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Florida Surgeon grows practice by over 350 percent with new patient-preferred lateral approach to knee replacement

 Optimotion Implants
January 05, 2022

Innovative lateral subvastus approach to TKA helps more patients recover in less time



Nam
Dinh, MD

[Nam Dinh](#), MD, Board Certified Orthopaedic Surgeon at [Advanced Surgery Center of Orlando](#), Florida, and partnered surgeon with [Optimotion Implants](#) in Orlando, performs 95% of his total knee arthroplasty (TKA) surgeries on an outpatient basis. His patients often go home approximately 2 to 3 hours after their procedures once they can ambulate, tolerate oral intake, and are medically stable.

This is possible thanks to a minimally invasive subvastus lateral approach to TKA that Dr. Dinh has been performing for the last 2 ½ years. The approach is becoming enormously popular among patients who are candidates for TKA. During 2019, the first year in which Dr. Dinh used the lateral subvastus approach, he performed 63 procedures. That number jumped to 228 in 2020. To date, over 800 patients have experienced the benefits of the procedure under Dr. Dinh's care.

The subvastus lateral approach accelerates post-operative recovery times and facilitates easier rehabilitation in part because it is a truly quadriceps-sparing approach to TKA. After surgery, patients can walk and perform straight leg raises right away—tasks which are difficult to accomplish during the initial post-operative period following TKAs using a traditional median parapatellar approach.

The quadriceps-sparing nature of the subvastus lateral approach confers other benefits as well. Knee pain is more controllable. Patients have less quadriceps inhibition and are able to participate fully in rehabilitation during the early post-operative period. As a result, their range of motion (ROM) is better. The majority of patients Dr. Dinh cares for achieve 120° of knee flexion 2 to 3 weeks after their surgery. Most patients are able to walk without assistive devices 2 weeks after surgery and many patients return to playing sports 6 weeks after surgery.

Results like these have drastically changed Dr. Dinh's practice. He is seeing more patients than ever who are candidates for TKA, both locally and from cities outside Orlando. In some cases, patients travel up to 7 hours—even from out of state—to the Advanced Surgery Center, specifically for lateral subvastus TKAs. Conservative management of knee pain and underlying issues has often failed these patients, and they seek out Dr. Dinh because their regular surgeons do not perform lateral subvastus TKAs.

To date, four surgeons partnered with Optimotion Implants are qualified to perform lateral subvastus TKAs. Dr. Dinh trained one of those surgeons in the technique himself.

Dr. Dinh acknowledges that the lateral subvastus approach to TKAs can be difficult to perform initially. One of the challenges is creating enough space and increasing exposure during surgery, which can be especially difficult in patients with severe varus deformities and large bones. Protecting the lateral capsule and lateral soft tissue can also prove challenging, particularly in patients with severe valgus knee.

But with the proper training and a deep understanding of knee anatomy, skilled surgeons can master the technique and overcome these challenges. “Don't be too intimidated by the lateral subvastus approach to TKA,” is Dr. Dinh's advice to his fellow orthopaedic surgeons. “The exposure is not limited once done correctly, and you can see everything while performing the TKA using the lateral approach.”

Dr. Dinh was instrumental in refining Optimotion Implants's Surgical Technique during their development. He also provided input to help optimize the clinical performance of a proprietary medial collateral ligament (MCL) retractor from [Optimotion Implants](#). The retractor is used during the procedure to shield the MCL and can help prevent iatrogenic MCL tears during tibial resection.

“With all the positive outcomes I have seen in my patients and in other patients from our practice, I think lateral subvastus TKA will revolutionize the way we do TKAs—similar to how the anterior approach revolutionized total hip arthroplasty,” Dr. Dinh said. “My hope is to one day teach more surgeons and fellows how to correctly perform lateral subvastus TKA, so that they will see the benefits of it for themselves.”

The most important benefit of the procedure, according to Dr. Dinh, is that “patients love it.” He has experienced high rates of patient satisfaction with the procedure in his practice and hopes other orthopaedic surgeons will as well.

[Learn how to perform subvastus lateral TKAs.](#)



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