

# A randomised clinical trial comparing minimal invasive (MIS) total knee replacement (TKR) with conventional total knee replacement

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Objective: Does minimal invasive total knee replacement has (at least) comparable or better results to conventional total knee replacement if looked at functional recovery, complications and pain. Amendment 1: measure the accuracy of the cementing...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Bone and joint therapeutic procedures
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON35423

### Source

ToetsingOnline

### Brief title

MIS versus conventional TKR

### Condition

- Bone and joint therapeutic procedures

### Synonym

osteoarthritis, worn out knee

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Reinier de Graaf Groep

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** Functional outcome, Minimal invasive surgery, RCT, Total knee replacement

## Outcome measures

### Primary outcome

Main study parameters/endpoints: Outcome will be clinically measured using the Knee Society Score (KSS), Oxford knee score, SF-12, KOOS questionnaire, whilst radiographic outcomes will be evaluated through standard radiographic parameters. Discharge criteria will be checked at day 3 p.o.

Amendement 1: Penetration dept and wide of bone cement

### Secondary outcome

Hb level day 3

Walking stairs (one level)

Transfers

Pain VAS / medication

cement penetration research

## Study description

### Background summary

Rationale: Minimally invasive total hip and knee arthroplasty have increased enormous in popularity during the last decade, however substantial controversy exist in the orthopaedic community. For surgery like laparoscopic colorectal resection, appendicitis, splenectomy and inguinal hernia repair<sup>1-4</sup>

meta-analyses have been published showing that despite longer operative times, scopic surgery has advantages like faster recovery and shorter average length of hospital stay. But does the minimal invasive approach in total knee replacement has advantages? Or do we compromise excellent long-term results?

Amendement 1: Concerning the quality of the cementing technique in total knee arthroplasty is little known. Does the MIS approach have an influence on this cementing technique?

## **Study objective**

Objective: Does minimal invasive total knee replacement has (at least) comparable or better results to conventional total knee replacement if looked at functional recovery, complications and pain.

Amendement 1: measure the accuracy of the cementing technique

## **Study design**

Study design: A prospective randomised clinical trial in which 100 cases will be enrolled.

Patients will be evaluated preoperatively, and postoperatively at discharge (from operation date to date of discharge), at 6 weeks, at 3 months, 1 year.

Amendement 1: patients will be asked to have one CT scan (diagnostic)

## **Intervention**

Intervention: Placement of an cemented primary total knee replacement with a conventional incision or with a minimal invasive approach.

Amendement 1: CT scan

## **Study burden and risks**

Nature and extent of the burden and risks associated with participation, benefit and group relatedness: Patients participating in the study have the same risks and benefits when not participating in the study. The minimal invasive approach is possible through the new instrumentation, which is also used in the conventional approach. Follow-up times are standard protocol evaluations of prosthesis. Besides standard radiologic follow-up, patients are evaluated with routine questionnaires.

Amendement 1: CT scan has acceptable radiation properties, well below the annual threshold

## Contacts

### Public

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### Scientific

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

osteoarthritis

### Exclusion criteria

unwilling to participate

## Study design

## Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Active
Primary purpose:	Treatment

## Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	20-08-2007
Enrollment:	100
Type:	Actual

## Ethics review

Approved WMO	
Date:	30-05-2007
Application type:	First submission
Review commission:	METC Leiden-Den Haag-Delft (Leiden)
	metc-ldd@lumc.nl

Approved WMO	
Date:	30-07-2010
Application type:	Amendment
Review commission:	METC Leiden-Den Haag-Delft (Leiden)
	metc-ldd@lumc.nl

## Study registrations

## **Followed up by the following (possibly more current) registration**

No registrations found.

## **Other (possibly less up-to-date) registrations in this register**

No registrations found.

## **In other registers**

<b>Register</b>	<b>ID</b>
CCMO	NL14807.098.06