

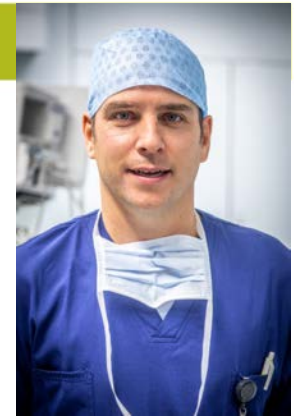


Robotics in the unicompartmental arthroplasty

The standardization of the procedure

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Knee Sport and Shoulder
St Trudo Hospital
BELGIUM

Murcia, 1 June 2022



Curriculum Vitae Dr Bollars Peter

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- Knee Sport and Shoulder St Trudo Hospital since 2012 BELGIUM
- First NAVIO Robotic case in March 2018 UKA
- 600 TKA and UKA NAVIO / CORI experience
- First published clinical paper : accuracy in Robotics Navio TKA 2020
- Second published clinical paper : joint awareness after Robotics TKA 2022

Introduction



- Total knee arthroplasty (TKA)
 - Highly successful procedure
 - 81 – 92 % survival at 15 years

Ranawat CS, Flynn WF, Saddler S, et al. Long term results of the total knee arthroplasty. Clin Orthop Rel Res 286:94-102



How well does TKA do ?

- **Almost 20% of TKA patients dissatisfied**

Patient satisfaction after TKA: who is satisfied and who is not?

Bourne RB, et al. Clin Orthop 2010;468:57

Only 82% to 89% of primary TKA patients are satisfied

J Bone Joint Surg Br. 2010 Sep;92(9): Scott CE, Howie CR, MacDonald D, Biant LC



Unicompartmental knee arthroplasty (UKA)

Clinical results are often described as superior to those of TKA.

Conclusion: Patients who underwent UKA had higher FJS, HFKS, and satisfaction rate when compared with patients who underwent TKA, indicating that UKA facilitated less knee awareness and better function and satisfaction than TKA.

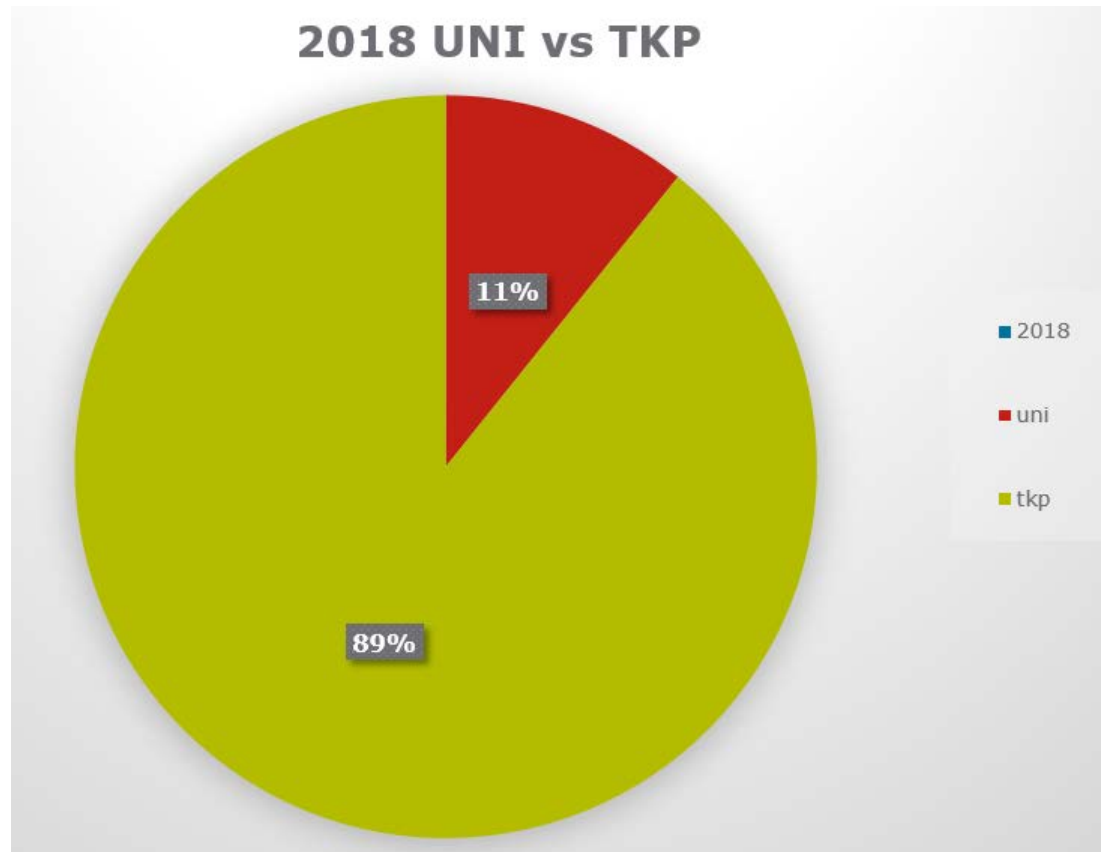
Differences in Patient-Reported Outcomes Between
Unicompartmental and Total Knee Arthroplasties: A Propensity
Score-Matched Analysis

Man S. Kim, MD, In J. Koh, MD, PhD, Young J. Choi, MD, Jong Y. Lee, MD, Yong In, MD, PhD *

The Journal of Arthroplasty 32 (2017) 1453–1459



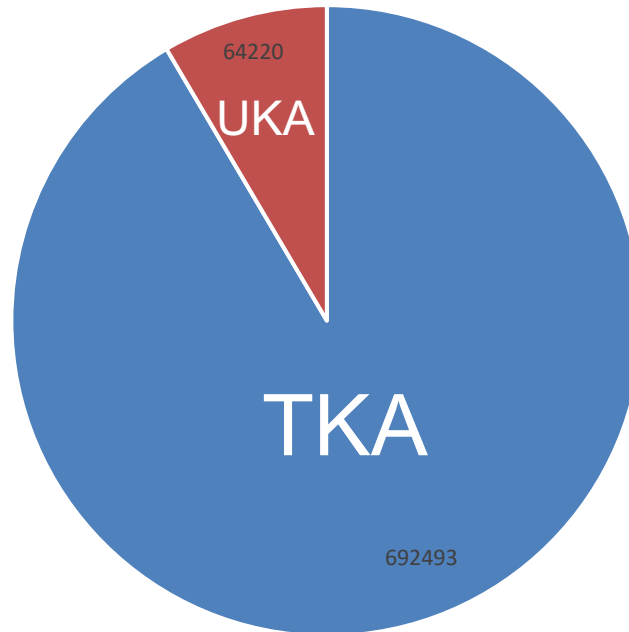
Knee Market BELGIUM 2018





Knee Market Europe 2018

UNI vs TKA 2018 Europe



Eucomed Data



Why not more UNIs ?

