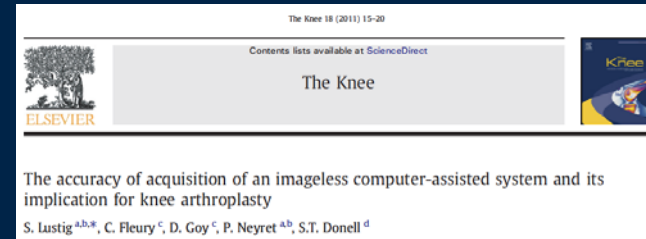
*Preop MRI limited to the knee?*



**!** Sagittal plane **!**



# Limits



- Accuracy of the navigation system ? (1°-1mm)
- Parameters assessed are different between CAS and PSI ?



- Our results cannot be extrapolated to other systems

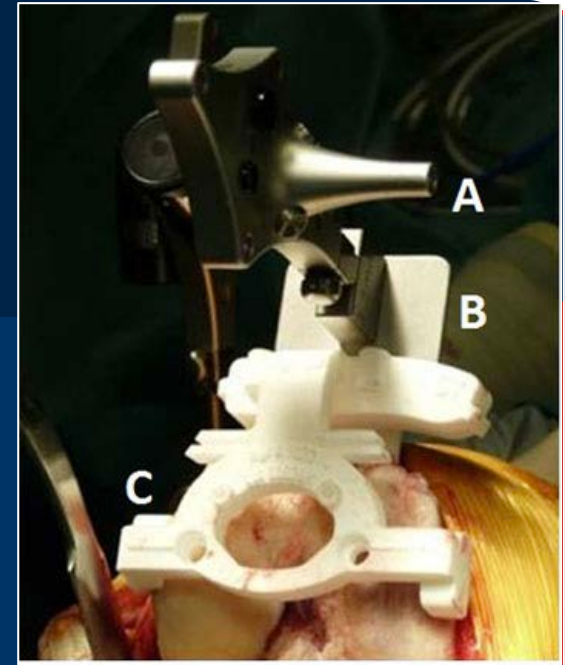
## Intra- and post-operative accuracy assessments of two different patient-specific instrumentation systems for total knee replacement

Andrea Ensini · Antonio Timoncini · Francesco Cenni ·  
Claudio Belvedere · Francesca Fusai · Alberto Leardini ·  
Sandro Giannini

“(...)Despite good coronal alignments of the single prosthetic components, the lower limb mechanical axis was not restored correctly in a number of patients. (...)”

n= 50

Trumatch®  
(Depuy)



## PSI® (Zimmer)

## Patient-specific instrumentation for total knee arthroplasty does not match the pre-operative plan as assessed by intra-operative computer-assisted navigation

Corey Scholes · Varun Sahni · Sebastien Lustig ·  
David A. Parker · Myles R. J. Coolican

n=30



“(...) the error for total coronal alignment exceeded 3° for 27 % of the sample (...)”



SYMPOSIUM: 2013 KNEE SOCIETY PROCEEDINGS

## Patient-specific Guides Do Not Improve Accuracy in Total Knee Arthroplasty

A Prospective Randomized Controlled Trial

Jan Victor MD, PhD, Jan Dujardin MD,  
Hilde Vandenneucker MD, Nele Arnout MD,  
Johan Bellemans MD, PhD

Visionaire® (SN)  
Trumatch® (Depuy)  
Signature® (Biomet)



# Conclusion

- Unsatisfactory accuracy of the visionaire PSI system in that study,
- Origin of the error still to be determined
- Promising technology, need for improvement,
- Currently unacceptable risk for malalignment if used without intraoperative control.



# MEDIOCRITY

IT TAKES A LOT LESS TIME  
AND MOST PEOPLE WON'T NOTICE THE DIFFERENCE  
UNTIL IT'S TOO LATE.

## Thank you



ELSEVIER

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Unsatisfactory Accuracy as Determined by Computer Navigation of VISIONAIRE Patient-Specific Instrumentation for Total Knee Arthroplasty

Sébastien Lustig MD, PhD <sup>a,b</sup>, Corey J. Scholes PhD <sup>a</sup>, Sam I. Oussedik FRCS <sup>a</sup>, Vera Kinzel FRACS <sup>a</sup>, Myles R.J. Coolican FRACS <sup>a</sup>, David A. Parker FRACS <sup>a</sup>

