Report from the Swedish National ACL Register

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My disclosure is: Lecturing for Linvatec Sweden

Demographics

- •90% coverage of all ACL recons in Sweden
- >35, 000 patients in the register
- Until now, almost 25, 000 unique recons analysed
- •22, 059 primary and 1, 431 revision, 530 bilateral ACL-reconstructions with pre- and per-operative demographic data

Demographics

KOOS and EQ5D evaluations available:

- ~70% PROM, pre-op
- ~ 60% PROM, 1 year
- ~ 50% PROM, 2 years
- ~ 40% PROM, 5 years

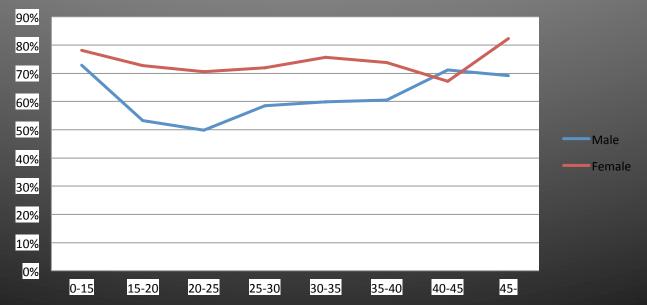
•Smoking information:

• 9, 332 patients (579 smokers)

Demographics

- Females better responders compared to men
- Young and old patients better responders
- Males 20-25 years old, worst responders





Gender and Age

Primary reconstructions:

- •Males 58%
- •Females 42%

Revision reconstructions:

- Males 56%
- •Females 44%
- Mean age primary:26 years females; 28 years males
- Mean age revisions:26 years females; 29 years males

Cause of Injury

Soccer:

49% males; 36% females

Alpine skiing:

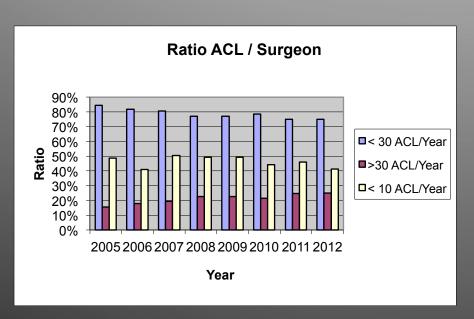
10% males; 18% females

Floor ball:

10% males; 9% females

Handball 3% males; 9% females

Number of Procedures per Surgeon



# ACL	2010	2011	2012
0-10	78	78	66
11-20	28	33	21
21-30	16	16	33
31-40	16	22	18
41-50	11	6	12
51-	9	14	10
Total	167	169	160

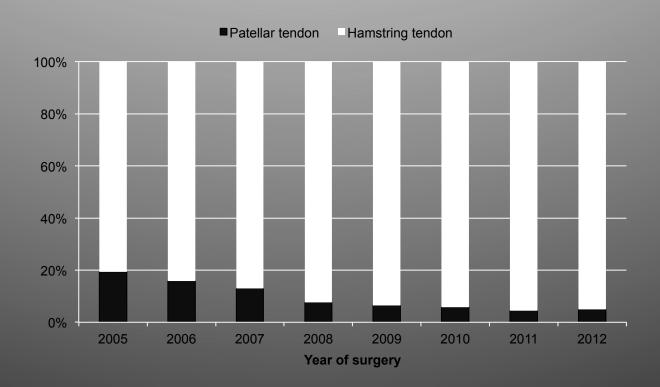
41% of surgeons performed ≤10 reconstruction/year in 2012 48% of surgeons performed ≤10 reconstruction/year in 2014

Time to Reconstruction



- •2010, time to reconstruction, 18 months
- •2014, time to reconstruction, 11 months

