

Traditional Static Spacers Show High Levels of Complications¹



- Substantial additional morbidity with the use of static spacers during a two-stage exchange for treatment of PJI after TKA was identified
- **Alternatives to traditional static spacers may need to be considered**

The Debate: Static vs. Articulating

Traditional Dogma

Challenging PJI revisions should be treated with static spacers. Advocates theorize:

- Soft tissue immobilization improves infection control.
- Intraoperative static spacer fabrication is low cost

Pro Articulating View

Articulating spacer advantages:

- Increased mobilization throughout treatment leading to improved clinical outcome scores.
- Several studies show similar infection eradication between spacer types

Study of 63 Static Knee Spacers:

Study Outcomes

- 67% Successful reimplantation (42 Patients)
 - 10 patients required multiple surgeries prior to reimplantation
- 22% AKA (14 Patients)
- 8% Arthrodesis (5 Patients)
- 3% Death (2 Patients)

73% of Patients Experienced a Complication

- 46 % further bone loss
- 33% wound complications
- 16% radiographic migration of spacer
- 16% ulcer/soft tissue injury from cast
- 13% fracture around spacer
- 3% spacer fracture

References

¹ Emanuel C. Haug, MD1; Jeremy T. Hines, MD1; Benjamin Dalkin, BA1; Patrick J. Dunne, BA4; Wendy M. Novicoff, PhD1; Lucian C. Warth, MD2; R. Michael Meneghini, MD2,3; and James A. Browne, MD1. Static Non-articulating Knee Spacers Are Associated with a High Degree of Morbidity in Challenging Clinical Scenarios, *Journal of Surgical Orthopedic Advances*, Summer Volume 22.