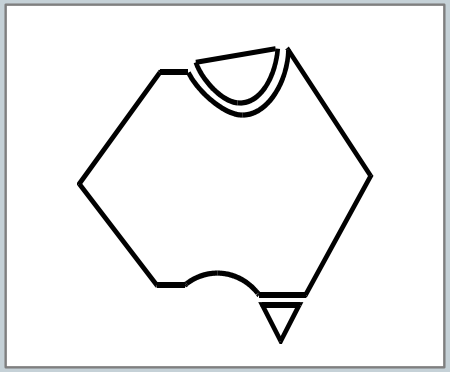
AKS LARS Survey and Position Statement

AUSTRALIAN KNEE SOCIETY

2011



Introduction

- In 2010 the AKS was concerned to provide guidance to the Australian Orthopaedic Association on what advice it may give, if asked by any of its members, or members of the public, any questions regarding the burgeoning use of the LARS device for ACL reconstructive surgery.
- A survey of AKS members was conducted in December 2010.
- As a result of that survey, a consensus position statement was developed in March 2011.

Position Statement

"The Australian Knee Society is concerned about the increasing use of the LARS device for anterior cruciate ligament reconstruction in the absence of sufficient evidence to support its widespread use.

In a 2011 survey of members of the Australian Knee Society (AKS) the majority considered that this device does not heal to bone, may cause articular surface damage (with possible premature arthritis), and will fail as have other synthetic ligaments.

The view of the AKS is that the use of the LARS device should be limited to those surgeons who follow specific indications and will follow up and report their results to an appropriate meeting of their peers such as the AKS or Australian Orthopaedic Association."

The Survey in detail

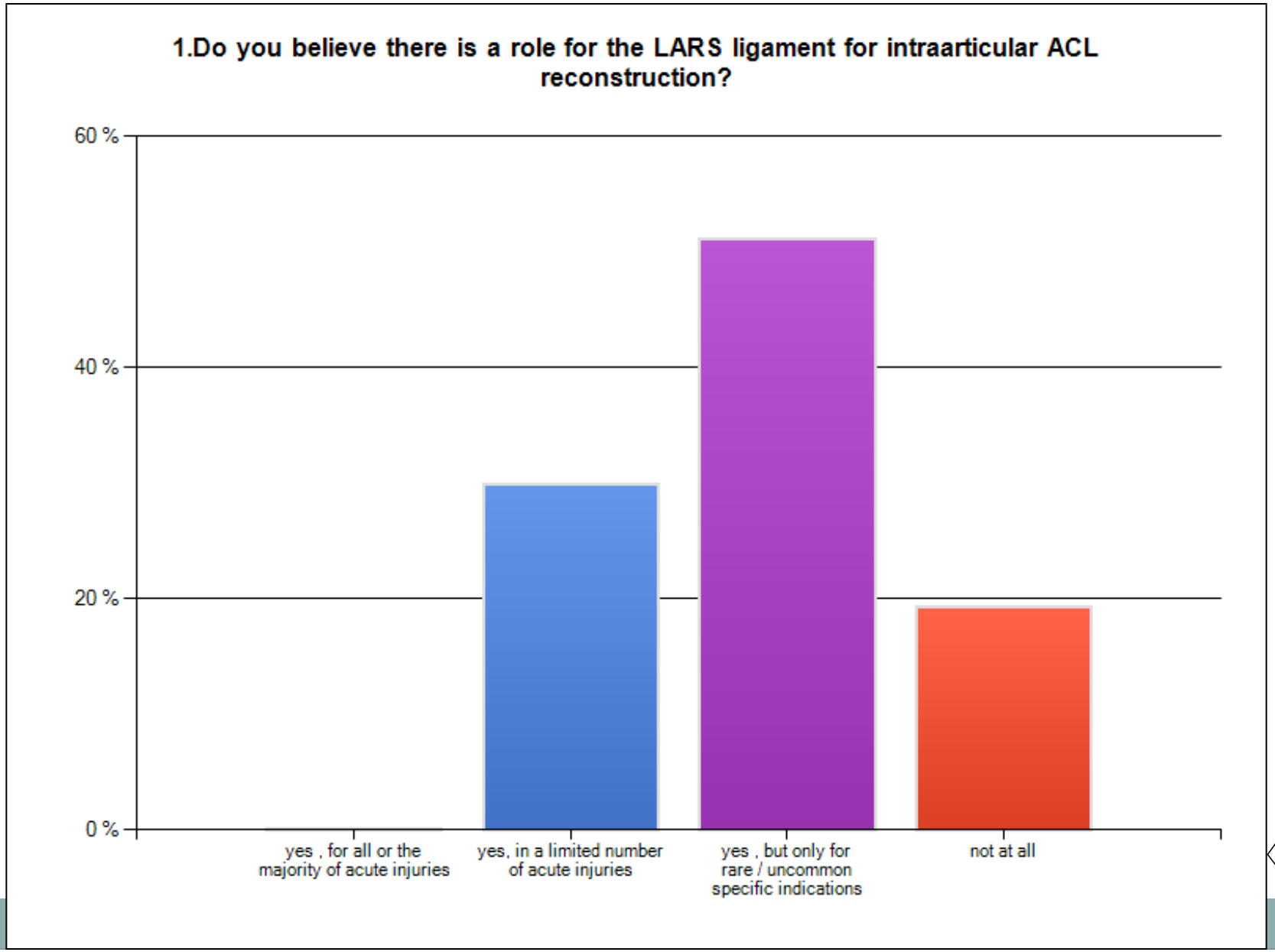
- All members of the AKS with email addresses were circulated by email and asked 12 questions, to gauge their attitudes and practice with regard to the use of the LARS device for Anterior Cruciate Reconstruction.