- Patient selection/indication ?
- Technical difficult procedure ?
- Fear for failure or outliers ?



Higher revision rate UKA vs TKA

- **Suboptimal implant position**
can cause failure of the UKA

- Femorotibial osteoarthritis of opposite compartment
- Tibial component loosening

Table 4 Comparison of reasons of failure in the Swedish registry, Australian registry, and present study, in the overall populations.

Overall population (%)	Swedish registry n = 1576	Australian registry n = 2882	Present study n = 418
Loosening	37.3	48.3	44.0
Disease	27.4	21.2	15.1
progression			
Wear	13.5	1.7	12.7
Technical problems	–	3.8	11.5
Pain	4.8	11.5	5.5
Fractures	2.0	2.7	3.6
Infection	2.3	4.6	1.9
Other	12.7	6.2	5.7
Total (%)	100	100	100

Epinette JA, Brunschweiler B et al. (2012). Unicompartimental knee arthroplasty modes of failure. Orthop Traumatol Surg Res 98:S124-130



Factors of a successful UKA

- Patient selection
- Component design
- Surgeon experience/volume
- Optimal pain protocol and rehab
- Accuracy of implantation
- Soft Tissue Balancing

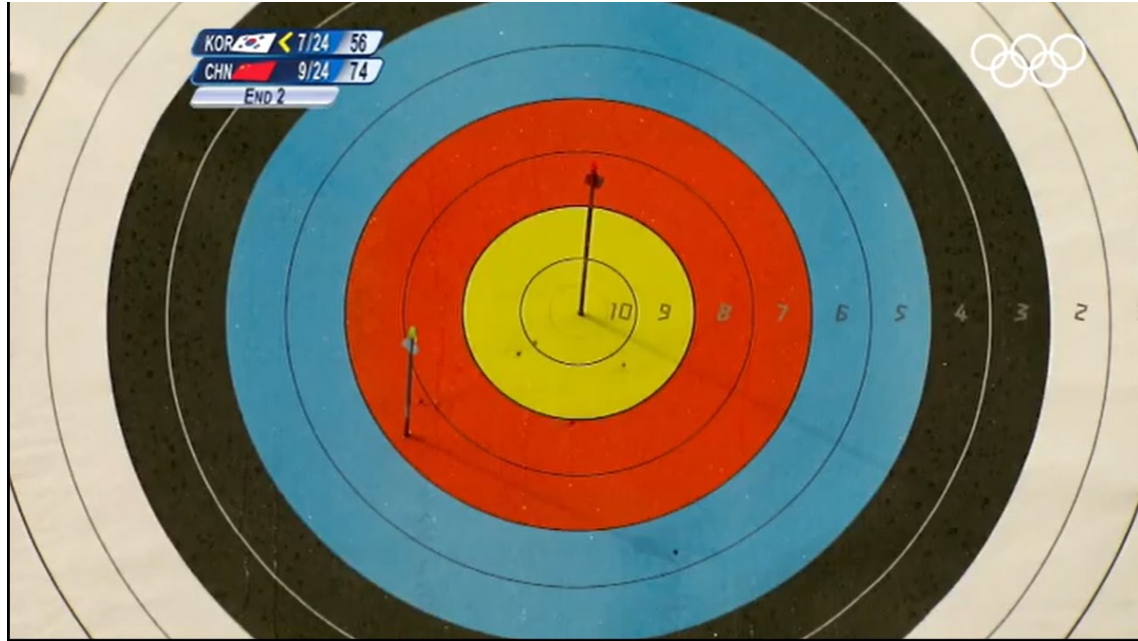




What do we need ?



Special thanks Prof J Bellemans



We need ACCURACY / PRECISION / EXACTNESS



Introduction of Robotic and assisted technology ??



Say 'Hi' to CORI™

- ❑ Semi-active Robotic Assistance
- ❑ CT-Free medical device
- ❑ Dedicated platform for S&N implants
- ❑ Reproducible
- ❑ Approachable cost
- ❑ Small footprint in OR
- ❑ User friendly





CORI™

- Real-Time FEEDBACK during the procedure
 - Bone resection
 - Implant position
 - Ligamentous balance
 - Allow to do a fully **resurfacing** procedure



CORI™

- Recent advances in robotics provide a tool **to assist** surgical planning
- Increase the **accuracy** of implant position
- Allow the surgeon to stay in the **native soft tissue enveloppe**



Evidence ?

NIH National Library of Medicine
National Center for Biotechnology Information

Log in

PubMed.gov robotics knee arthroplasty [User Guide](#)

[Advanced](#) [Create alert](#) [Create RSS](#)

Sorted by: Best match

MY NCBI FILTERS **620 results**

RESULTS BY YEAR

1993 2021

TEXT AVAILABILITY

Abstract

Robotics in Total Knee Arthroplasty.
1 Bautista M, Manrique J, Hozack WJ.
Cite J Knee Surg. 2019 Jul;32(7):600-606. doi: 10.1055/s-0039-1681053. Epub 2019 Mar 1.
PMID: 30822790 Review.
Share Total **knee arthroplasty** (TKA) is a highly successful operation that improves patients' quality of life and functionality. ...The promise of **robotic**-assisted TKA is that it provides a surgeon with a tool that accurately executes bone cuts according to presurgi ...

Robotics in Arthroplasty: A Comprehensive Review.
2 Jacofsky DJ, Allen M.
Cite J Arthroplasty. 2016 Oct;31(10):2353-63. doi: 10.1016/j.arth.2016.05.026. Epub 2016 May 18.



