A background image showing a person in a black long-sleeved shirt and striped pants walking on a thin yellow tightrope stretched between two large, dark rock formations. The scene is set against a bright, hazy sky, suggesting a high-altitude or mountainous environment.

Robotics 2.0

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Lucas Beckers, MD

Geert Van Damme, MD

Knee Surgery & Sports Traumatology

Orthoclinic Brugge

Az Sint-Jan & AZ Sint-Lucas

Total Knee Arthroplasty

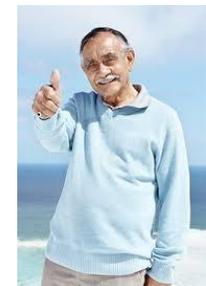
- Goal

- Stable – Medial compartment (MCL)
- Alignment (3D) – PSA
- No releases (<----> Alignment strategies)
- Stable medial compartment



=> Functional aligned STABLE joint => Satisfaction

(Manual TKA : 80-90 %)





Keys to succes in TKA

Indication:

Clinical examination

Impact QoL / Proms

Radiology / Imaging

Information

Technique :

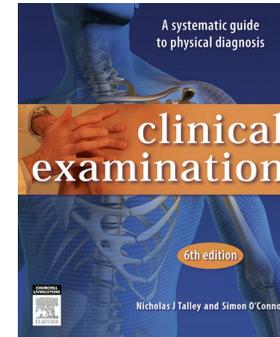
Restore: Anatomy

Stability !!

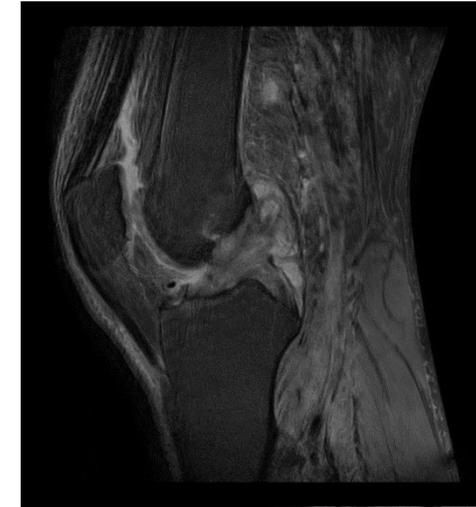
Alignment 3D

Mechanical vs kinemtac vs PSA

Variety: UKA (FB / MB) , TKA (CR, PS / MB, FB)



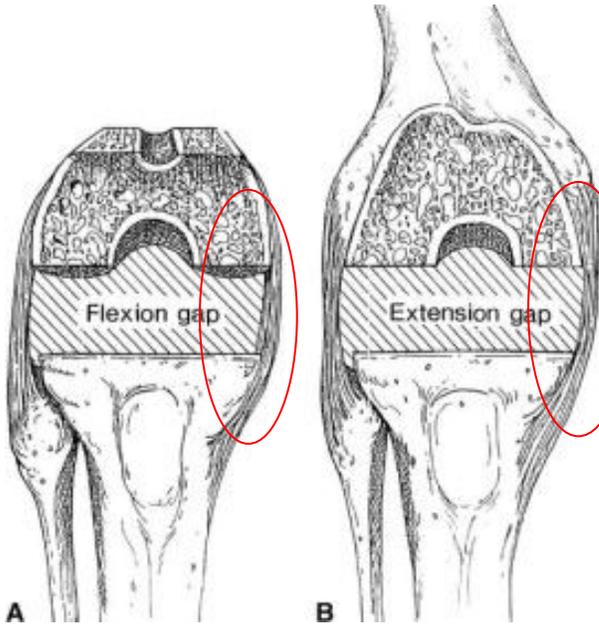
Patient specific



=> TKA



TKA: Balance the gaps



1) Referenced Predictive Gap Balancing
(independent of alignment technique)
(via First)
(R, copy F => E)

Manual:

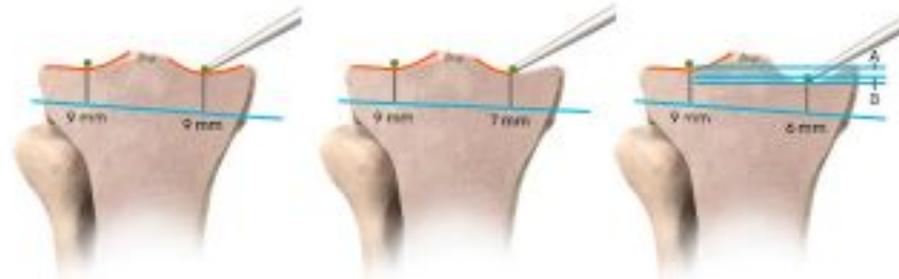
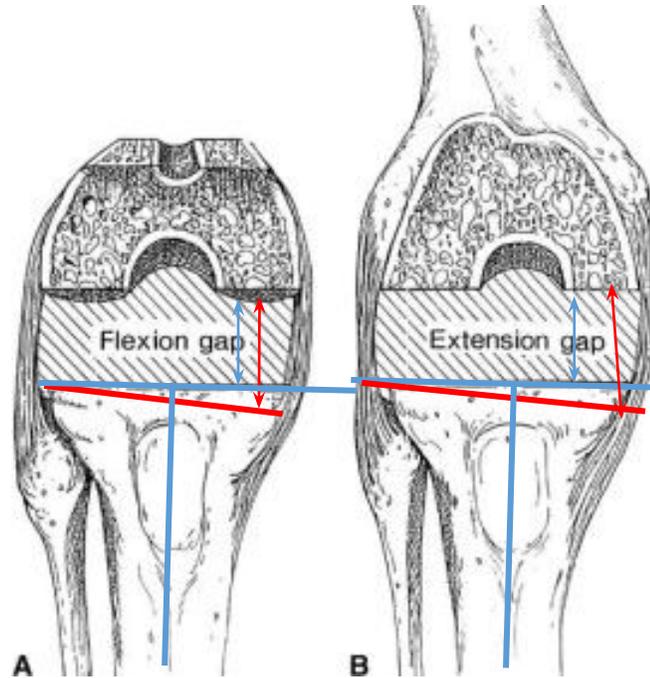




Results TKA

- High satisfaction rate
- 10-20% Dissatisfied
 - Multi-etiology
- Precision?
- What is our exact tibial cut?
- Impact of tibial cut on 3D femur?

=> 3D tool



3D Tool = Robotic-Assisted TKA

Predicable (adjustable)

Precise

Parameters

Resection

Balance

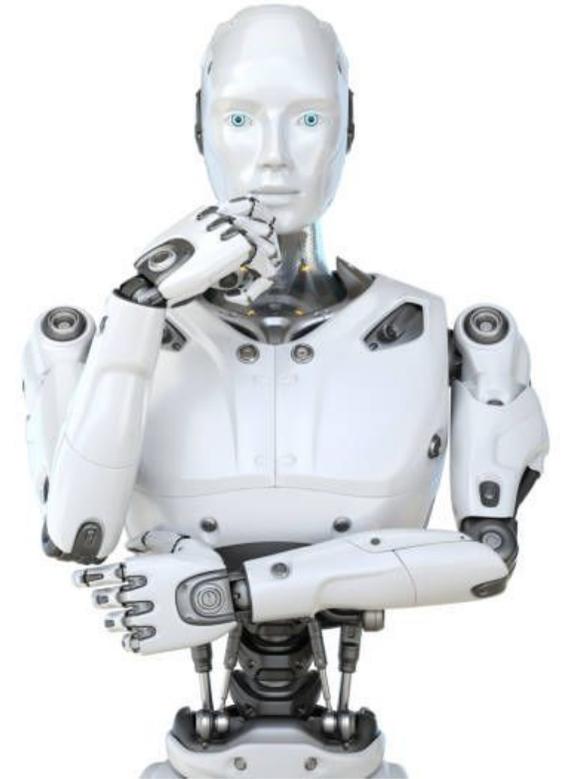
Personalised

Preservation

Quid?

