Letter to the editor regarding “Safety of one-stage bilateral total knee arthroplasty -one surgeon sequential vs. two surgeons simultaneous: a randomized controlled study”

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We read with great interest an article titled “Safety of one-stage bilateral total knee arthroplasty -one surgeon sequential vs. two surgeons simultaneous: a randomized controlled study” by Uzer et al. [1] published in the July 2020 issue of the journal and would like to congratulate the authors for their study. The authors performed a prospective randomized study to detect the differences between two-surgeon bilateral total knee arthroplasty (TKA) and single-surgeon bilateral TKA in terms of complication rate and functional scores in the early post-operative follow-up. The most important finding of the study was that two-surgeon bilateral TKA on the earliest post-operative follow-up had significantly lower major complication rates and operating times than single-surgeon bilateral TKA. Although they have touched a highly pertinent topic in a scientific manner, the study has brought an important issue that we would like to communicate with the authors.

The authors did not show radiological results in their study. Precise component alignment is a crucial prognostic factor in terms of wear and subsequent loosening, which may impact the long-term outcome of TKA [2–4]. Qadir et al. indicated that there were no significant differences in component alignment between one-surgeon sequential bilateral TKA and unilateral TKA [5]. Were there any differences between two-surgeon simultaneous bilateral TKA and single-surgeon sequential bilateral TKA in terms of component alignment? We speculated that two-surgeon bilateral TKA is at a disadvantage in accurate prosthesis implantation because the soft tissue retractors of both sides may interfere with each other that cause an inadequate operative field. In addition, there is a

possibility that the surgeon or assistant of the other surgical team may be in the way of the precise component implantation. Please let us know if the authors have any ideas for achieving good component alignment in two-surgeon simultaneous bilateral TKA.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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