CORI™ UKA:

SURGICAL WORKFLOW IN BALANCING AND ALIGNMENT

1

- * Pre-operative set up CORI™
- * Determine the landmarks
- * 3D Mapping
- * Shape Matching
- * Gap balancing and alignment

2

- * Surgical bone preparation and cut/bur

3

- * Control balance and alignment UKA



Case Presentation



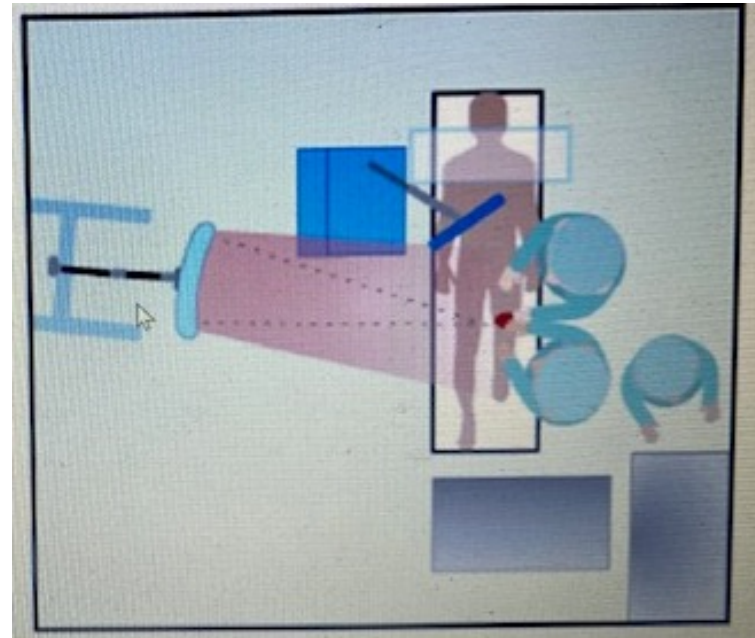


Case Presentation





OR Set-up





CORI™ : Approach



CORI™ : Installation trackers





CORI™ : Camera Orientation

Camera Orientation Adjustment

NEAR Ti FAR

Fe

Ti

Remove osteophytes from the joint. Place retractors after collecting the patient's stressed range of motion

Next



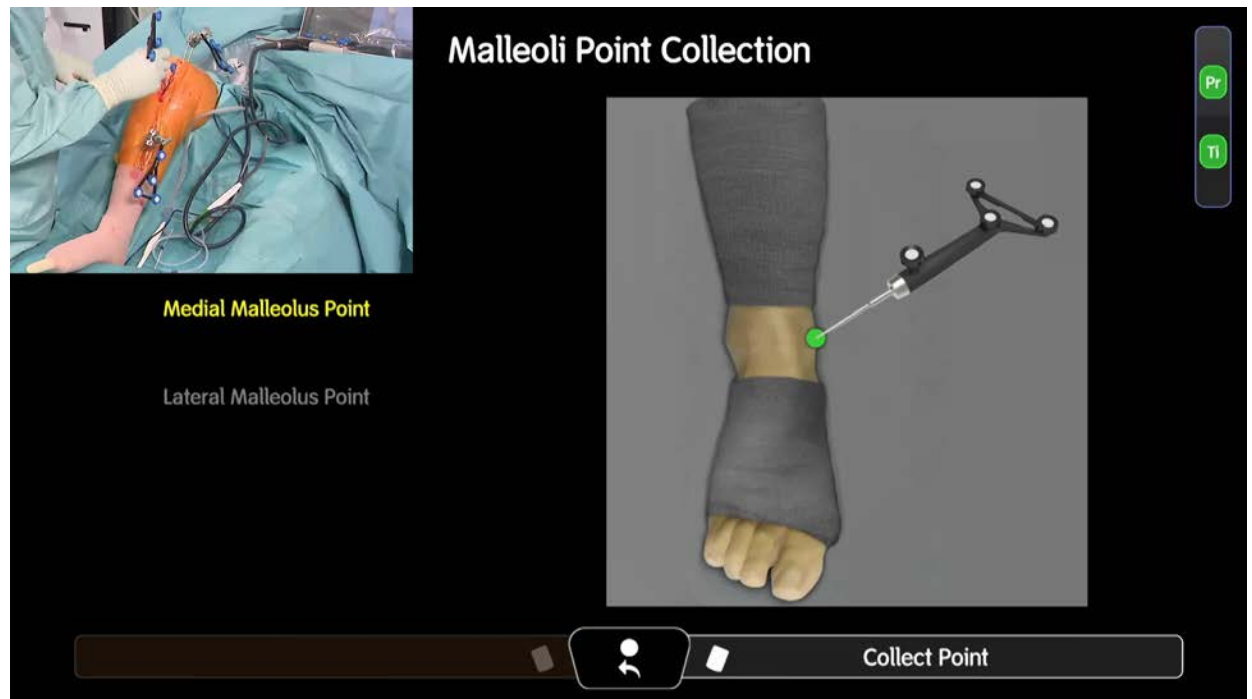
CORI™ : Determine the landmarks

Anatomic Landmarks

Alignment

Extension

ROM





CORI™ : Determine the landmarks

Stressed ROM : Z retractor Continuously same strength ROM

Stressed ROM Collection

Apply valgus stress while flexing the leg.
Press and hold the right footpedal to collect stressed ROM.

Continue Collect Pre-op Motion (HOLD)

