Tourniquet Use Does Not Impact Outcomes in Revision Total Knee Arthroplasty for Periprosthetic Joint Infection

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INTRODUCTION:

Traditionally, there has been recommendation to avoid the use of tourniquet in revision total knee arthroplasty (rTKA) for periprosthetic joint infection (PJI), however, evidence to support or refute such claims is lacking. This study aims to investigate whether the use of a tourniquet in rTKA for PJI influences patient outcomes compared to rTKAs for PJI performed without tourniquet use.

METHODS:

We retrospectively reviewed all patients who underwent rTKA for PJI at our institution from 2011-2020. Patients were stratified into two cohorts based on tourniquet inflation during the procedure. Outcomes of interest included estimated blood loss (EBL), change in hemoglobin (Hb), length-of-stay (LOS), surgical time, 90-day readmission rate, re-revision rate, and Knee Injury and Osteoarthritis Outcome Score for Joint Replacement (KOOS, JR) scores. Demographic differences were assessed with chi-square and independent sample t-tests. Outcomes were compared using multilinear and logistic regressions, controlling for demographic differences. RESULTS:

Of the 247 patients included, 192 (78%) underwent rTKA for PJI with the use of a tourniquet and 55 (22%) did not. Mean tourniquet inflation time for these 192 cases was 97.45 ± 32.35 minutes (median: 105.5 minutes; range: 19-218 minutes). EBL was significantly greater for patients who did not have a tourniquet used during their procedure (408.03vs.298.97mL;p=0.033). However, Hb from pre- to postoperatively (1.67 \pm 1.14vs.1.70 \pm 1.07 g/dL;p=0.857), LOS (p=0.440), 90-day readmissions (p=0.191), reoperation (p=0.113), surgical time (p=0.559), and KOOS, JR scores at 3-months (p=0.593) and 1-year postoperatively (p=0.830) did not significantly differ between the two groups.

DISCUSSION AND CONCLUSION:

Patients undergoing rTKA for PJI achieved similar outcomes irrespective of tourniquet utilization intraoperatively. Therefore, tourniquet use in rTKA for PJI should be evaluated on a case-by-case basis by the operating surgeon. Future studies should aim to elucidate the effects of tourniquet use on functional outcomes after rTKA for PJI at a longer follow-up.

	Tourniquet (n=192)	No Tourniquet (n=55)	P-value
Age (years; ± SD)	63.36 ± 10.63	65.98 ± 10.46	0.106
Gender			0.671
Female	95 (49.5%)	29 (52.7%)	
Male	97 (50.5%)	26 (47.3%)	
Race			0.977
Caucasian	122 (63.5%)	35 (63.6%)	
African-American	31 (16.1%)	9 (16.4%)	
Asian	5 (2.6%)	2 (3.6%)	
Other	34 (17.7%)	9 (16.4%)	
Smoking Status			0.252
Never Smoker	93 (48.4%)	31 (56.4%)	
Former Smoker	79 (41.1%)	22 (40.0%)	
Current Smoker	20 (10.4%)	2 (3.6%)	
BMI (kg/m²; ± SD)	33.06 ± 7.48	30.09 ± 7.89	0.026
ASA Class			0.588
1	4 (2.5%)	2 (4.9%)	
II.	54 (34.2%)	15 (36.6%)	
III	94 (59.5%)	21 (51.2%)	
IV	6 (3.8%)	3 (7.3%)	
CCI (± SD)	4.03 ± 2.15	4.42 ± 2.34	0.268
Peripheral Vascular Disease	9 (4.7%)	5 (9.1%)	0.213
Diabetes Mellitus (Type II)	40 (20.8%)	9 (16.4%)	0.464
Pre-op Hgb (g/dL)	12.52 ± 1.89	12.47 ± 1.68	0.872

	Tourniquet	No Tourniquet	Effect of Tourniquet (95% CI)	P-value
Post-op High (g/dL)	10.85 ± 1.66	10.77 ± 1.72	0.03 g/di_decrease (-0.64 to 0.58)	0.925
Estimated Blood Loss (ml.; ± SD)	298.97 ± 254.74	408.03 ± 259.72	120.79 mL decrease (9.86 to 231.72)	0.033
LOS (days; ± SD)	7.02 ± 5.18	7.50 ± 5.62	0.66 day decrease (1.03 to 2.35)	0.440
Surgical Time (min; ± SD)	128.80 ± 50.99	121.23 ± 44.90	5.08 minute increase (-12.03 to 22.18)	0.559
90-day all-cause Readmission	53 (27.6%)	18 (32.7%)	OR: 1.60 (0.79 to 5.25)	0.191
Re-Revision Rate	148 (77.1%)	81 (56.4%)	OR: 0.56 (0.27 to 1.15)	0.113

	Tourniquet	No Tourniquet	Effect of Tourniquet (95% CI)	P-Value
Pre-op (± SD)	51.04 ± 16.85 (n=22)	41.07 ± 5.35 (n=7)	9.89 point increase (-3.73 to 23.52)	0.148
3 month (± SD)	57.76 ± 13.59 (n=24)	56.68 ± 16.43 (n=9)	2.86 point increase (-7.95 to 13.67)	0.593
1 year (± SD)	54.72 ± 20.19 (n=24)	55.16 ± 12.04 (n=6)	1.92 point increase (-16.25 to 20.09)	0.830