Type of Graft

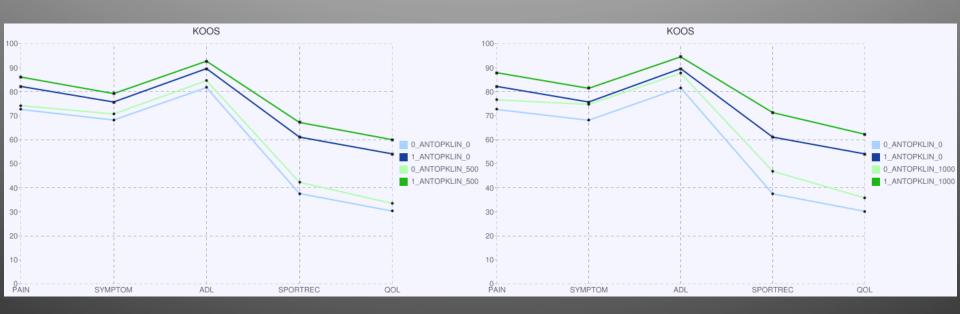


•2005: 81% primary reconstructions, HT autograft

•2014: >96%

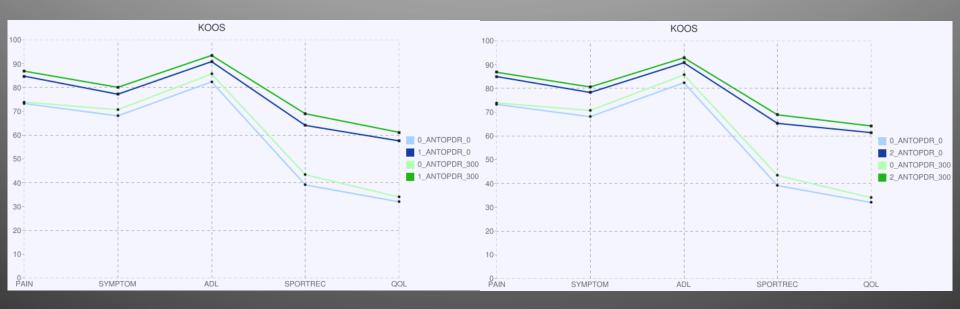
(p<0.001)

1 y KOOS Clinics <100 vs >500 and1000 Procedures



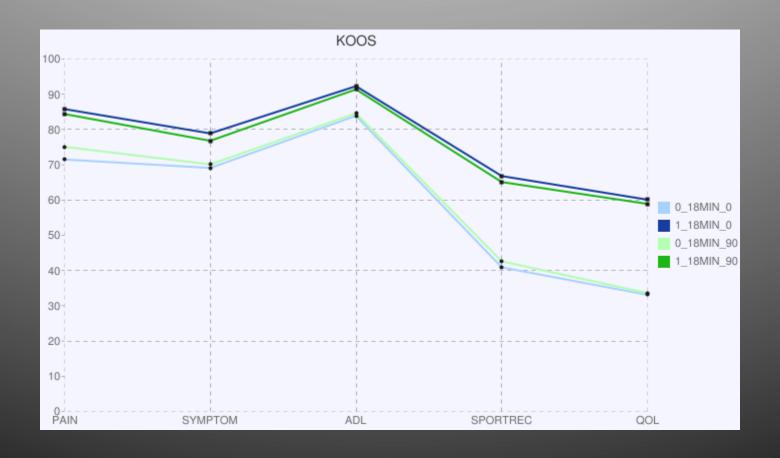
Larger clinics operate better patients?

1 y and 2 y KOOS Surgeons <50 vs >300 Procedures



Active surgeons operate better patients?

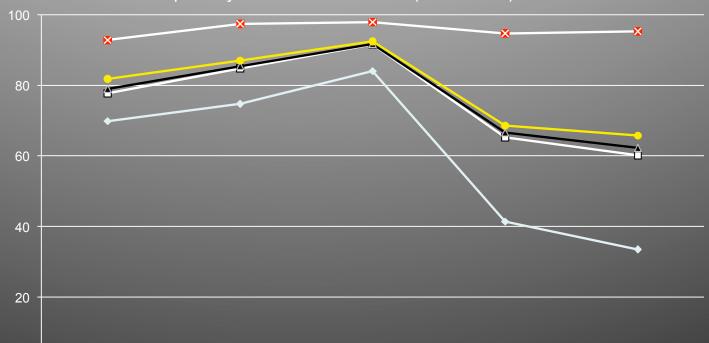
Knife-time <45 min vs >90 min



•Fast surgeons operate better patients?

KOOS Primary ACLs

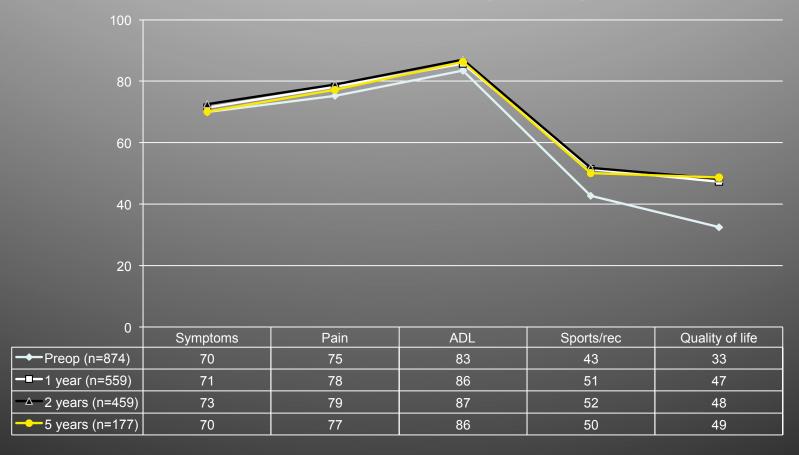
KOOS for primary ACL reconstructions (2005-2012)



	Symptoms	Pain	ADL	Function	Quality of life
→ Preop (n=14479)	70	75	84	41	33
 1 year (n=9821)	78	85	92	65	60
_△ 2 years (n=7652)	79	85	92	67	62
5 years (n=3461)	82	87	92	69	66
-x-Reference	93	97	98	95	95

