

Impactful Statements Surgical Management Osteoarthritis of the Knee

An impactful recommendation is one that offers the potential for current evidence to change care offered to patients. This influence can be due to one or more of the following:

- Evidence highlighting current variations in care that were previously unsupported by evidence
- Current evidence supporting a significant difference or change from current clinical practice or previously held "gold standard" care

The following impactful statements are based on the Surgical Management of Osteoarthritis of the Knee Clinical Practice Guideline:

1. Patients should be advised that the presence of diabetes may be associated with a higher risk of complications with TKA.
2. Patients should be advised that having a BMI ≥ 40 may allow less improvement in functional outcomes following TKA.
3. Patients should be advised that select chronic pain conditions may allow less improvement in patient reported outcomes following TKA.
4. Peripheral nerve blocks should be used for TKA due to a decrease in postoperative pain and opioid requirements.
5. Peri-articular injections should be used for TKA due to a decrease in pain and opioid requirements.
6. Neuraxial anesthesia could be used in TKA to improve select perioperative outcomes and complication rates.
7. Tranexamic acid should be used during TKA in patients with no known contraindications.
8. Physical therapy should be started on the day of the total knee arthroplasty.
9. Intra-operative navigation should not be used for TKA due to a lack of difference in outcomes

or complications compared to conventional instrumentation.

10. Patient-specific instrumentation should not be used for TKA due to a lack of difference in complications or functional outcomes when compared to conventional instrumentation.
11. Drains should not be used with TKA as they do not improve outcomes or decrease complications.
12. CPMs should not be used after knee arthroplasty as they do not improve outcomes.

The following guideline recommendations are the basis of the impactful statements:

1. Moderate evidence supports that patients with diabetes are at higher risk for complications with total knee arthroplasty (TKA).
2. Strong evidence supports that obese patients have less improvement in outcomes with total knee arthroplasty (TKA).
3. Moderate evidence supports that patients with select chronic pain conditions have less improvement in patient reported outcomes with TKA.
4. Strong evidence supports that peripheral nerve blockade for total knee arthroplasty (TKA) decreases postoperative pain and opioid requirements.

5. Strong evidence supports that the use of peri-articular local anesthetic infiltration in total knee arthroplasty (TKA) decreases pain and opioid use compared to placebo.
6. Moderate evidence supports that neuraxial anesthesia could be used in total knee arthroplasty (TKA) to improve select perioperative outcomes and complication rates compared to general anesthesia.
7. Strong evidence supports that, in patients with no known contraindications, treatment with tranexamic acid decreases postoperative blood loss and reduces the necessity of postoperative transfusions following total knee arthroplasty (TKA).
8. Strong evidence supports that rehabilitation started on the day of the total knee arthroplasty (TKA) reduces length of hospital stay.
 - Moderate evidence supports that rehabilitation started on day of total knee arthroplasty (TKA) compared to rehabilitation started on postop day 1 reduces pain and improves function.
9. Strong evidence supports not using intraoperative navigation in total knee arthroplasty (TKA) because there is no difference in outcomes or complications.
10. Moderate evidence supports not using patient specific instrumentation compared to conventional instrumentation for total knee arthroplasty (TKA) because there is no difference in transfusions or complications.
11. Strong evidence supports not using a drain with total knee arthroplasty (TKA) because there is no difference in complications or outcomes.
12. Strong evidence supports that CPM after knee arthroplasty (KA) does not improve outcomes.