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| Title | Case series of Jehovah's Witnesses having total knee arthroplasty in Hong Kong |
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| Citation | The 34th Annual Meeting of the Hong Kong Orthopaedic Association (HKOA), Hong Kong, 15-16 November 2014, p. 121 |
| Issued Date | 2014 |
| URL | http://hdl.handle.net/10722/218987 |
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CASE SERIES OF JEHOVAH'S WITNESSES HAVING TOTAL KNEE ARTHROPLASTY IN HONG KONG

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INTRODUCTION: Total knee arthroplasty (TKA) is challenging in Jehovah's Witnesses (JW), as they do not accept transfusions. We report our experiences with a series of TKAs in JW in our institution.

METHODS: The medical records of the JW who underwent TKA in our institution from 2013 to 2014 were reviewed. The perioperative details were collected and analysed.

RESULTS: There were 2 female JW patients with a diagnosis of primary osteoarthritis of knee (OAK) who underwent 3 TKAs in the study period. One patient, aged 69 years, had bilateral OAK (Kellgren-Lawrence [KL] grade 4) and underwent sequential TKA with posterior stabilised knee prosthesis at 9 months apart. Another patient, aged 76 years, had unilateral OAK (KL grade 3) and underwent TKA with semi-constrained prosthesis. A dedicated team including anaesthesiologists, physicians, and surgeons had comprehensive evaluation and communication with the patients perioperatively. The specific blood management techniques included preoperative optimisation of haemoglobin level with erythropoietin, systemic tranexamic acid, and topical application of haemostatic matrix into surgical field for haemostasis. The mean preoperative and postoperative haemoglobin levels were 13.4 (range, 12.6-14.2) and 11.3 (range, 10.8-11.7) g/dL, respectively. All operations were uneventful without transfusion. The mean Knee Society Knee Score and functional scores with at least 4 months' follow-up were 92.6 (range, 91-95) and 65 (range, 65-65), respectively.

CONCLUSION: Team approach with blood management techniques is important to achieve safe and transfusion-free TKA in JW with good outcome.