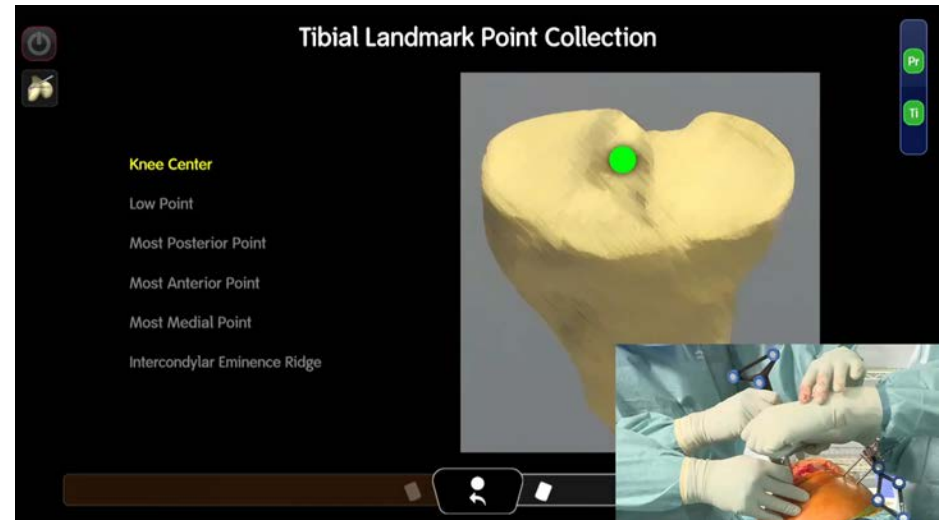
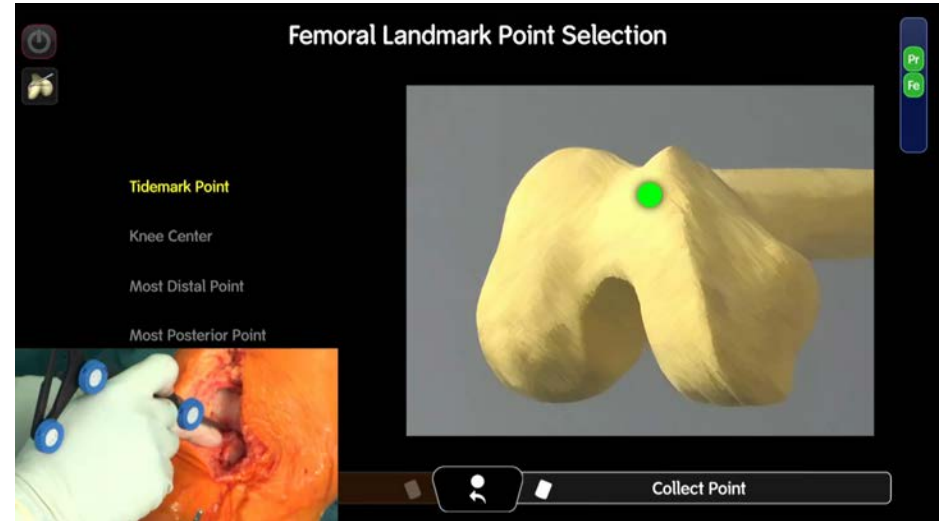


CORI™ : 3D Mapping

SURGICAL MAPPING

Reference points femur and tibia

3D mapping of the knee





CORI™ : 3D Shape Matching and Balancing



CORI™ : 3D shape matching

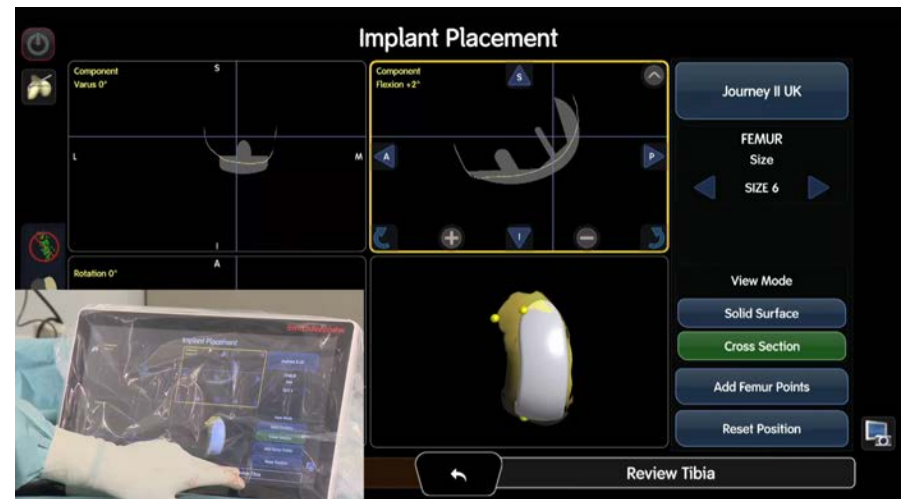
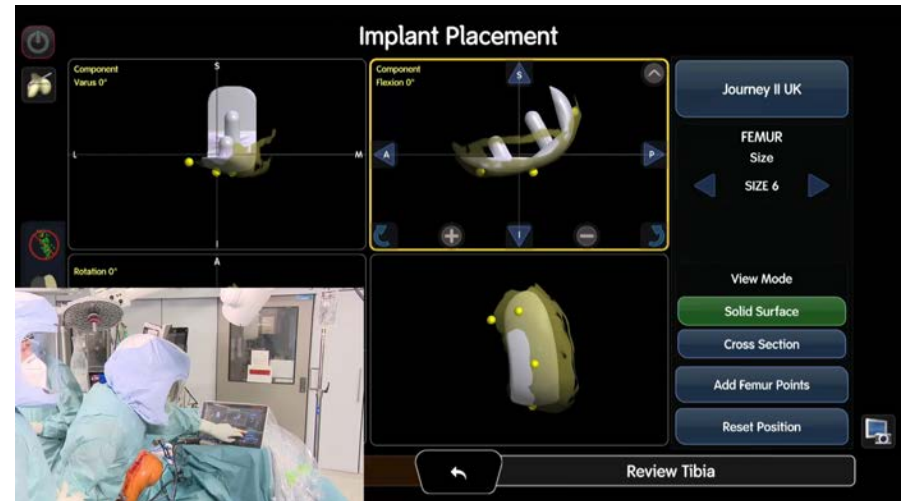
SHAPE MATCHING

CORI suggest position and size

→ Correct positioning of the prosthesis

Depending :

* bony alignment and landmarks





CORI™ : Shape Matching and Balancing

SHAPE MATCHING AND BALACING

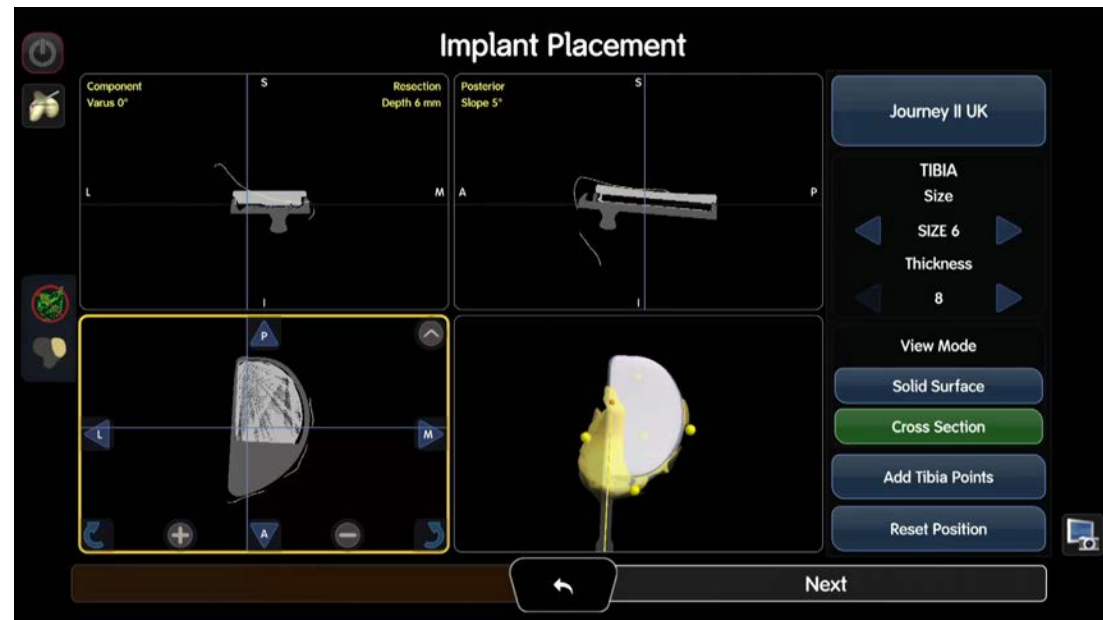
Full 3D control to adapt the position of the components on patient anatomy, depending :