Short term

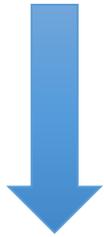
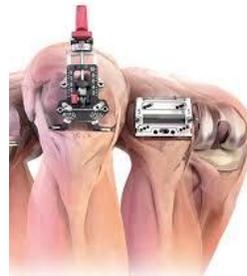
Long term



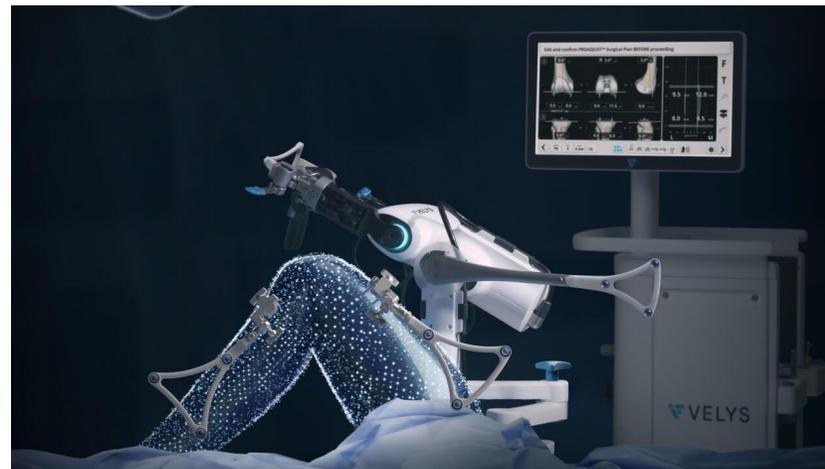
TKA Balancing is....

Medial **R**eference **P**redictive **G**ap **B**alancing (independent alignment)

- Manual: TRAM



- **Robotics:**



First stage

- March 2018 First Robotic surgery
- June 2021 Rosa®
- Oct 2023 Velys® (1st in Europe)

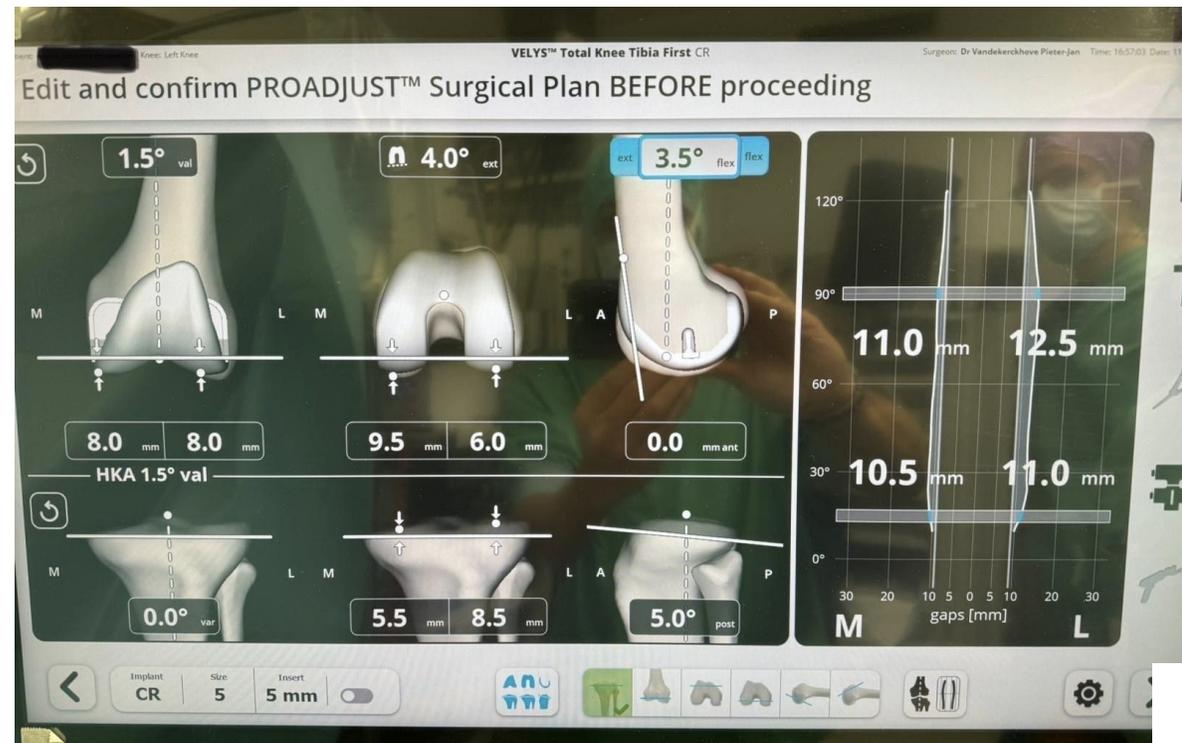


Goal RA-TKA

- SAME Manual
- Stable medial compartment
- Dynamic Lateral

+

- Objective numbers
 - Resection
 - Balance
- Precise - Less releases
- PSA
- “What you see is what you get”
- Better result?

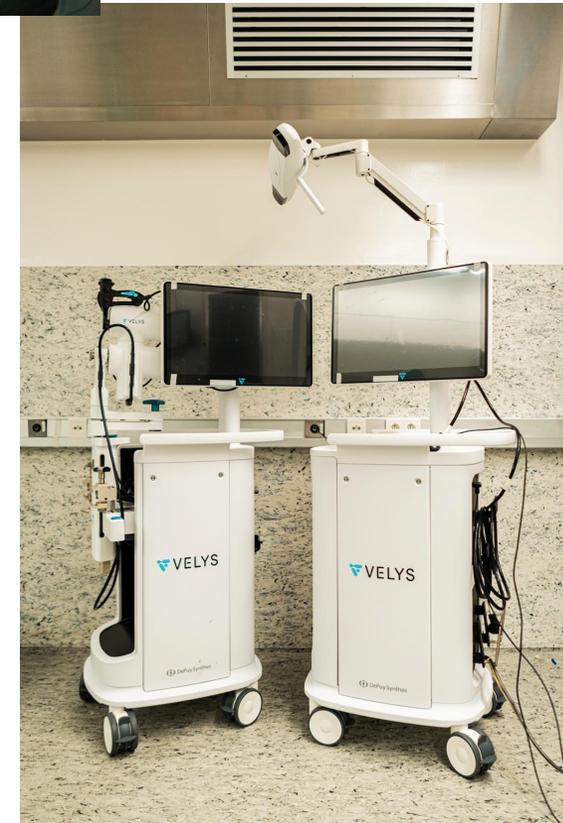


First Experience

- Start 10/10/23
- 53 cases

- *Advantages Robotics*

- Compact – **High speed camera** – **Precise (0,1 mm)**
- Reference points F en T !!
- **Modern implant**
- Fast
- Relibale cut, **stable saw 2mm!!**
- Easy Interface : assessments, balance graph, adjustments cuts,
- **Balancer patella in place**
- Accubalance within deficieny (**flexion contraction**)
- **Reliable balance** / reliable result
- **Copy your own technique**
-



Learning curve

- **Teaching!!!!!!**

Staff & Nurses (&Reps)

- Cases +++

- **Learning curve:**

Time :