- The responses are here reported in detail.

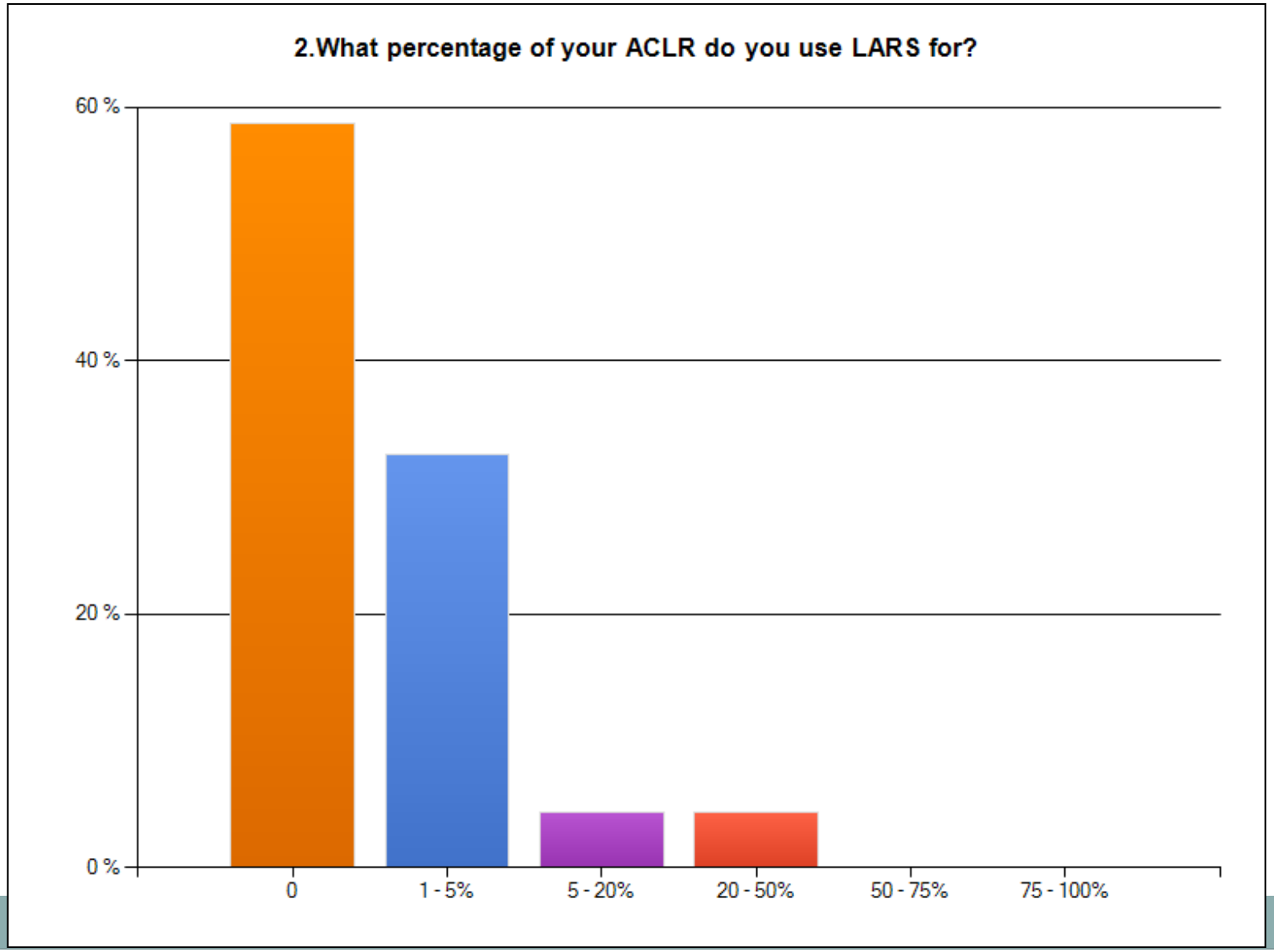
Response Rates

Question	Answered	Skipped
Completed Survey	48	-
1	47	1
2	46	2
3	47	1
4	44	4
5	46	2
6	45	3
7	46	2
8	46	2
9	46	2
10	44	4
