

A case controlled study of blood loss comparing patient-specific cutting guides with conventional intramedullary instrumentation in total knee replacement.

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Abstract

MRI scan of lower limb focusing on hip, knee and ankle. Mechanical axis was calculated based on 3D MRI scan (Signature system used). Custom femoral and tibial cuttings block were manufactured for each patient. Custom cutting jigs based on patient's 3D MRI of lower limb used. One for femur and one for tibial cut. Intramedullary canal not breached in any case. Patella not resurfaced in any case. Vanguard ROCC Biomet TKR cemented prosthesis used. Same thromboprophylaxis in both groups Dabigatran 150 Or 220mg as per BNF. All patients also had Vanguard ROCC Biomet cemented TKR. Intramedullary alignment cutting jig for femur and tibia i.e. femoral and tibial canal breached. Femoral cement plug was used to seal medullary canal before cementing the prosthesis. Patella not resurfaced in any case. Same thromboprophylaxis in both groups Dabigatran 150 Or 220mg as per BNF

Biograph :

Mr Anwar Khan, graduated from Pakistan and has been trained in the UK. He has got his higher qualifications from the University of Edinburgh in Orthopaedics (FRCS T&O). He also got Diploma in Orthopaedics & Traumatology (FEBOT). He is working as a Trauma Surgeon in Luton & Dunstable.

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