- 17 cases: 4 complex , 13 simple

- Complex: + 22 mins

- Simple: + 12 mins, 6 cases time neutral

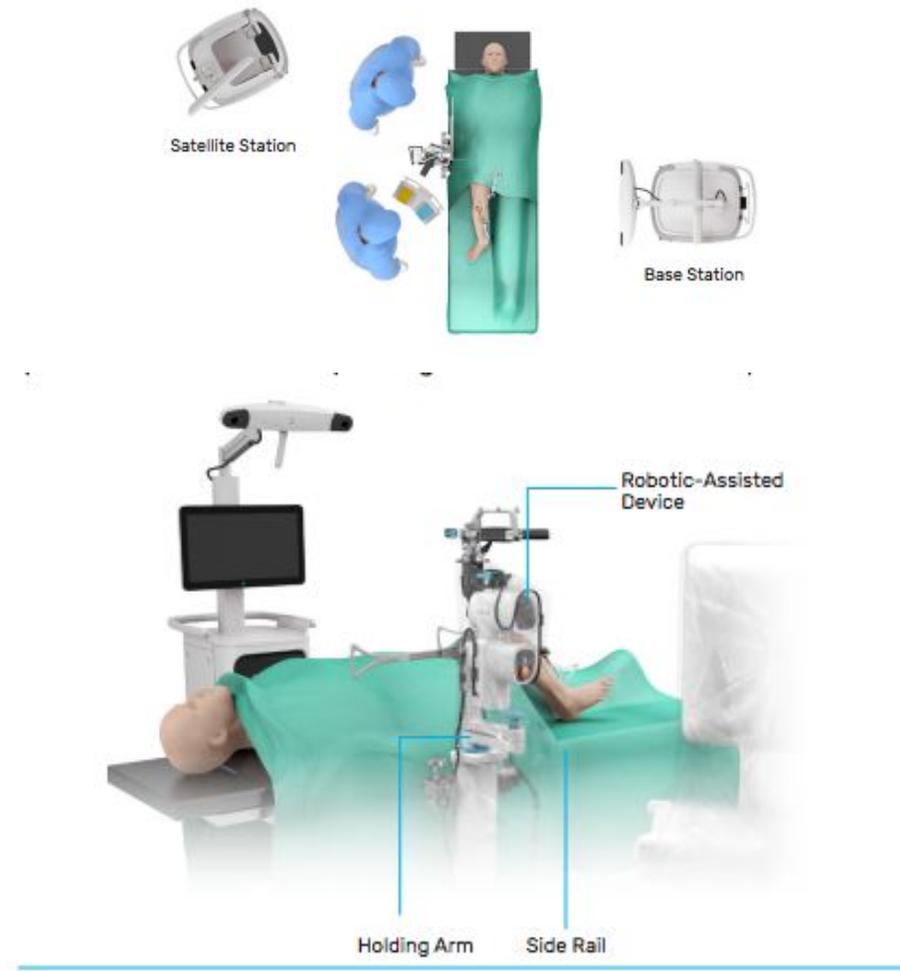
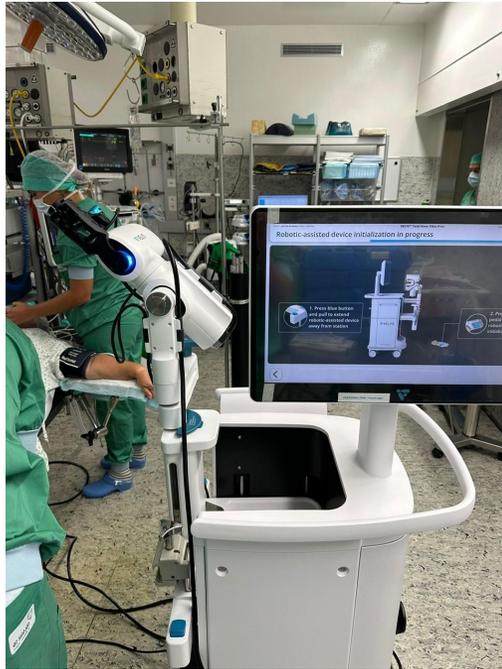
- 53 cases: 10 mis

Understanding / Pit falls / flow:

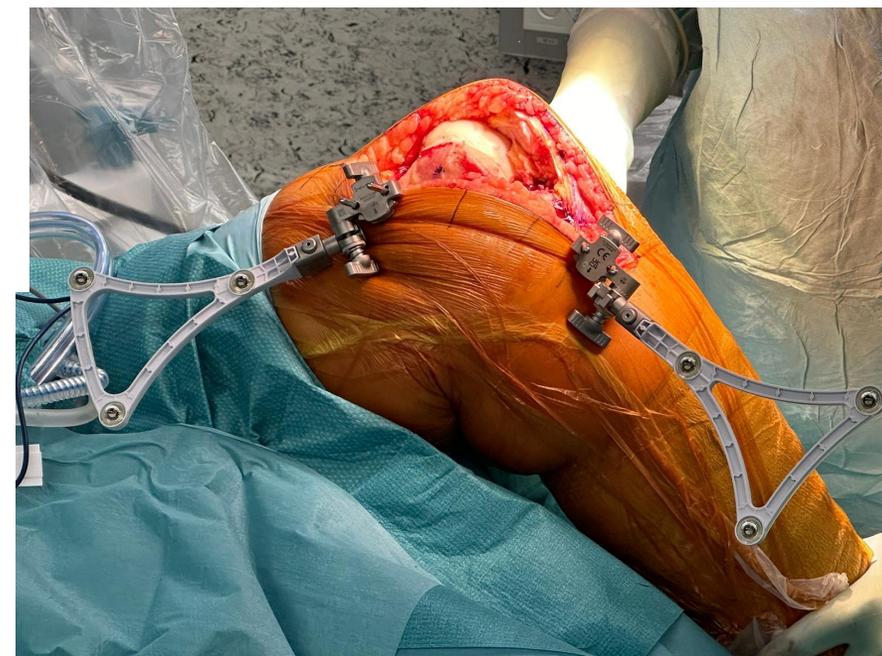
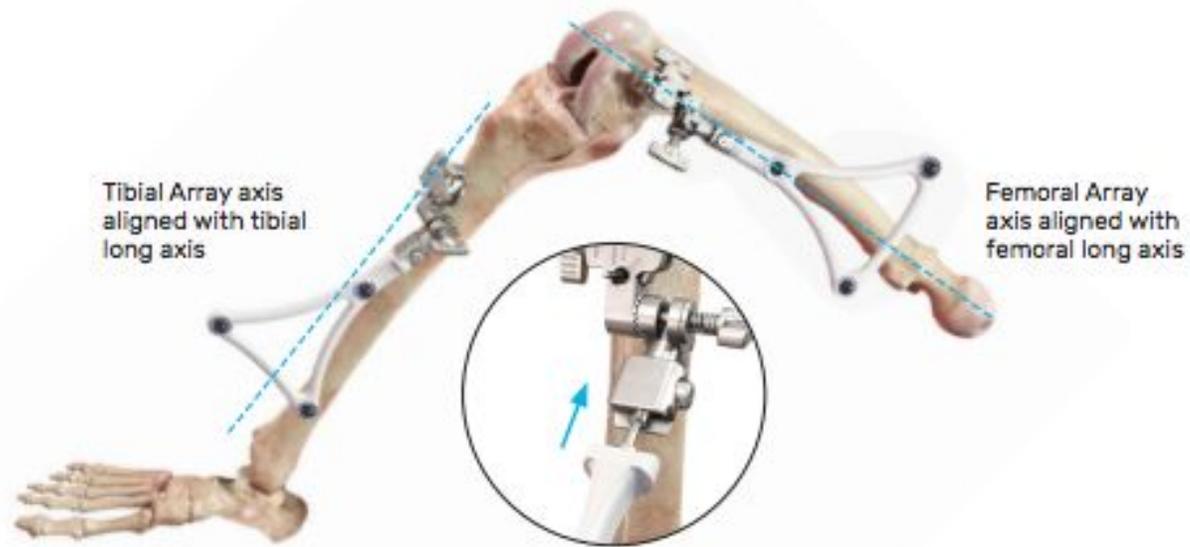
30-35 cases (cfr literature)



