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Editorial

The 2024 World Expert Meeting in Arthroplasty: Not All Controversies Are Actually Controversial



The seed for this initiative had been planted many months ago. During a typical weekly educational meeting, a heated discussion arose regarding whether revision knee arthroplasty was warranted for a patient who had an alleged metal hypersensitivity. The surgeons in the room were split, in their opinions, in almost a perfect 50-50. Surgeons advocating for revision were citing the positive patch test that the patient who had a painful total knee arthroplasty (TKA) had, including nickel, as a reason to proceed to remove the noninfected and well-fixed components. Those against a revision felt that there was no correlation between the positive patch test and the painful knee arthroplasty that the patient was presenting with.

Metal hypersensitivity after TKA is among the numerous controversial subjects in orthopaedics that continue to be debated. While recognizing the fact that controversial subjects in orthopaedics (and medicine in general) exist, it is interesting to note that our community continues to also debate subjects for which an ample number of high-level studies have been conducted. The use of a surgical drain after a routine primary arthroplasty or administration of tranexamic acid during such surgery are some examples. So, we should remove these subjects from the “controversial” bucket and focus our energy on debating truly controversial subjects. It is also clear that some controversial subjects do not easily lend themselves to high-level studies and may require the interpretation of the available literature by experts and glean a recommendation. The metal hypersensitivity subject appears to fall under this category.

Many other examples also exist. The final category of “controversial” subjects is those that require well-designed and well-executed studies that could generate evidence-based responses for us all. The use of mechanical versus kinematic alignment during TKA, the need for routine radiographic screening of spino-pelvic relationships before total hip arthroplasty, the role of isolated patello-femoral arthroplasty, and others are among these.

The purpose of the inaugural World Expert Meeting was to convene experts who had diverse backgrounds and experiences from around the globe to debate controversial subjects and determine where we stand with these issues. These subjects can be addressed by a Delphi panel, where the experts discuss the evidence. This consensus group process allowed the panelists to

individually judge the evidence from their own frame of clinical reference, and they later voted on the recommendations in an anonymous manner. Tabulations of voting results were scored and recorded. Over 500 experienced surgeons from 92 countries were in attendance at the meeting. During the 2-day meeting, surgeons sat in the room, listened to the short presentations on the results of the systematic reviews that were conducted on the subject months before the meeting, participated in the ensuing discussions on the floor, and cast their votes on the recommendations. The systematic reviews were conducted according to an established protocol provided by the McMaster University (Toronto, Canada) team. A liaison had been assigned to each question who orchestrated the process and ensured that the six to seven expert surgeons who were assigned to that topic provided their interpretation of the available data and agreed with the final recommendation being presented in the meeting. On occasions, the recommendations needed to be refined to meet the language or Delphi requirements before being subjected to the vote.



Figure 1. QR code to access the World Expert Meeting collection of papers.

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The meeting was a resounding success by all measures. We were only able to discuss 64 out of many hundreds of controversial topics. But we did reach an extremely important decision. There is a need for a global research consortium that can conduct studies needed to determine the evidence-based answer to some of these questions. The room was energized when Dr Mohit Bhandari took the stage at the conclusion of the meeting and pleaded a case for such global collaboration. The wheel was set in motion, and we will strive to generate data for questions that surgeons (and patients) face across the globe on a daily basis. Orthopaedic surgery knows no borders. Answers to these questions will not come from one institution or one country, but from all of us around the world. We are stronger together.

We are delighted that the proceedings of this meeting will be published in a timely manner by the *Journal of Arthroplasty*. This collection of papers will be published online only, and can be accessed using the QR code provided below ([Figure 1](#)). We hope that the meeting and its memorialization in this work further stimulate ongoing efforts in these areas for engaging in high-caliber research and generating evidence for topics that are in desperate need of such.

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