- bony alignment and landmarks
- soft tissue tension

‘six degrees of freedom’

Visualize virtual bone cuts to evaluate implant fit before cuts

100% surgeon controlled
= feedback





CORI™ : Shape Matching and Balancing

GOAL TO ACHIEVE

GOOD POSITIONING IMPLANTS

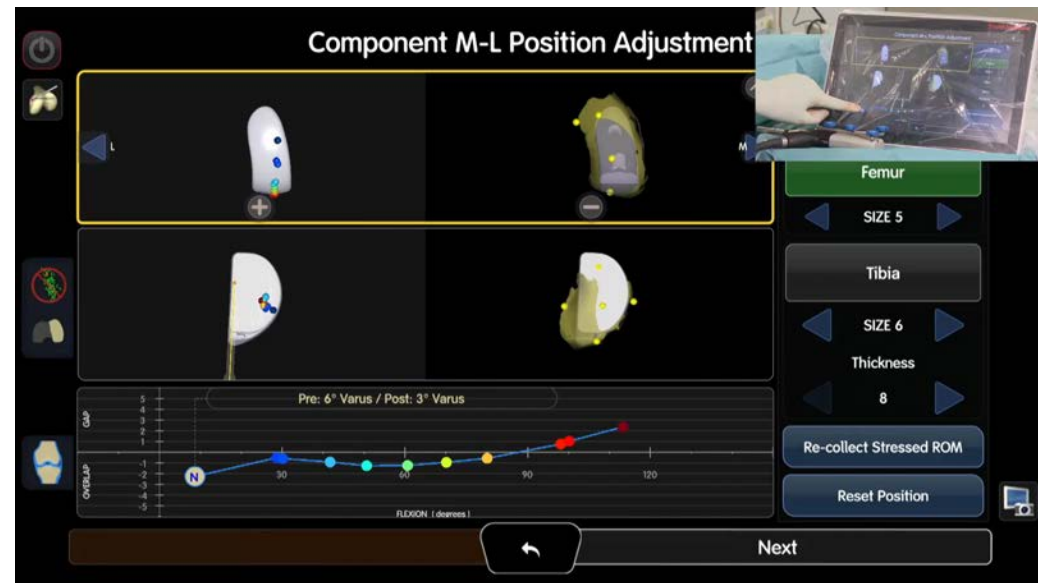
WELL BALANCED

Surgeon personal preference

Individualization patient

HYBRIDE PERSONALIZED ALIGNMENT

Outcome (bony position, alignment and ligament balance) known before first cut





CORI™ : Bone preparation and cut



CORI™ UKA : Bone preparation and cut

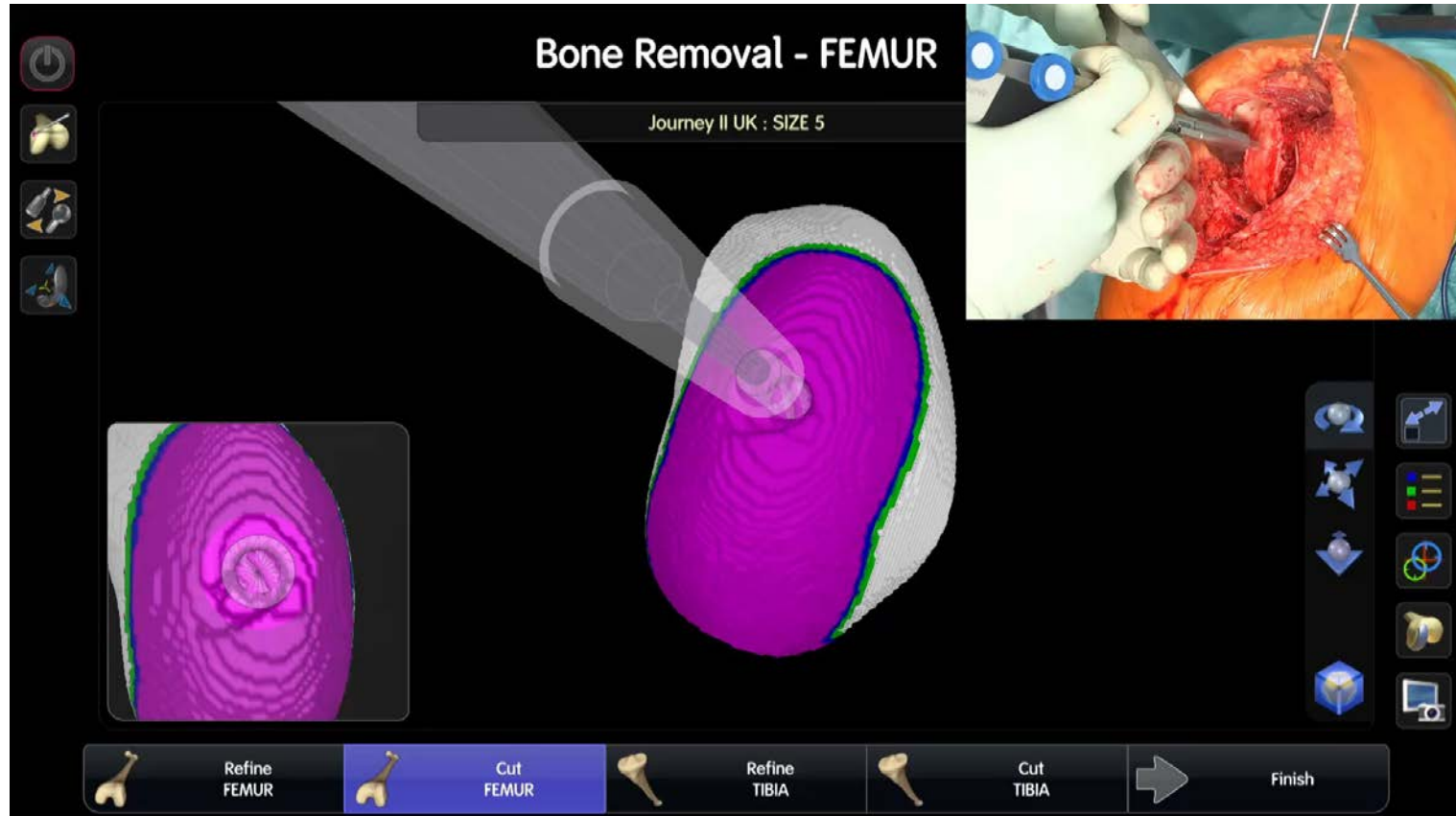
- Bone removal

Surgeon preference

*Fine tune bone preparation with robotic-assisted burr control.



CORI™ UKA : T&T Bone preparation





CORI™ UKA : T&T Bone preparation

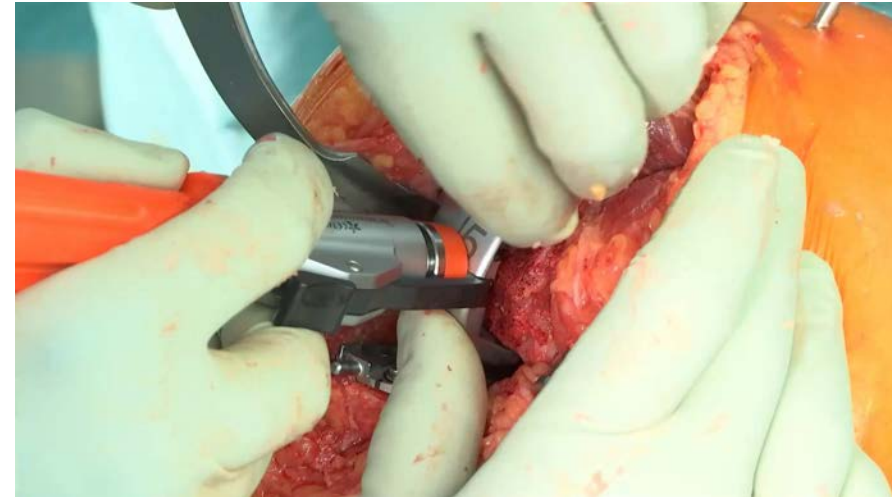
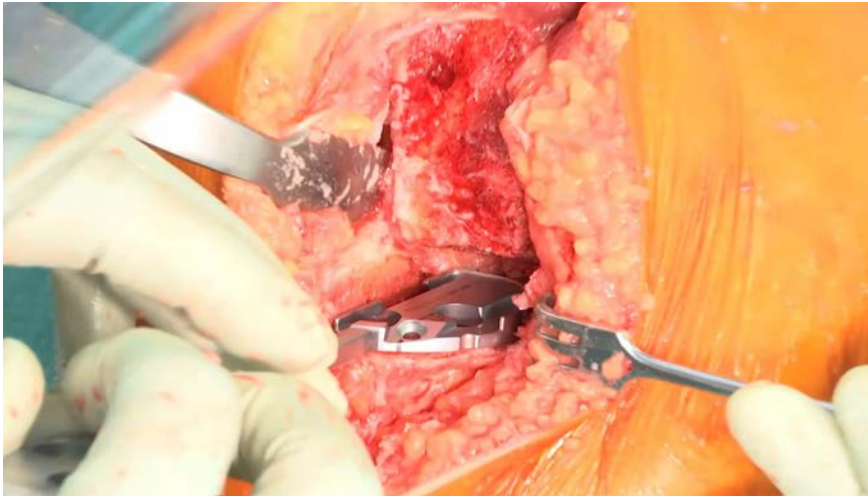