Workflow – Prep & Installation

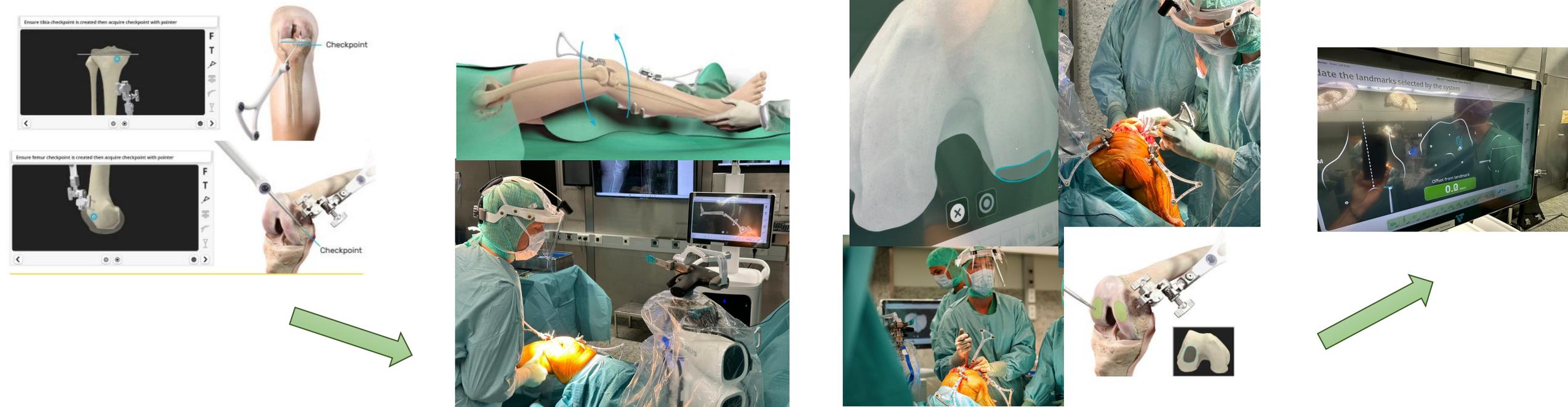


Robot prep & arrays



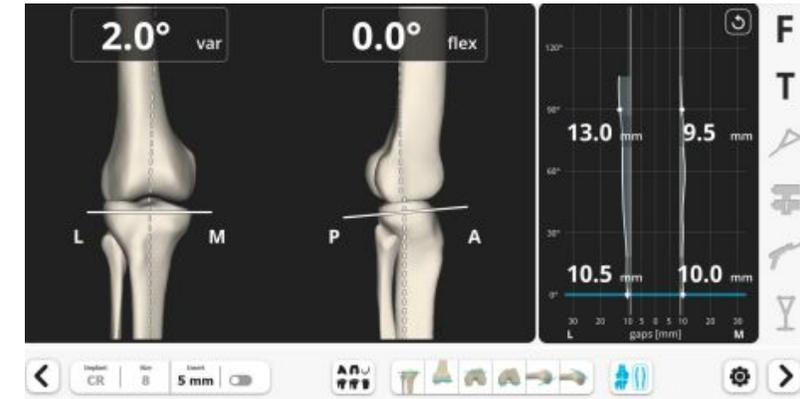
Work Flow : PSA - Orthoclinic

3D- Mapping knee (+ HKA)

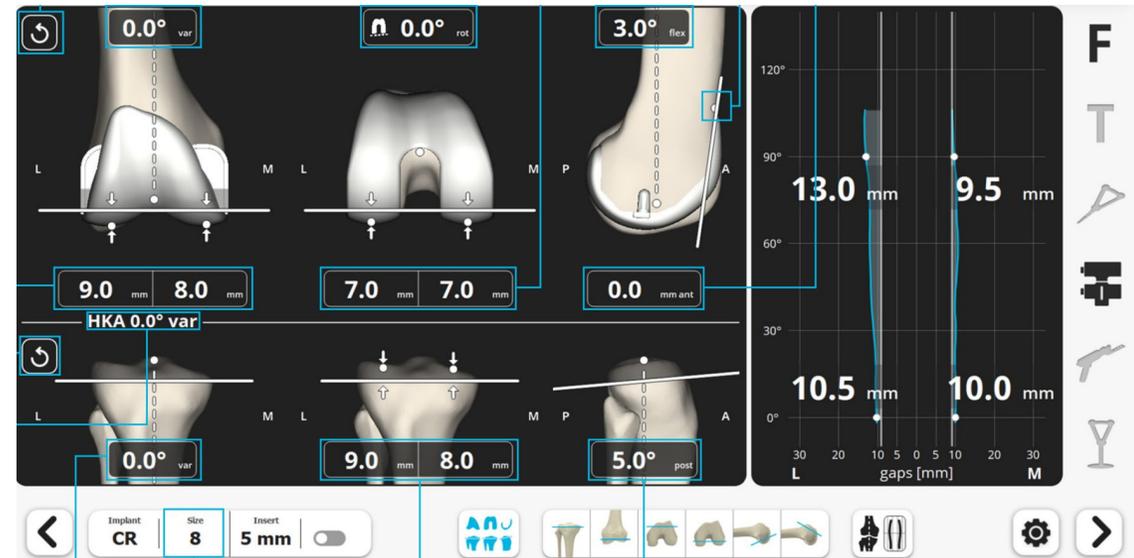


Workflow: PSA - Orthoclinic

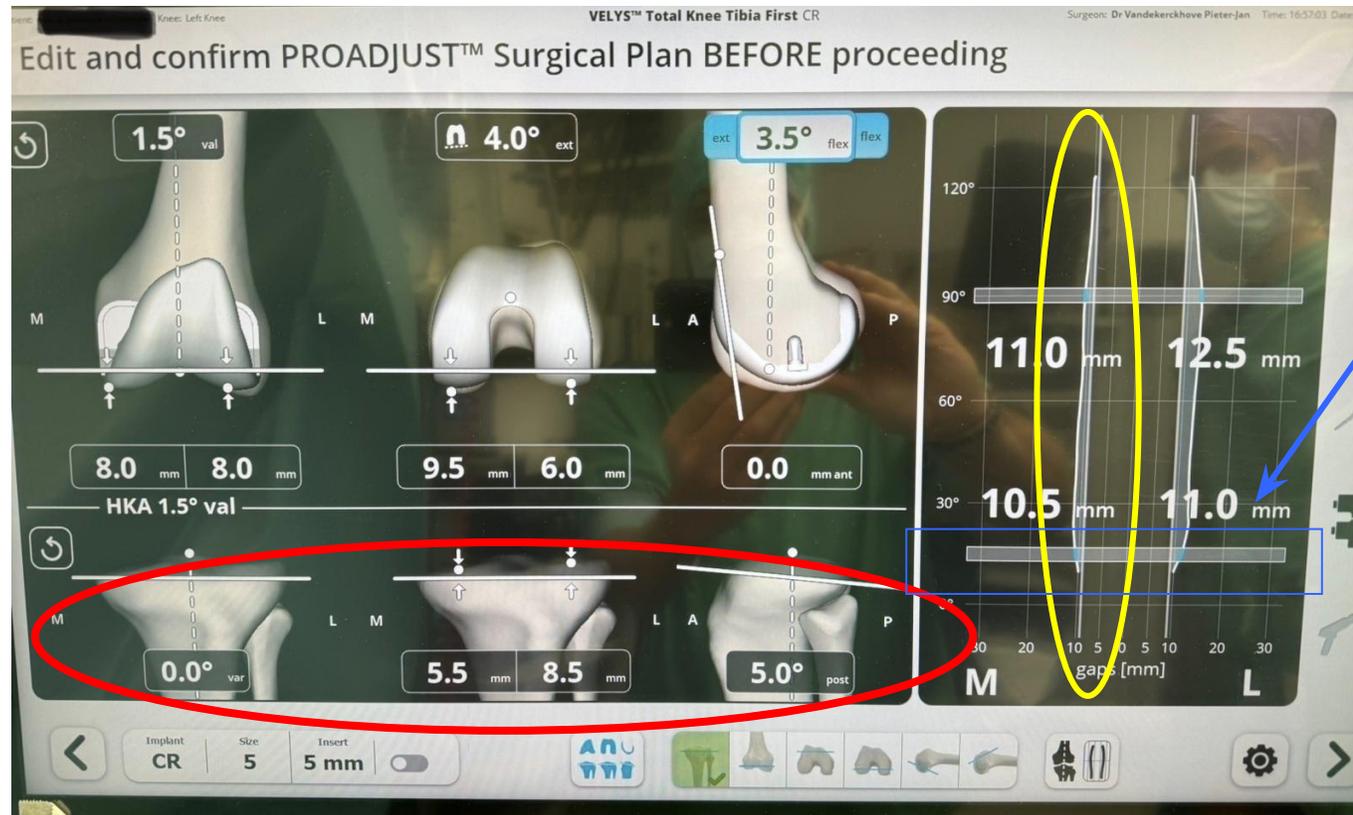
- 1st Ligament balance (manual)
 - Varus valgus stress



- Proadjust Surgical plan
 - Accubalance Graph
 - PSA (Tibia) (Preop alignment)



