



# Total ankle arthroplasty - total ankle arthroplasty in Western France: influence of volume on complications and clinical outcome

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**INTRODUCTION:** Total ankle arthroplasty (TAA) has become an alternative to ankle arthrodesis in the treatment of advanced osteoarthritis. "The difficulty of performing a total ankle replacement and the corresponding steep learning curve" has resulted in a proposal "to limit ankle replacement to centers that have performed at least ten total ankle replacements for at least 3 years". The aim of this study was to evaluate the influence of the frequency of TAA procedures on the complications and outcome of these arthroplasties.

**MATERIALS AND METHODS:** This retrospective series included 183 cases who underwent surgery between 1997-2010 in eight centers: three high volume centers performed at least five TAA per year (100 cases) and six low volume centers performed less than five TAA per year (78 cases).

**RESULTS:** The clinical assessment was performed in 133 cases that were reviewed after a mean 39 months  $\pm$  29 of follow-up. The preoperative AOFAS score was  $33 \pm 4$  and  $77 \pm 15$  at the final follow-up. The five-year survival rate was 86%. No significant difference was found between the groups for the AOFAS score or implant survival at the final follow-up. The high volume centers experienced more complications (45% versus 13%) but fewer implant failures (8% versus 13%) overall compared to the low volume centers.

**DISCUSSION:** The outcome of TAA depends mainly upon the pertinence of the indication and the associated procedures that may be necessary. Rather than limiting TAA to high volume reference centers, we suggest that the assessment of each case within a predetermined area should be done in a network. This would determine the degree of specialization required for each TAA case and provide all patients with safe and equal access to this therapeutic option.

**LEVEL OF EVIDENCE:** IV - Retrospective study.

Résumé en anglais

Notes

supplément

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