Symposium: 2015 Knee Society Proceedings

Editorial Comment: 2015 Knee Society Proceedings

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Knee replacement surgery can be performed effectively and efficiently. In fact, many of the fundamental questions about this topic have been addressed. Indeed, much of today's research focuses on refinements of the procedure, including methods to accelerate recovery, reduce morbidity, and decrease costs. This research shows that the needs of the patient, surgeon, and healthcare system can be aligned in ways that can help improve outcomes, reduce length

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of stay, and lower the financial burden on society.

In 2016, our patients are aware of, and care about, many of the same issues that we, as surgeons, concern ourselves with. Patients now inquire commonly about surgical exposures, bearing surfaces, implant brands, instrument customization, methods of fixation, and postoperative protocols—again, the same issues that we spend our time thinking about. Our research reflects this. We are in the fine-tuning stage of many areas of knee arthroplasty: Avoiding perioperative pain, reducing the frequency of

transfusions, and limiting functional impairment. Studies, including many in this year's proceedings, suggest that knee replacement surgery has become a smaller procedure, with a far more tolerable recovery period than ever before.

However, as we also see in this issue of the proceedings, many fundamental and important challenges remain. Defining the best limb alignment for both function and implant longevity remains controversial. We have yet to eliminate the scourge of periprosthetic infection, and we continue to work on its prevention and

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treatment. Additionally, questions related to the best bearing surface and revision techniques remain as relevant as ever.

The proceedings that follow make it is clear that while great strides have been made, knee replacement surgery in fact is not “solved problem.” In this era of reduced surgeon compensation and hospital penalties for what once were considered inevitable complications of joint replacement

surgery, standardization and optimization of care pathways appear both necessary and cost-effective. But it remains our responsibility to put patients first and advocate for the surgical techniques and implants that serve each individual best over the long-term. To that end, we must continue to find better ways to best document and measure outcomes, identify and eliminate technique and implant outliers, and do so efficiently.

The articles for this year’s proceedings of the Knee Society were specifically selected to provide information upon which the reader can rely upon and use in a modern clinical practice. I am proud to have been involved and sincerely hope that that the findings presented here can help readers treat their patients, as well as inspire clinician-scientists to refine future research directions.