

PREFACE

Revision Total Knee Arthroplasty was proposed as a “how-to” text for the diagnosis and management of the failed total knee arthroplasty, with step-by-step descriptions of surgical techniques of revision total knee arthroplasty. The text was intended to be a practical reference for students, residents, fellows, and attending surgeons engaged in the treatment and follow-up of patients who have undergone knee replacement surgery.

In Part I, the need for reoperation after total knee arthroplasty is summarized from the perspective of one surgeon’s practice and brings to light Dr. Scott’s vast experience in total knee arthroplasty. This is complemented nicely by Dr. Thornhill’s chapter on the painful total knee arthroplasty, where it is emphasized that the etiology of the patient’s pain must be elucidated prior to embarking on revision surgery. Part I also includes the definitive treatise on ultra-high molecular weight polyethylene in knee arthroplasty as well as a compendium of the radiological evaluation of the failed total knee arthroplasty.

Part II emphasizes general principles of revision surgery, including management of skin, surgical exposure, and removal of femoral and tibial implants at the time of revision. The fundamental aspects of revision total knee arthroplasty, alignment, management of bone defects, and use of constrained implants are discussed in

the ensuing chapters. Management of the extensor mechanism is included as a separate entity.

Part III draws attention to the wide dimension of complicating issues that frequently occur in revision knee surgery. These chapters address the topics of infection, periprosthetic fracture, and stiffness and discuss the complexities of total knee arthroplasty after failed high tibial osteotomy, after fractures about the knee, and after prior unicompartmental and hinged knee replacement. The topics of insert exchange, aseptic synovitis, and the economics of revision total knee arthroplasty are discussed individually. The final chapter discusses the role of arthrodesis as a salvage procedure.

We feel fortunate to have received the support of so many well-known master surgeons who have contributed to the text. We are grateful to all of them and are honored to have been able to present their combined experience in the ensuing pages.

We are especially grateful to Dr. Ranawat for writing the foreword and acknowledge the profound personal impact he has had on our understanding of joint replacement surgery through his commitment to patient care, teaching, and musculoskeletal research.

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