11	47	1
12	46	2

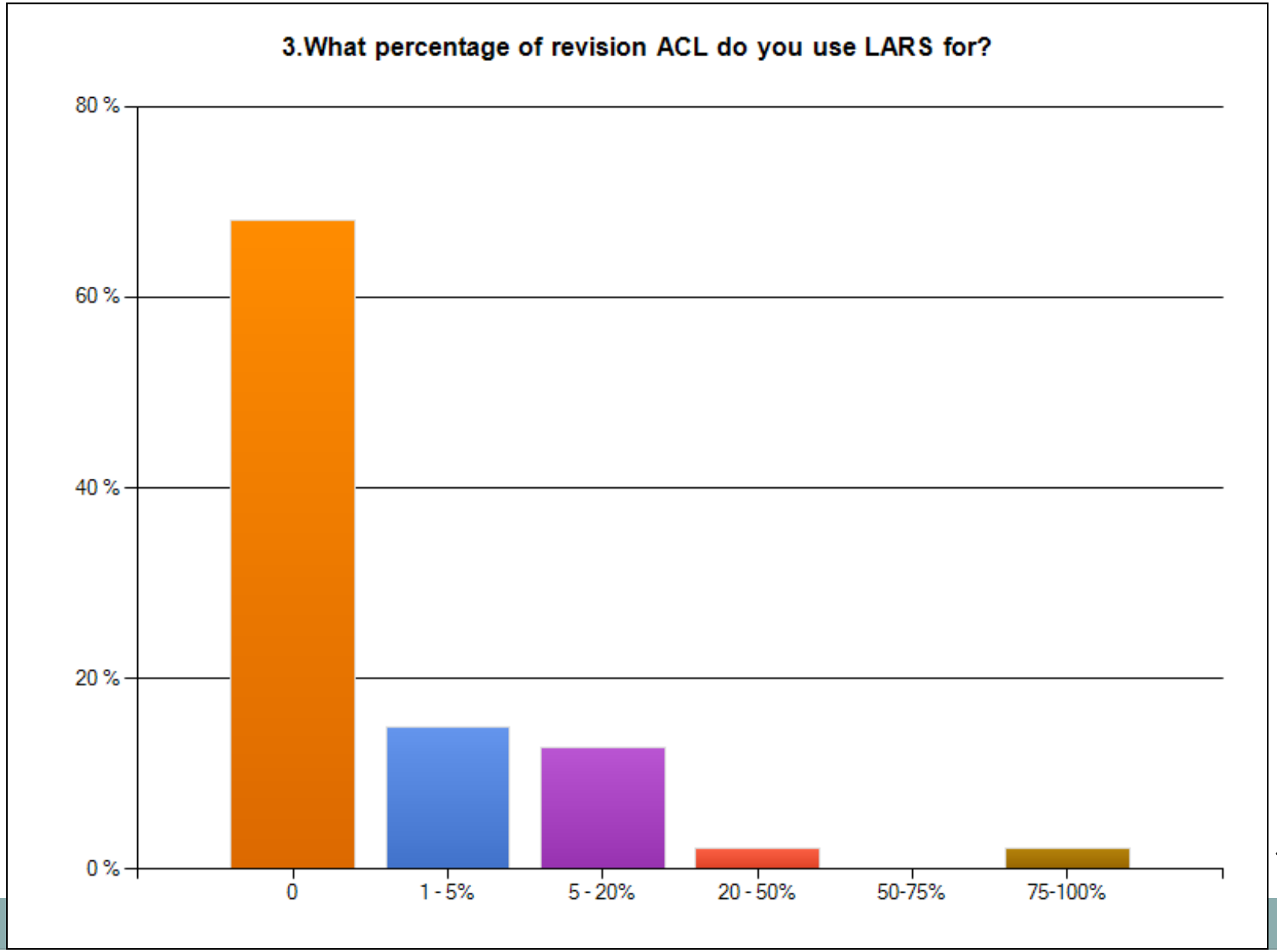
24 of 47 say the indication for use is only for rare/uncommon specific situations. 9 say never. The other 14 consider it may have a role in some acute injuries.



