Papers Presented at the Annual Meetings of The Knee Society

Editorial Comment

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The Papers Presented at the Annual Meetings of The Knee Society Symposium includes selected manuscripts originally presented at the 2011 Knee Society Members Meeting held in London, Ontario, Canada, in September 2011 and the 2012 Open Scientific Meeting of The Knee Society held in San Francisco, CA, USA, in February 2012. Each paper published in this symposium has undergone a rigorous peer review process that ensures focused, informative, and scientifically meaningful manuscripts. My great thanks are extended to the dedicated staff at *Clinical Orthopaedics and Related Research*® for their valuable work in guiding authors through that review process.

The 2012 John Insall Award paper was a randomized clinical trial from the Mayo Clinic (Rochester, MN, USA) that used comprehensive strength testing and gait analysis to test the hypothesis that minimally invasive TKA would result in better functional outcome than standard TKA. While much time and effort have been devoted over the past decade to so-called minimally invasive techniques, it has remained unclear as to whether surgical technique or changes in perioperative care of patients (advanced anesthesia and analgesia, rapid rehabilitation protocol, patient education) account for the lion's share of improvements noted after contemporary TKA. This paper suggests factors other than surgical technique are more important in determining the early functional outcome of contemporary TKA.

All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research* editors and board members are on file with the publication and can be viewed on request.

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Fig. 1 Dr. Mark W. Pagnano is shown.

The 2012 Chitranjan Ranawat Award paper was a randomized clinical trial conducted at The Rothman Institute (Philadelphia, PA, USA) that evaluated the effectiveness of intraarticular local anesthetic in managing pain after TKA. This trial demonstrated intraarticular local anesthetic decreased pain and overall opioid medication as compared to saline placebo. As individual institutions and surgeons search for the ideal combination of pain management modalities to minimize pain and maximize efficiency, this is important information. Current options for advanced pain management after total joint arthroplasty focus on a multimodal approach that minimizes the need for parenteral opioid medications and typically includes preoperative medications, intraoperative regional anesthesia, postoperative nonopioid medications on a schedule, and then an adjunctive technique, such as peripheral nerve block, local anesthetic injection, or local anesthetic infusion into the joint.

The 2011 Mark Coventry Award paper was a retrieval analysis conducted at the University of Western Ontario (London, Ontario, Canada) that demonstrated greater backside and post wear and damage in high-flex posterior-stabilized designs than in standard posterior-stabilized designs. As surgeons and implant designers work to improve the functional outcomes of TKA, we must remain vigilant to unintended consequences that tax the biomaterials of which these implants are made. While some compromise in long-term durability might be acceptable if function were to be improved markedly, it remains to be demonstrated whether high-flexion designs in particular provide predictably improved function over standard designs.

The remaining papers in this symposium span a spectrum of topics related to the surgical management of the arthritic knee. These papers can be grouped into topics of current interest, including durability, alignment, patient management in primary TKAs, health policy, nonarthroplasty

options, and revision. In recent years, it has become clear there is room for improvement in regard to the real-world function of TKAs. While TKA is reliable and durable in alleviating pain and improving function, relatively few patients report their TKA is just like their native knee. Recognition of this has led to a resurgence of interest in both surgical technique and implant design. In this symposium, there is useful information related to total knee durability and some interesting discussions of alignment. In the health policy area, we understand now continued government and private-sector scrutiny of total joint arthroplasty is to be expected given the large economic impact of these procedures. A better understanding of health-related costs and the reporting of outcomes and complications are important if surgeons are to remain involved in these discussions. Finally, it is the intention of The Knee Society to provide readers of this symposium with clinically useful information that either improves surgical practice or piques their intellectual curiosity.