

AB137. 62. Outcomes following elective total knee arthroplasty in haemophiliacs

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Background: Haemophiliacs can suffer from recurrent joint haemarthrosis resulting in symptomatic arthropathy, with the knee being commonly affected. While current coagulation strategies have reduced the number of haemophiliacs with end-stage arthropathy, total knee arthroplasty (TKA) remains indicated in certain patients. Despite innovation in haematological management, undergoing a TKA with an underlying clotting disorder continues to be associated with increased complications, particularly in regards excessive haemorrhage. The aim of this study was to quantify perioperative blood loss and transfusion requirements as well as functional outcomes in haemophiliacs undergoing TKA.

Methods: Patients undergoing TKA in a single institution over a 10-year period were retrospectively reviewed, and those with a diagnosis of haemophilia A or B were identified. Demographics were noted, and analysis of perioperative,

laboratory, haematological and post-operative records was performed.

Results: Ten TKAs in haemophiliacs were identified, with a median age of 49 years and perioperative length of stay of 15 days. All patients were American Society of Anesthesiologists (ASA) Grade 2 or 3 and had a drain sited intra-operatively, with a median intraoperative tourniquet time of 119 minutes and mean intraoperative blood loss of 165 mL. The mean drop in serum haemoglobin at 24 and 48 hours post-operatively was 3.2 and 4.1 g/dL, respectively, with only one patient requiring red cell transfusion. There were no perioperative complications, and there was a noticeable functional improvement at a mean post-operative follow-up time of 7.4 months.

Conclusions: TKA in haemophiliacs is associated with acceptable perioperative blood loss and increased post-operative function. Deliberate perioperative management and operative technique helps optimise outcomes in this patient cohort.

Keywords: Knee; arthroplasty; haemophilia; elective; outcomes

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