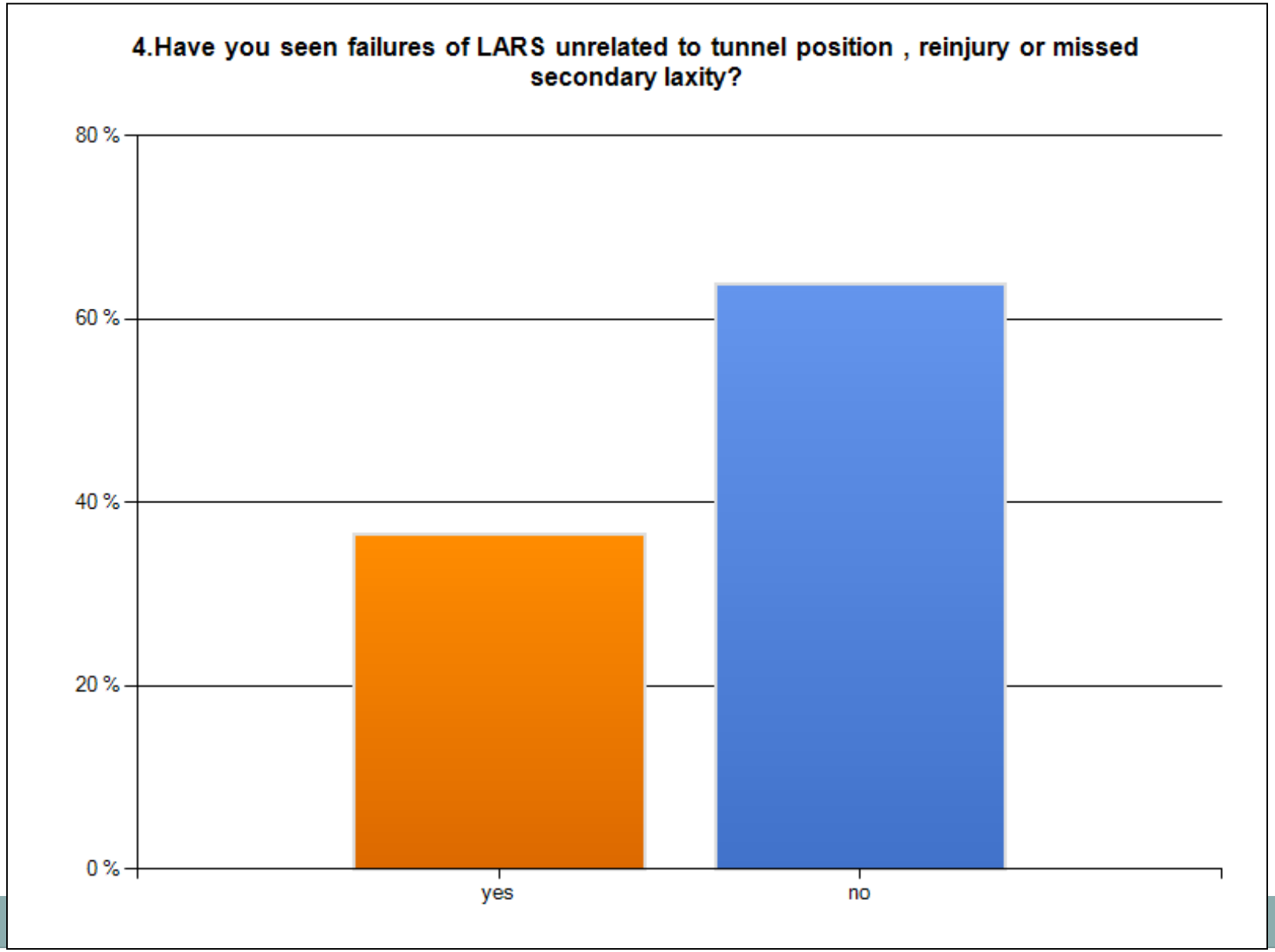
42 of 46 respondents (92%) use it or for less than 5% of cases, or never at all. Two members use it in 5-20% and a further two members use it in 20-50% of their cases. NONE use it for more than 50% of their reconstructions.



