Joint-Conserving Operations in Haemophiliacs

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Between 1973 and 1980, 253 corrective surgical operations were performed in our hospital. The complication rate remained unexpectedly low. Only two infections are to be reported (= 0.8%). From 1976, we increased the usage of spinal and peridural anesthesia (76 spinal anesthesia and 45 peridural anesthesia) as postoperative bleedings could no longer be observed thanks to the good haemostaseological service.

The given intraoperative and postoperative safety influenced the indications: the majority of the operations were aimed at an improvement of the function and/or the capacity of weight bearing in the affected joints. Arthrodesis and endoprosthesis each represent only 1% of the total amount of operations.

The majority of interventions were osteotomies for the correction of defective position of the axes (32%) and tenotomies for the removal of disturbing contractures which could not be improved by conservative treatment (26%). Arthrotomies (synovectomies, meniscus operation, etc.) were rarely necessary (7%). Removal of pseudotumors (6%), osteosynthesis (4%), removal of metal pieces (14%) and miscellaneous operations (9%) account for the rest.

Each indication and the results will be reviewed.

Conclusion

Proximal tibial osteotomy for correction of coexistent varus deformity with haemophilic arthropathy of the knee resulted in the halting or the reversal of degenerative and arthropathic changes in the affected joint. The significant reduction of spontaneous bleeding episodes into the knee and the improved joint mobility post-surgery are of considerable importance in the cost-benefit relevance of the corrective procedure.