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Is There a Difference in the Outcomes Between Cemented and Uncemented Primary Total Knee Arthroplasty?

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Is there a difference in the outcomes between cemented and uncemented primary total knee arthroplasty?**Response/Recommendation:** In all studies, more than two years of follow-up, the survival, and aseptic loosening rates are similar in cementless and cemented TKA regardless of the demographic characteristics including age, sex, and body mass index (BMI). There is no significant difference between the two groups in major complications and functional results.**Level of Evidence:** Moderate.**Expert Vote:** Agree: 74.5%, Disagree: 15.3%, and Abstain: 10.2%.**Rational**

Concerns about the risk of osteolysis with cemented total knee arthroplasty (TKA) in the 1980s spurred the development of cementless designs. Cement fixation is still used for the majority of TKAs, but the use of cementless fixation continues to increase, with a 2021 report stating that 14% of all primary TKAs are performed without cement in the United States. Although cemented TKA is still referred to as the gold standard of fixation, but the reported results of cementless TKA are promising [1–3].

To compare the results of these two fixation methods, all studies with mid-term and long-term (up to 25 years) follow-ups included

meta-analyses of randomized controlled trials and retrospective and prospective cohort studies published in reputable journals. Based on this systematic review, both fixation methods are similar in survival and aseptic revision rate [2,4–30]. There were no differences identified between the two groups concerning functional scores [2,7,8,12,13,21–23,25–27,30–36]. Age and sex also had no significant effect on the results [13,15,16,33,37,38]. However, according to the American Joint Replacement Registry, while cementless TKA can yield favorable outcomes with low revision rates, surgeons should exercise caution with cementless fixation when using a posterior-stabilized (PS) design and also for women aged more than 65 years [1]. Most studies reported similar outcomes with respect to BMI < 40 [4,20,33,34], but in morbidly obese patients (BMI > 40), the cementless PS TKA may have superior results compared to cemented PS TKA [39]. In reviewing the literature, there were no strong data to support the superiority of either fixation method with respect to the revision rates due to infection [15,18,40]. The other major complications such as periprosthetic fractures and component migration are similar with cemented and

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cementless TKA, although in one study there was some concern for tibial component migration in cementless fixation [15,41–44]. In most studies, the different component designs (cruciate-retaining, PS, and mobile bearing) all had the same results [12,27,34–36]. There is no strong evidence regarding the results of patellar component fixation but in limited studies, the rate of migration or loosening of patellar component with cementless designs is higher than with a cemented counterpart [9,18,35]. While the cost of cementless components is higher than cemented designs, the cost-benefit has not been formally evaluated in the current literature [45,46]. Most published randomized controlled trials also report similar clinical outcomes regardless of cementless or cemented fixation [2,11,16,22,23,25,30,42,43,47].

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