The screenshot displays the 'Bone Removal - TIBIA' interface. At the top, it shows 'Journey II UK : SIZE 6 / 8'. A central 'Change Control Mode' dialog box is active, with 'Exposure' selected as the control mode. Below this, 'bur' and 'guard' options are visible with corresponding images of the drill components. A confirmation message reads: 'Confirm that the Robotic Drill configuration matches the bur and guard selection.' A 'Confirm' button is at the bottom of the dialog. The main interface includes a power button, navigation icons, a 3D model of the femur, and a bottom progress bar with steps: 'Refine FEMUR', 'Cut FEMUR', 'Refine TIBIA', 'Cut TIBIA' (highlighted), and 'Finish'. An inset image in the top right shows a surgical view of the tibia being prepared.



Tip and Tricks



Tip and Tricks : implantation trial





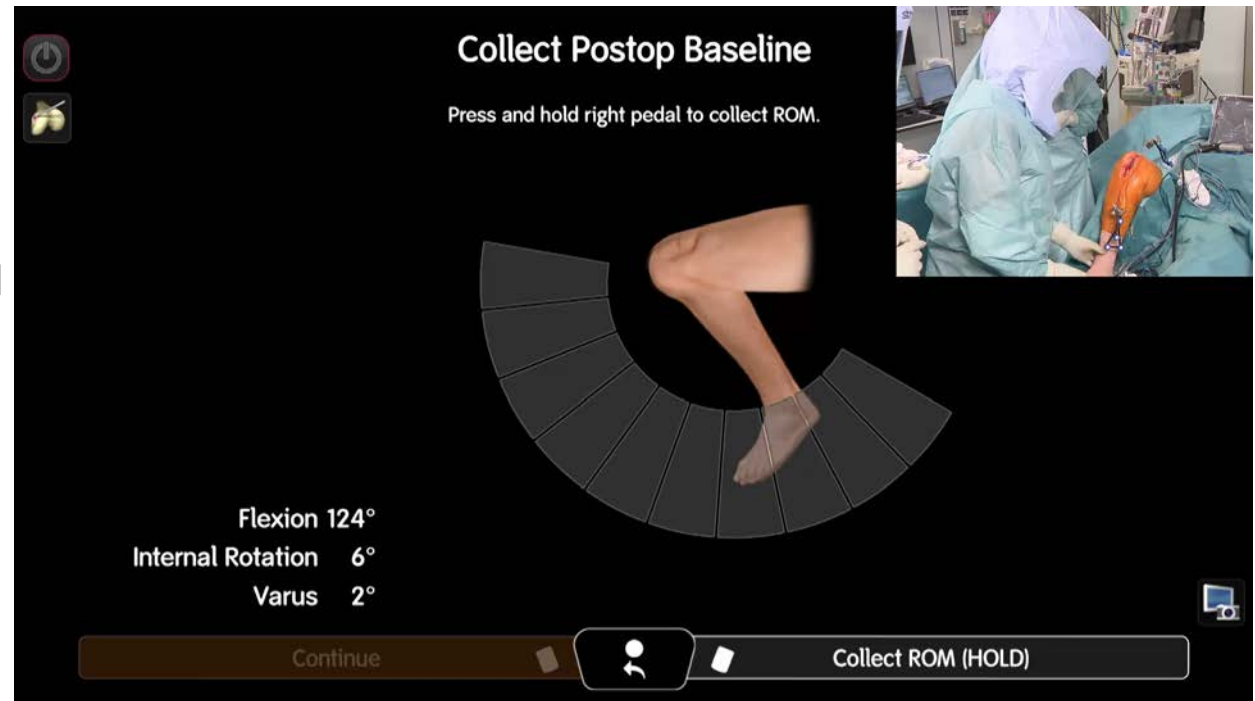
CORI™ :