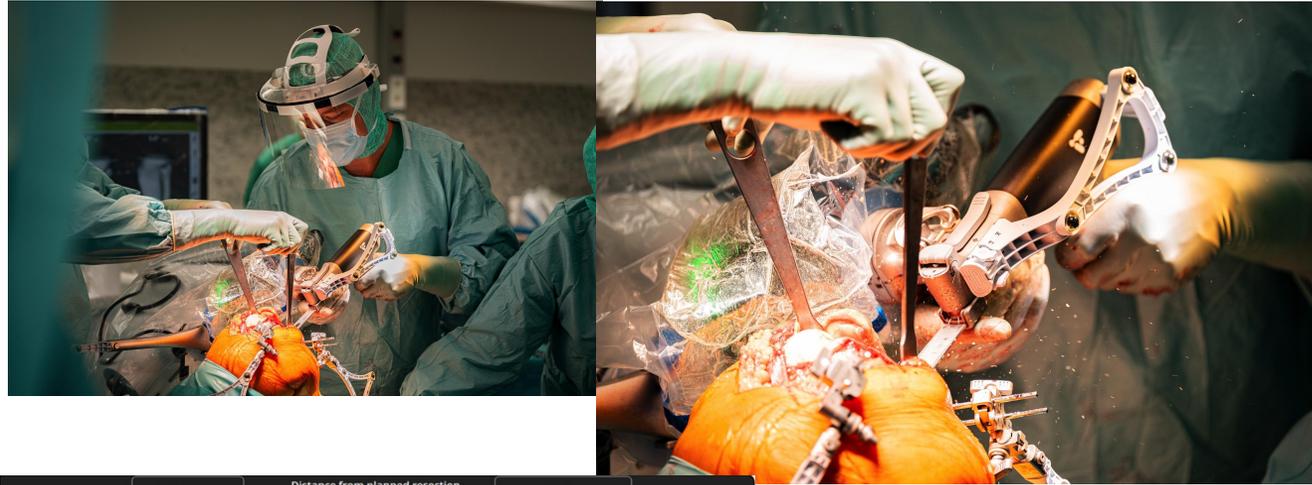
Accubalance: 1st balance – tibia preparation



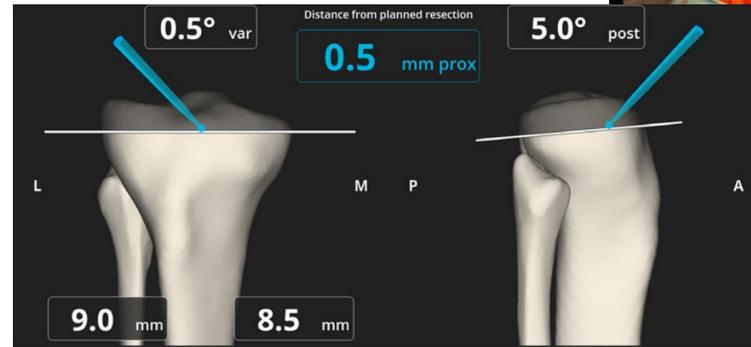
Flex	1	2.5
Ext	0.5	1
	M	L

- **Tibia cut**

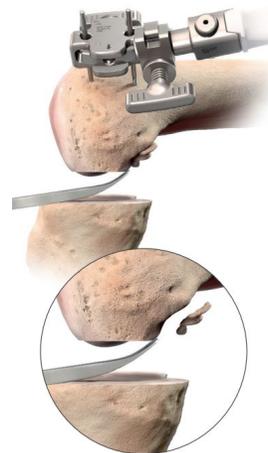
- Reference point!



- Assess + arrey



- **Remove osteophytes**

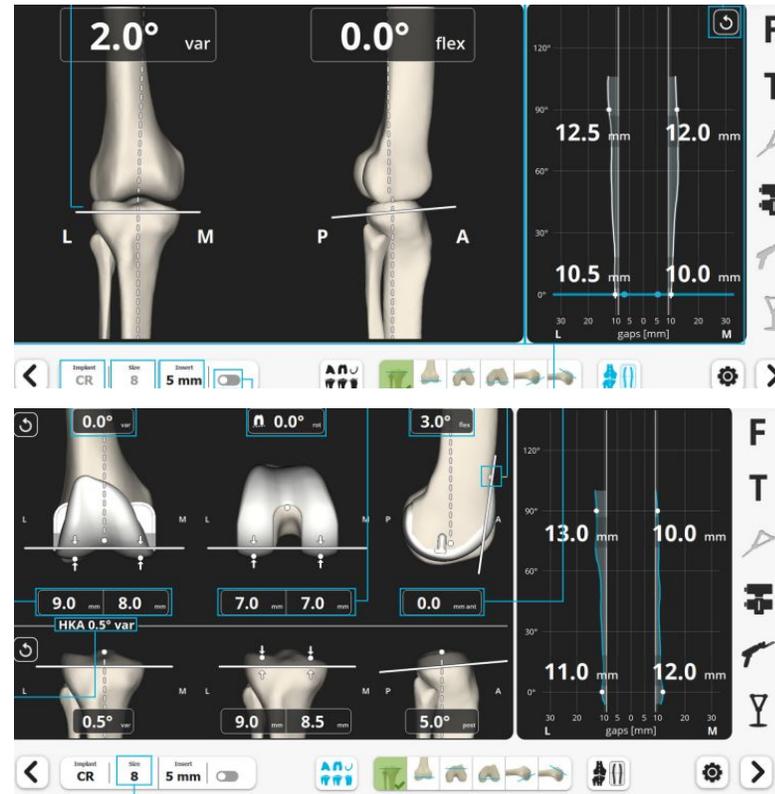


• 2nd Balancing (patella in place balancer)

