The Epidemiology and Outcomes of Intraoperative Fractures during Primary Total Knee Arthroplasty

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INTRODUCTION:

Intraoperative fractures during primary total knee arthroplasty (TKA) are rare, and as such, the true incidence and potential sequelae are not well-understood. Our objective was to assess the incidence of intraoperative fractures, as well as characterize the fixation strategies utilized, and evaluate outcomes.

METHODS: A consecutive series of 23,288 patients who underwent primary TKA between 2016-2021 were reviewed to identify intraoperative fractures. Baseline demographics, comorbidities, fracture characteristics, and treatment, length of stay, disposition, and rate of reoperation were recorded. Mean follow up was 2.4 years.

RESULTS: The incidence of intraoperative fracture during primary TKA was 0.18% (43/23,288). Mean patient age was 71 years, 67% were female, and mean body mass index was 31. Eight (19%) patients had a preoperative diagnosis of osteoporosis. The majority were femur fractures (72%), including 7 medial femoral condyle fractures, 8 lateral femoral condyle fractures, 7 medial epicondyle fractures, and 6 intercondylar fractures. There were 11 tibia fractures (26%) and 1 patella fracture (2%). Screw fixation alone was used to manage 17 cases (40%), conversion to a stemmed implant alone occurred in 5 cases (12%), and screw fixation plus conversion to a stemmed implant was used in 5 cases (12%). In 11 cases (26%) no intraoperative modifications were used, though weight-bearing status was protected in 4 of these cases. Mean surgical time was 128 minutes, and mean length of stay was 4 days. Postoperatively, there was one manipulation under anesthesia. One patient underwent reoperation (2%), an open synovectomy and manipulation for arthrofibrosis 2 years postoperatively.

DISCUSSION AND CONCLUSION: At a single, high-volume institution, the incidence of intraoperative fracture during primary TKA was 0.2%. The majority of fractures were managed with isolated screw fixation and/or use of a stemmed implant. Despite this complication, there was a low incidence of reoperation (2%).