Control balance and alignment



CORI™: Control balance and alignment

- Assessment of post operative gap in comparison to the planned gap throughout flexion/extension both the medial components





Case Presentation





NAVIO™ learning curve



The learning curve and alignment assessment of an image-free handheld robot in TKA: the first patient series in Europe²²

Bollars P. 19th Annual Meeting of CAOS. June 19-22, 2019; New York, USA

Overview

- Retrospective analysis of the first 69 TKAs with NAVIO[®] Surgical System by two experienced surgeons
- Pre- and post-operative mechanical limb alignment and balancing were measured
- Registration, planning and cutting times were monitored pre-operatively

Key results

Mean intra-operative planned angle was 0.59° varus



NAVIO achieved a mean post-operative alignment angle of 1.17° varus



Mean extra surgical time with NAVIO for registration and planning decreased from 23.4 to 13.2 minutes throughout the learning curve



Conclusion

NAVIO TKA minimised outliers in alignment, accurately performing TKA within 1° of the planned mechanical alignment, and only required an additional 13 minutes for registration and planning after the learning curve

Back to

All studies

Accuracy

Early recovery

Survivorship

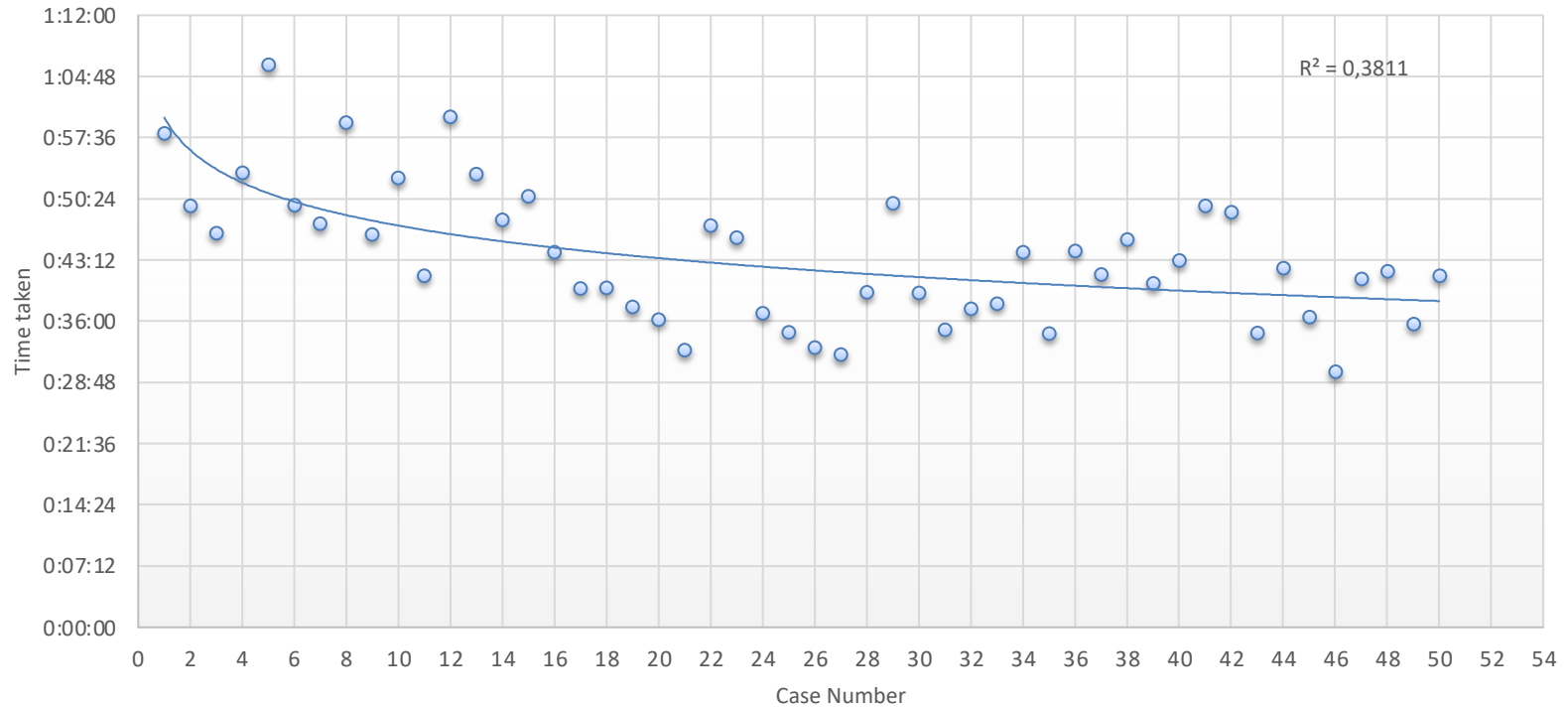
Surgical time

Cost effectiveness



NAVIO™ learning curve

Total time taken from registration to implant trialing with NAVIO TKA by case





Take home message

- Feedback system
- Resurfacing potential
- Respect soft tissue
- Increased accuracy in alignment/positioning
- Future : scientific evidence PROMs?