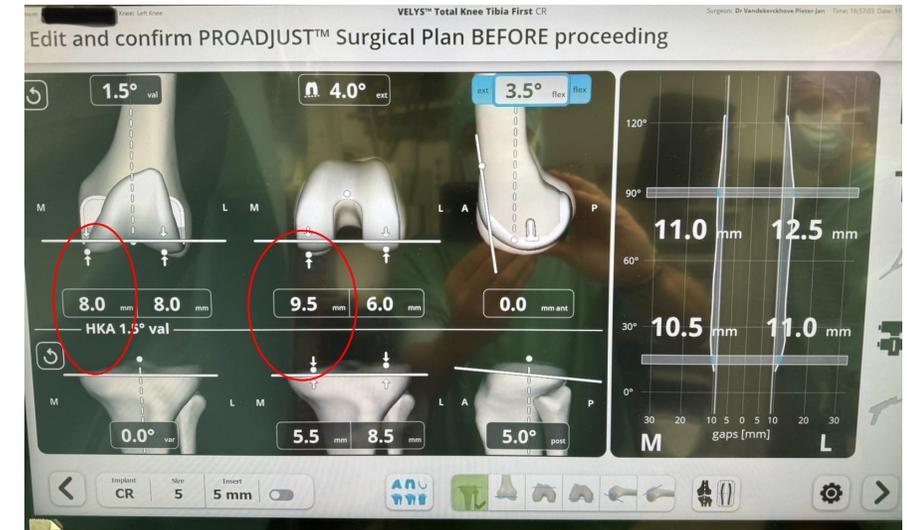
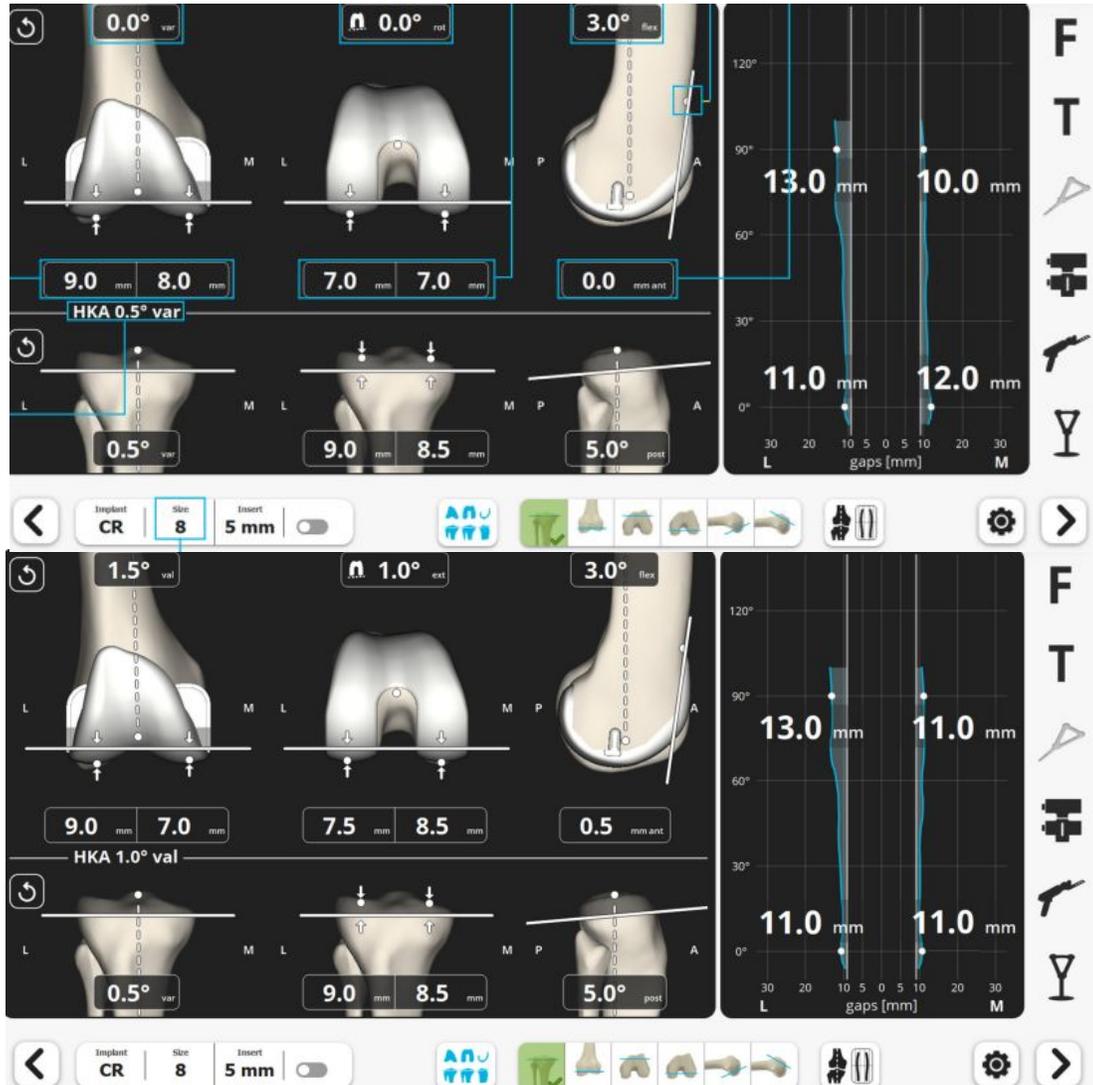


• Readjust planning

- Medial referenced
- Resection
- Notching / sizing



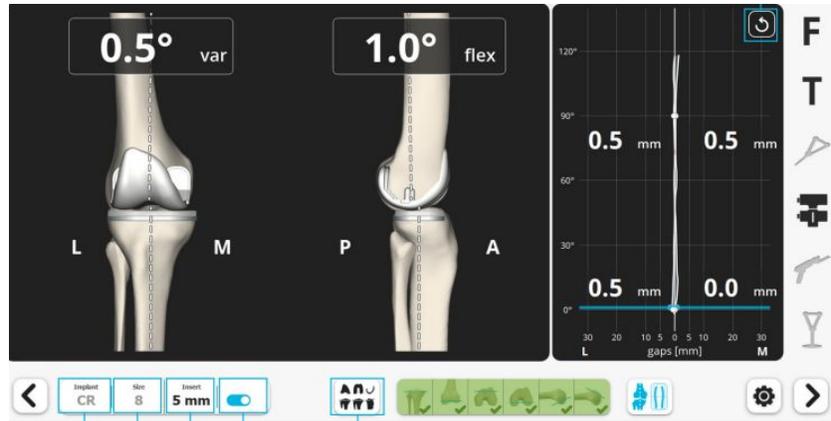
Accubalance – Medial referenced



- 4 in 1 cuts (Cave sclerotic bone)
 - Femoral reference
 - Check cutting surface



- Trial:



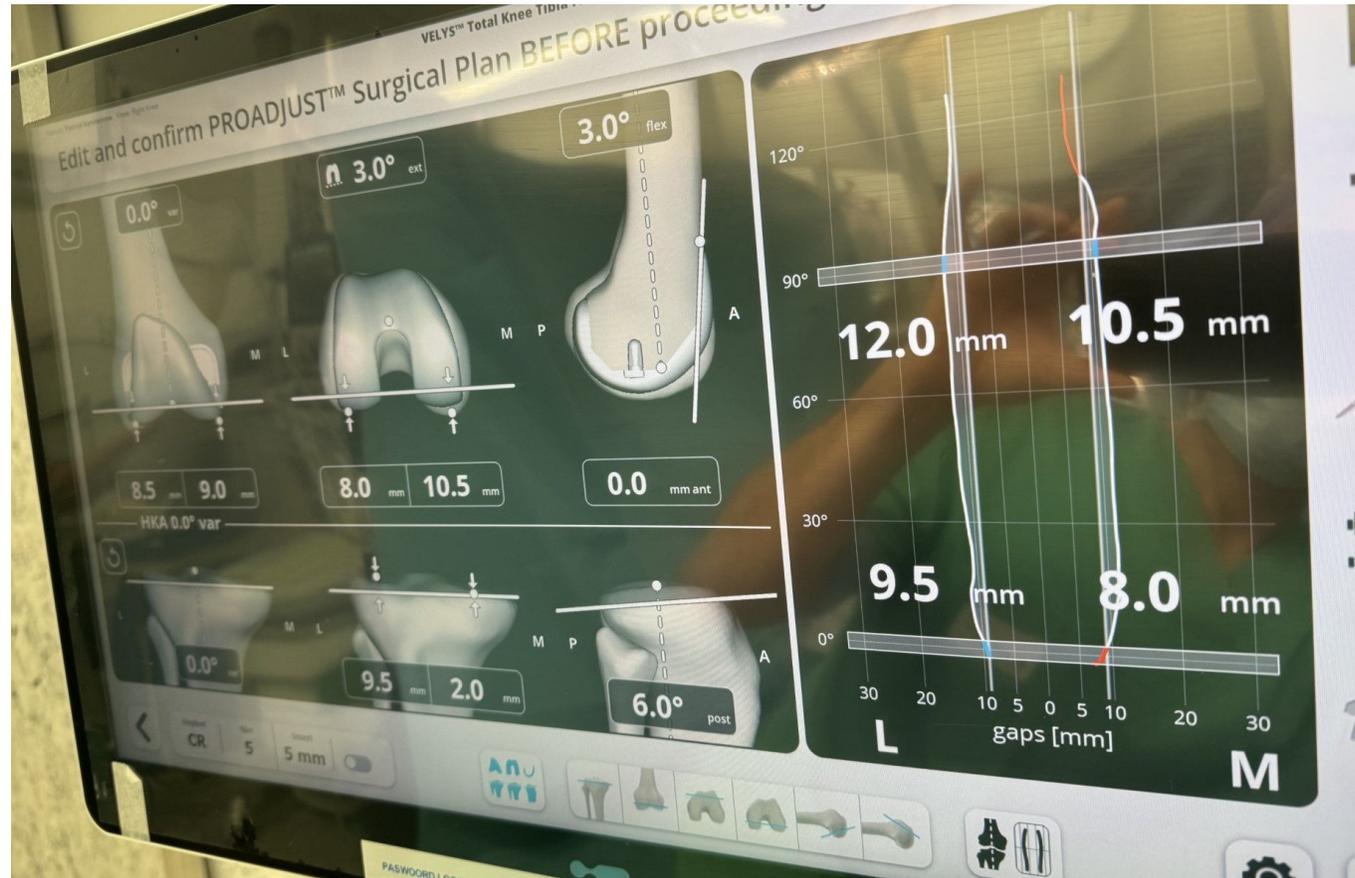
- Re-assess / recut?
 - Recut 3/53 cases
- Final implant