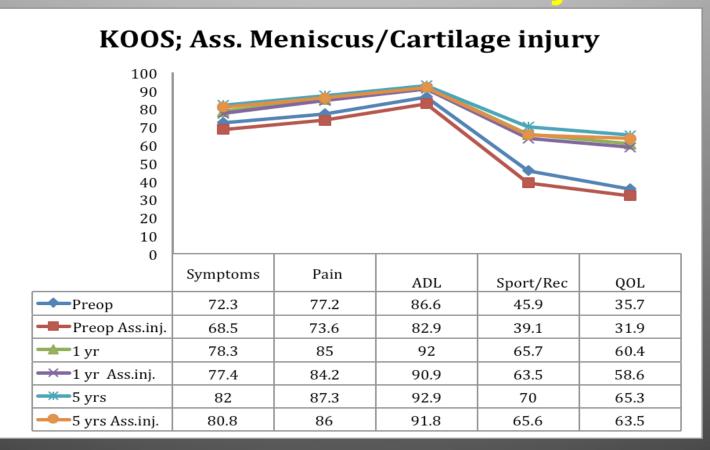
KOOS Revisions

KOOS for revision reconstructions (2005-2012)



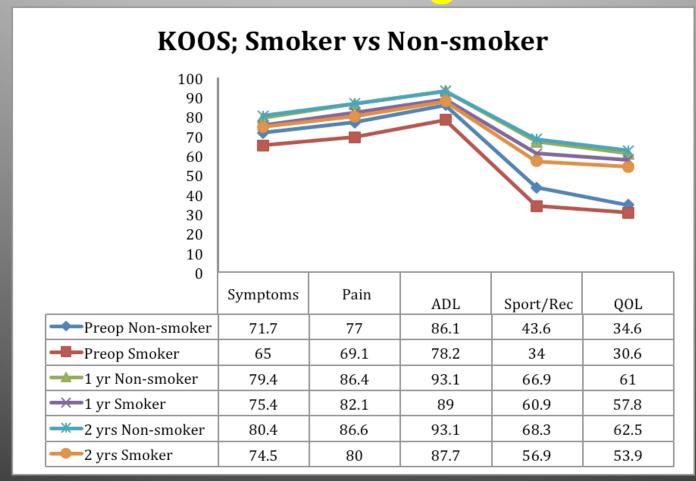
•Revisions worse in all KOOS subscales at all follow-up occasions (p<0.001)

KOOS Associated Injuries



- •54%, associated intra-articular injuries All subscales worse pre-operatively, (p<0.001)
- •At 5 years difference only for Sport/Rec, (p<0.01)

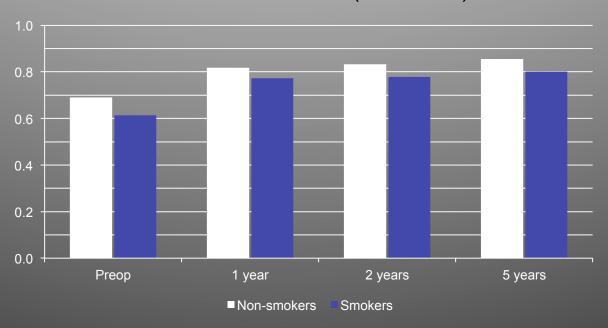
Smoking



- •Smokers worse than non-smokers, all KOOS subscales
- Preoperatively (p<0.001)
- •2 years and 5 years (p<0.01)

Smoking EQ 5D

EQ5D index for primary ACL-reconstructions smokers v non-smokers (2009-2012)



•Smokers worse than non-smokers all follow-ups (p<0.023)

KOOS and EQ5D Sex and Graft

Small significant differences in favor of males

Small significant differences in favor of HT autograft

Return to Play

- 54% of soccer players returned to play at same or higher level at 1 year
- If female, pain and cartilage injury 10% return
- If male, no pain, no cartilage injury 76.5% return

Revision within 3 Years

• Trans-fixation implant: 2.2%

• Cortical button: 2.3%

Interference screw: 3.5%

Contra-Lateral/Revision Recons during 5 Years

7.0% of patients from 2005-2007 (contra 3.8%; revision 3.2%)

12.8%!!, <19 year old patients (contra 7.1%; revision 5.7%)

>30%! young female soccer players, including nonoperatively treated patients

(p<0.001)

Deep Infections

Subgroup analyses from 2 large centers with meticulous registration of complications

41/7106 = 0.6% deep infections

Summary of Findings

- •Primary ACL reconstruction significantly improves all KOOS subscales at 1,2 and 5 years
- Young patients are at major risk for reinjuring their ACL or injuring the contra-lateral ACL
- Revision ACL reconstructions do worse than primary reconstructions
- Smokers do worse than non-smokers

Thank You