“Robotic surgery is here to stay and will occupy a key place in the future of trauma and orthopaedics”¹¹

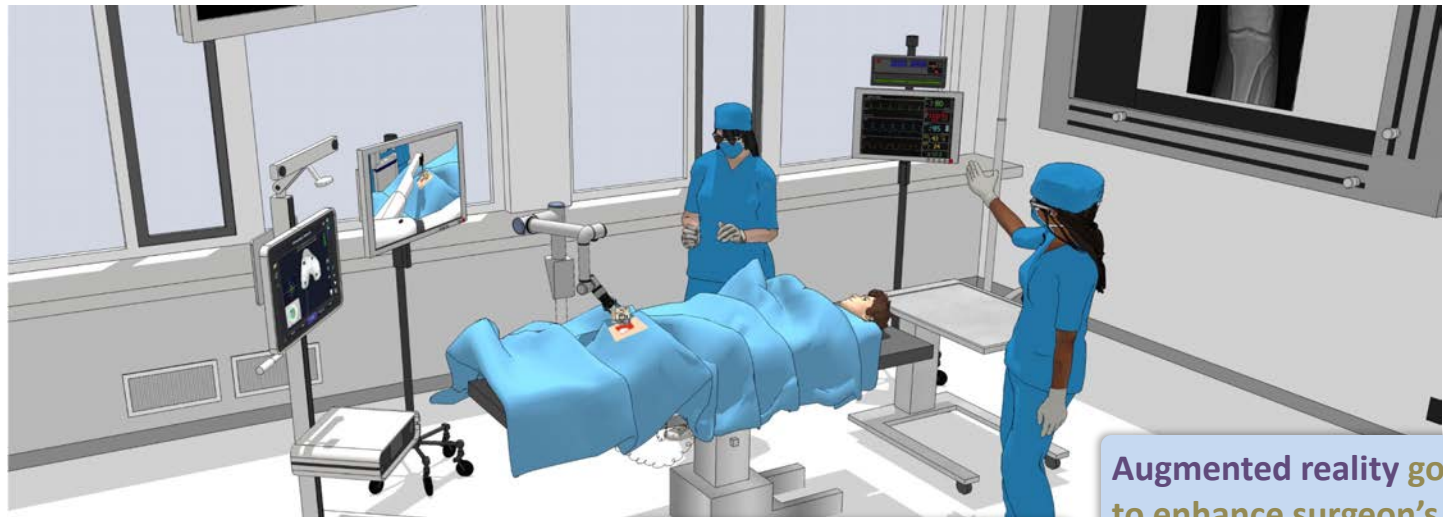


Karuppiah K, Sinha J. Robotics in trauma and orthopaedics. *Ann R Coll Surg Engl.* 2018;100(6_sup):8-15.



Real intelligence CORI platform

Vision of a robotic ecosystem



Next-gen robotics with surgical navigation capabilities (e.g., digital tissue segmentation)

Haptic feedback-enabled gloves manipulate robotic arm with high surgical precision

Augmented reality goggles to enhance surgeon's precision intraoperatively

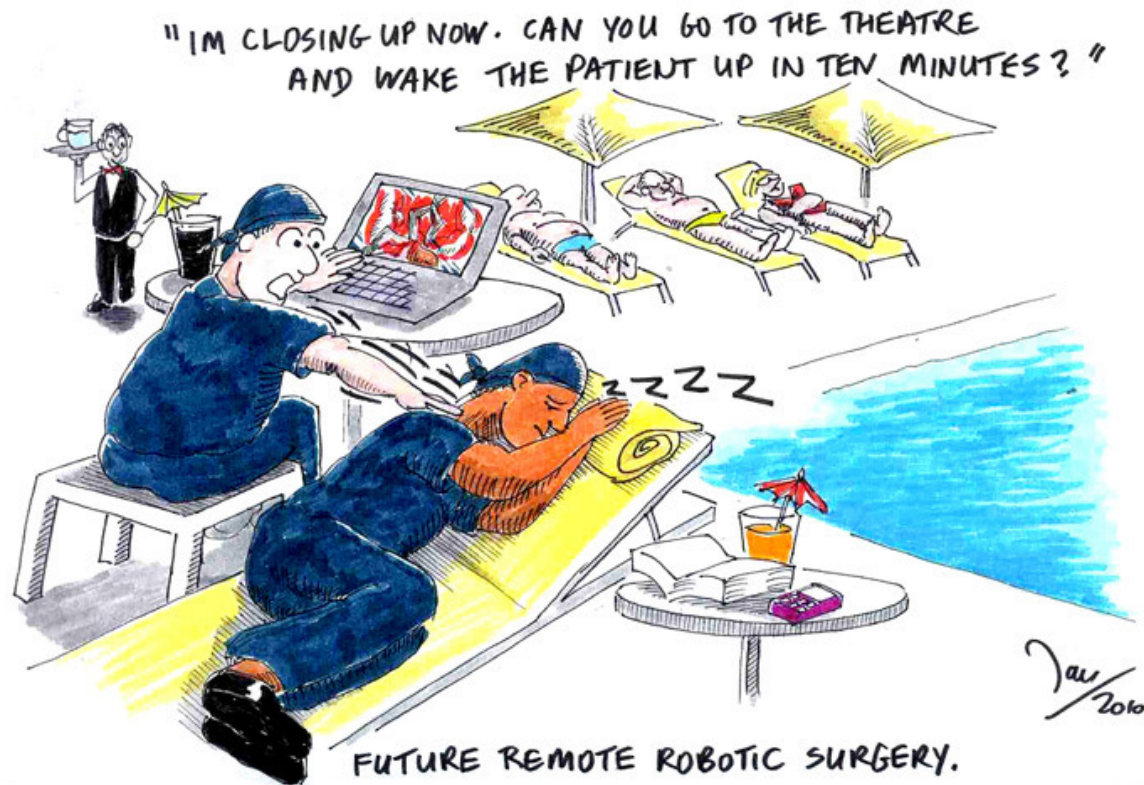


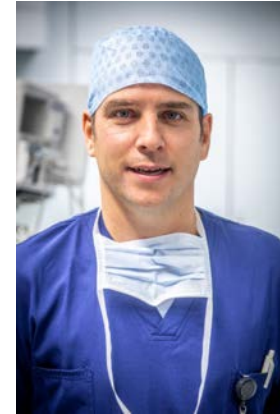
Let's not miss the train





Thank you for your attention





Dr Bollars Peter

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