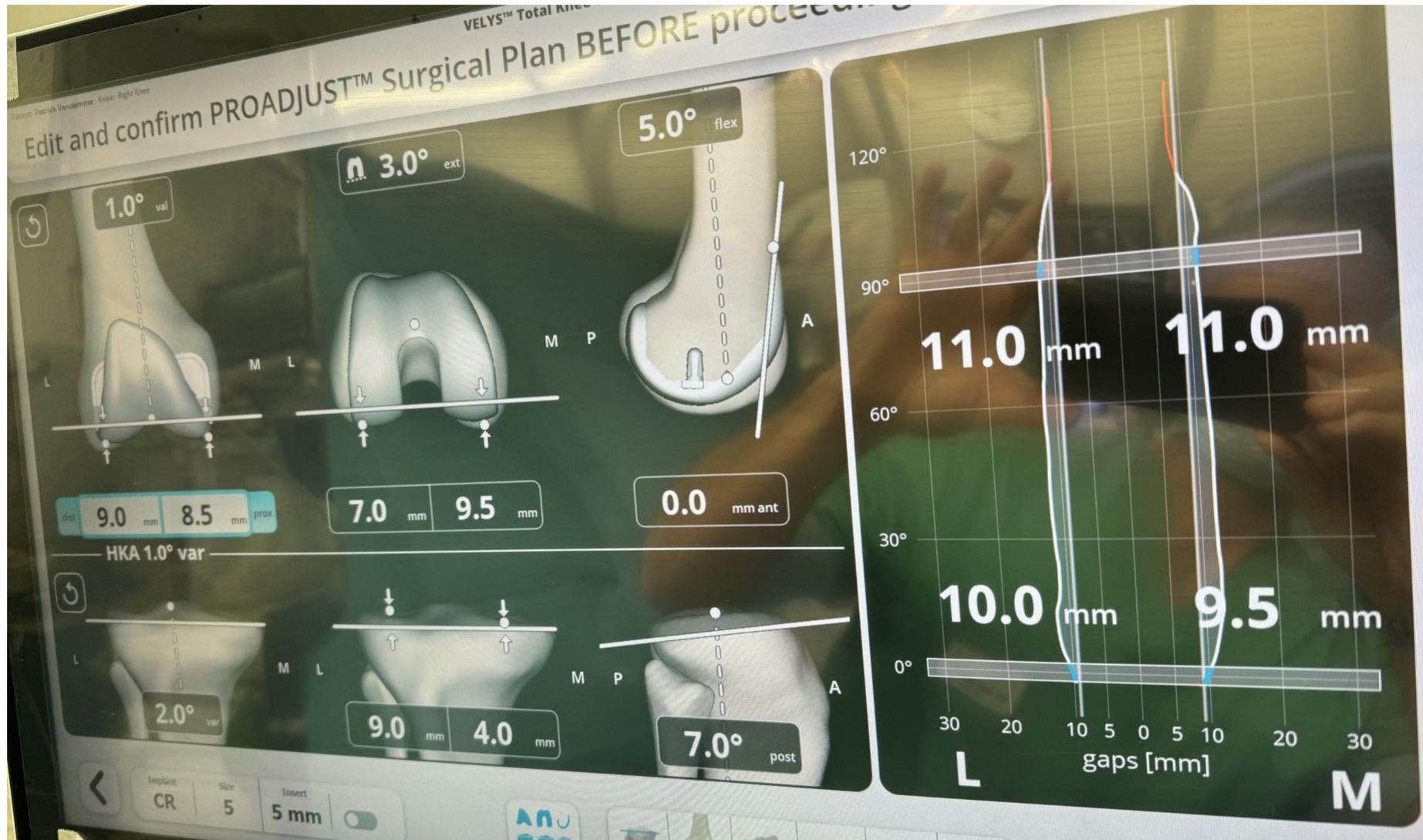
Case 1: 69, male, varus (9°) OA



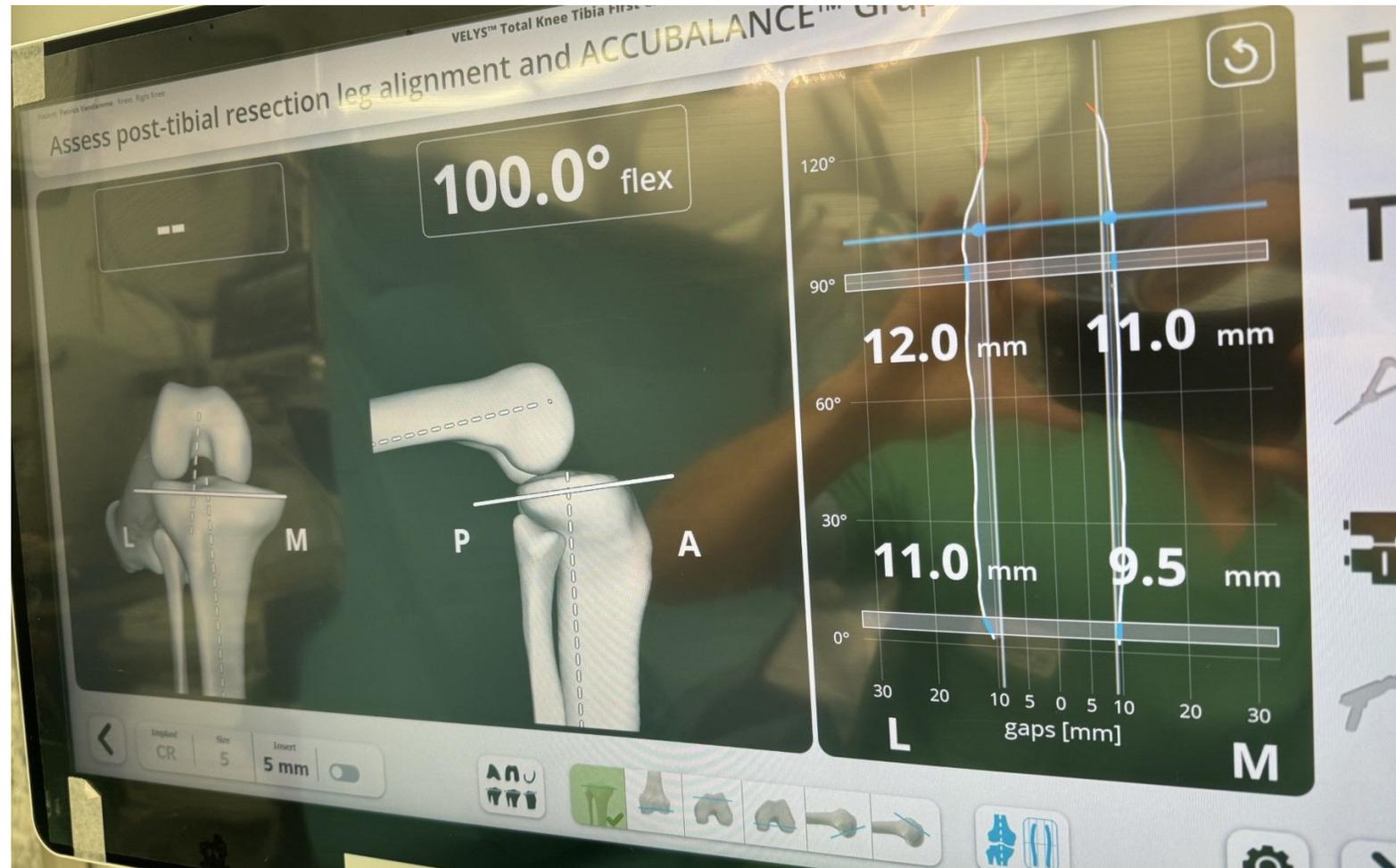
Case 1: Varus 9°



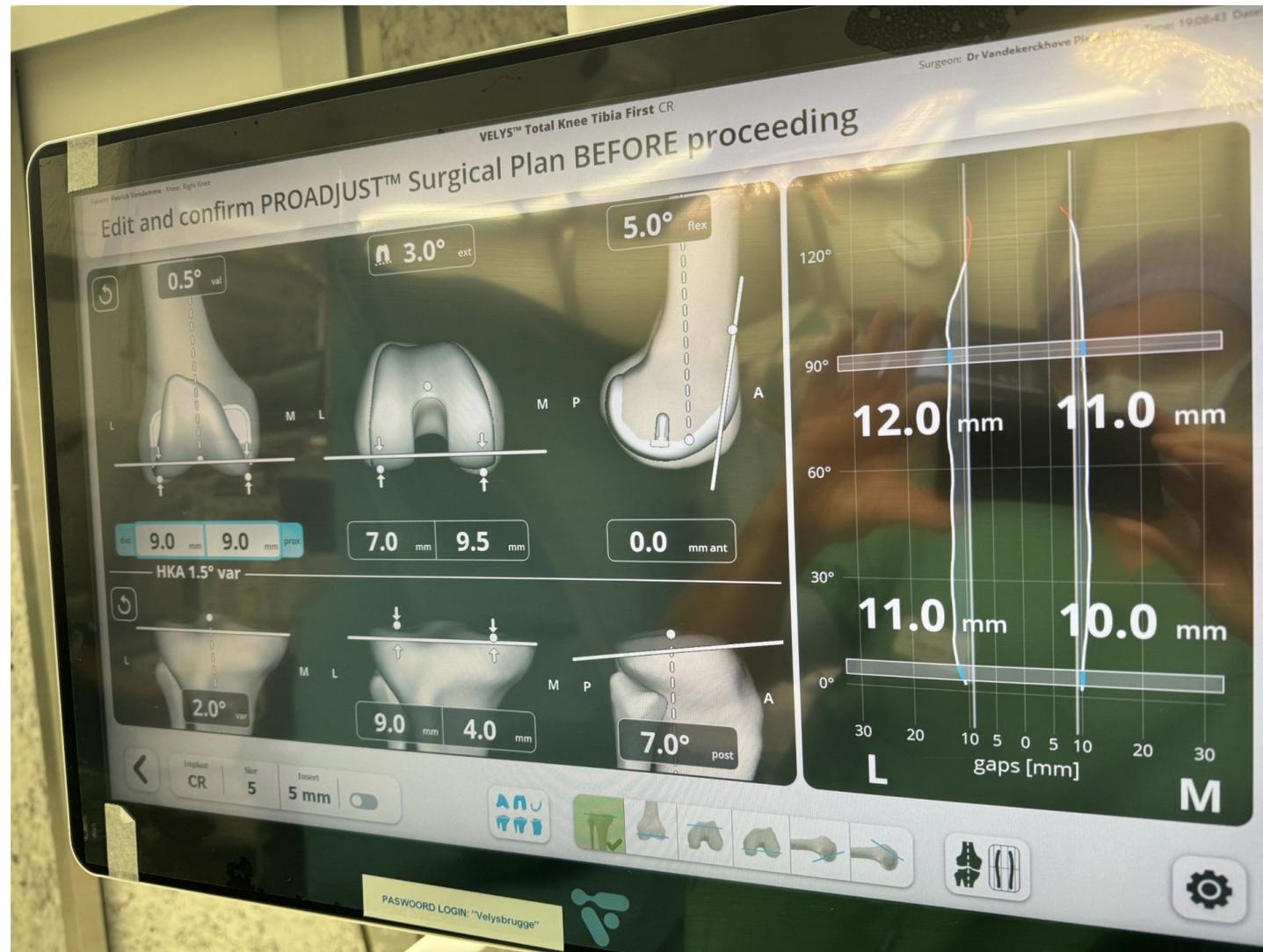
Balance Tibia (and femur)



Balance with balancer



Final cuts / Results



Final balance



Results

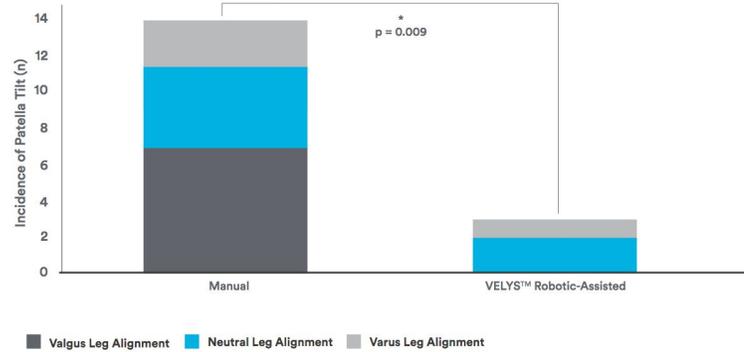
- Promising

- Pain
- Outcome
- Revision ratio 1yr
- LOS

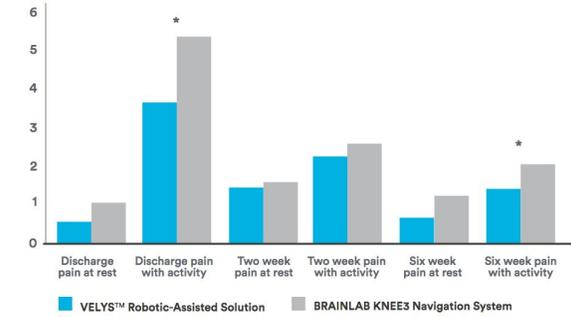
- Short term

- Studies vs
 - Manual
 - Navigation

Study results demonstrate a higher incidence of patellar tilt in the manual TKA compared to the VELYS™ Robotic-Assisted Solution cohort⁴



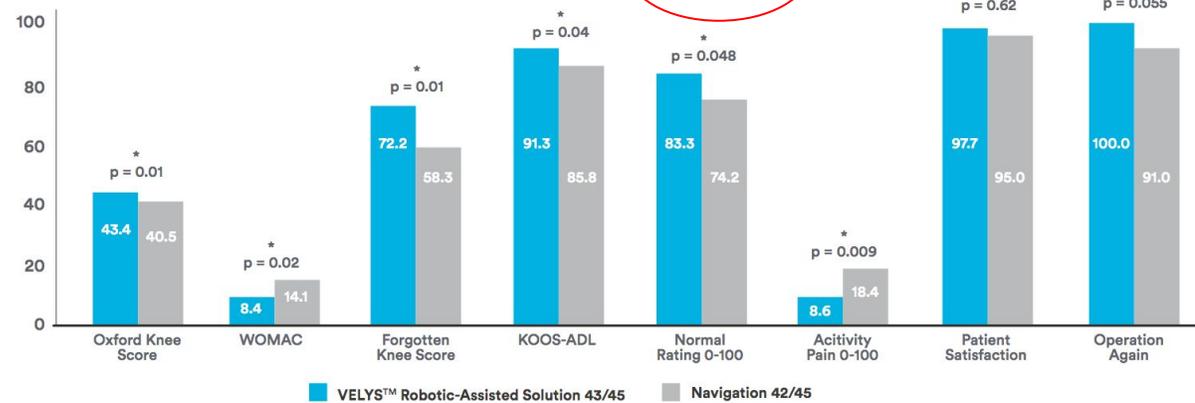
Pain Scores at Discharge, Two and Six Weeks after TKA¹



	Manual TKA (N=121)	VELYS™ Robotic-Assisted Solution rTKA (N=104)
Mean LOS Days (SD)	1.3 (0.4)	1.1 (0.7)
Number of 30-day ED visits	8.3%	5.8%
Mean MME* (SD)	112.9 (96.3)	86.6 (94.6)
Mean Post-operative Pain Intensity (SD)	4.6 (2.0)	4.7 (2)
Mean Operative Minutes (SD)	67.0 (11.1)	84.4 (15.8)

*MME morphine milligram equivalents

One Year Patient Reported Outcomes After TKA



*Indicates statistically significant difference, two sample t-test, p-value<0.05

Round Up: 53 cases – 7 weeks



Precision ✓

Predictive ✓

Parameters ✓

Preservation ✓

Personalised ✓



Learning curve (teaching)

Cost (hospital – Society)

Tool & Fool - THINK (different)

Long term ? (vs manual MRGB) => *study Jan '24*



No added cost patient

Real time changes – Quick interaction

Faster rehab

Less releases (<< PCL)

Less complex hardware / thinner poly's

Minimal adjustments

Thank you