**Medical Opinion – XXXX XXXXX**

**DOB: MM/DD/YYYY**

**Opinion - Question and Answers:**

**1. What was the surgery done on MM/DD/YYYY to Mr. XXXXX when he presented to Dr. XXX XXXXX?**

Mr. XXXXX presented with aseptic loosening of the knee prosthesis, which was operated in YYYY for osteoarthritis left knee. He was evaluated on MM/DD/YYYY and infection was ruled out on MM/DD/YYYY. The surgery that had been performed was a revision total knee arthoplasty with Smith & Nephew total knee prosthesis and the details of the prosthesis are as follows:ss

The femur #6 left Oxinium PS legion revision femur with a 22 x 100 60 mm stem, tibia is a #6 left revision tibial tray with an 18 x 120 mm stem and 2 mm offset, and a spacer is a 21 mm constrained stem.

**2. What was the outcome of the surgery performed on MM/DD/YYYY? Did the patient have any complication?**

The outcome from the surgery was very poor as the patient developed pain and swelling left knee which was evaluated by X-ray left knee on MM/DD/YYYY. It was found that there was posterior translation of tibia over femur.

The patient developed flexion instability of the revised knee prosthesis and needed another surgery to correct the flexion instability.

**3. Was there any deviation in the standard of care with regard to the surgery performed on MM/DD/YYYY?**

**Yes. There was deviation in the standard of care given by Dr. XXX XXXXX in the choice of replacement device and the technique used.**

The cause for the early instability following revision TKR was probably due to malalignment of the components, failure of restoration of the mechanical axis of the limb, and improper balancing of the flexion–extension space **Ref-1.** The surgeon had removed excessive part of distal femur and inserted thicker tibial insert. A thicker tibial insert would not lead to elevation of the joint line. Marked elevation of the joint line limits knee flexion, affects patellar function, and contributes to mid-flexion instability **Ref-2, Ref-3, Ref-4.**

**All these factors are surgeon related and the instability could have been prevented if the surgeon had augmented the femoral prosthesis and used hinged knee prosthesis Ref-5.**

**He should have taken precaution while balancing the soft tissue and also restoring the mechanical axis.**

**4. What was the surgery done on MM/DD/YYYY for the flexion instability of revised knee prosthesis? Was there any deviation in the standard of care by Dr. XXX XXXXX here? What was the outcome?**

The surgery performed was an exchange of polyethylene insert to 30mm from 21mm insert.

**Yes, there was a deviation in the standard of care as the ideal surgery would be to revise the prosthesis with a hinge-type knee prosthesis that could prevent gross instability.** During surgery, it was found that the knee prosthesis had instability in varus and flexion with flexion gaps more than extension gaps. This instability could not be corrected by only tibial insert exchange as this would compromise further the knee mechanics **Ref-3, Ref-4, Ref-7**. The outcome would be very poor, which was evident by the fact that the patient again developed instability of the knee in flexion and varus. He also developed surgical site infection that got resolved by antibiotics.

**5. Was there any deviation in the standard of care performed by Dr. XXXXX?**

Mr. XXXXX underwent left knee revision on MM/DD/YYYY done by Dr. XXX XXXXX. The outcome was good as there is no instability as per last available record of MM/DD/YYYY. There was no deviation in the standard of care.

**6. Was there an untreated infection?**

On reviewing the records, we note that the patient developed infection only after the second surgery on MM/DD/YYYY. He was subsequently treated with antibiotics. Culture report of knee fluid aspiration was found to be negative as of MM/DD/YYYY. Hence, we feel that the treatment of infection was appropriate.

**7. What are the damages that the patient suffered because of the deviation in the standard of care given by Dr. XXX XXXXX?**

• Chronic pain.

• Instability of the joint.

• Repeated hospitalization and multiple surgeries.

• Financial loss due to repeated surgery.

• Psychological disturbances due to repeated hospitalization.

**To conclude,**

**Dr. XXX XXXXX had breached the standard of care in both the surgeries performed by not taking precaution while balancing the soft tissue and restoring the mechanical axis on MM/DD/YYYY; not considering the femoral prosthesis and hinged knee prosthesis on MM/DD/YYYY**

**References:**

**Ref-1:**

<http://www.ncbi.nlm.nih.gov/pmhatc/articles/PMC3192893/>

**Ref-2:**

[http://www.mdconsult.com/das/article/body/420025928-5/jorg=clinics&source=MI&sp=25493704&sid=1463685503/N/1094428/1.html?issn=0749-0690](http://www.mdconsult.com/das/article/body/420025928-5/jorg%3Dclinics%26source%3DMI%26sp%3D25493704%26sid%3D1463685503/N/1094428/1.html?issn=0749-0690)

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