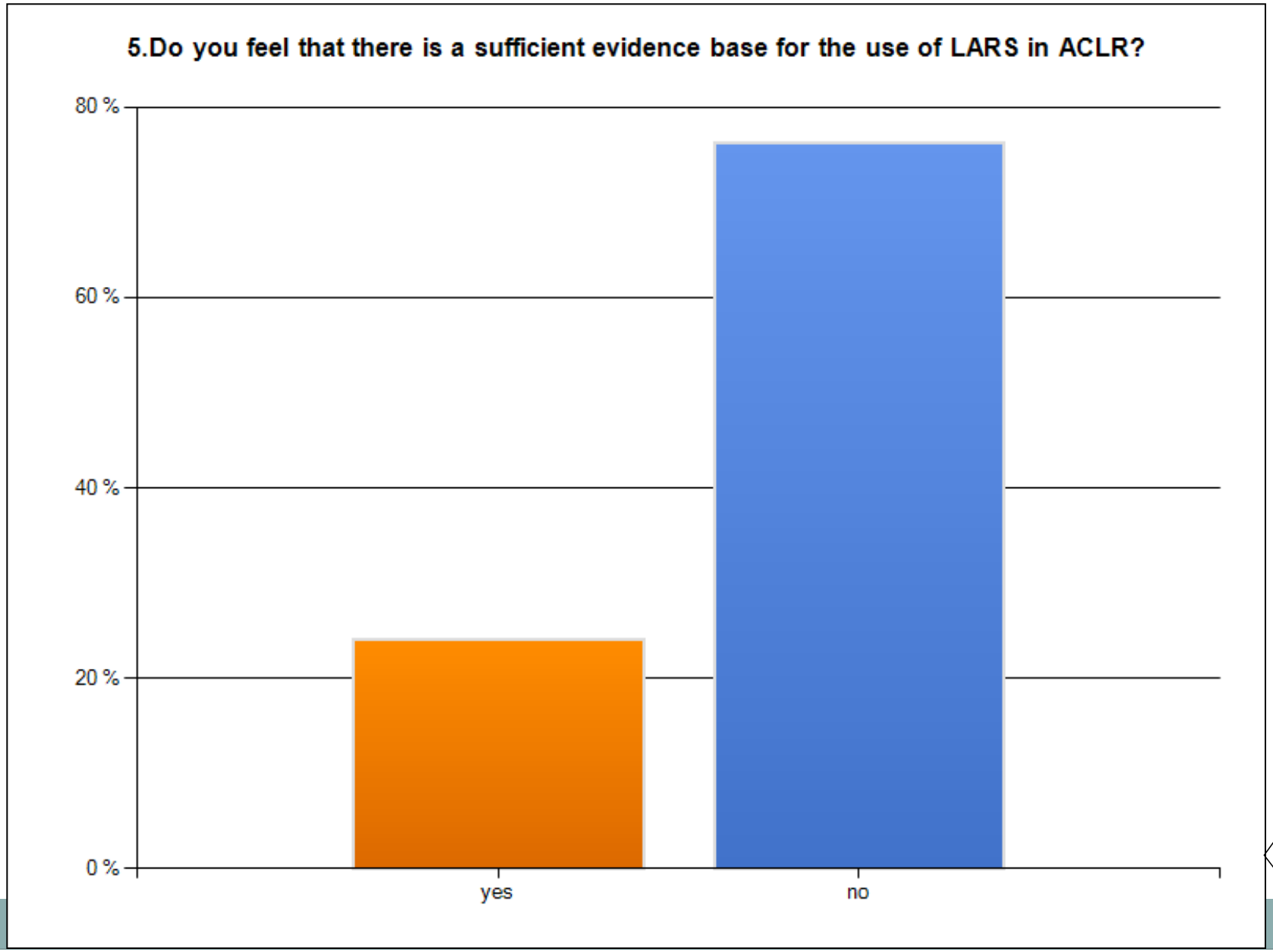
One member uses LARS for 75-100% of revision reconstructions, and one for 20-50%
32 of 47 respondents never use it for revisions.



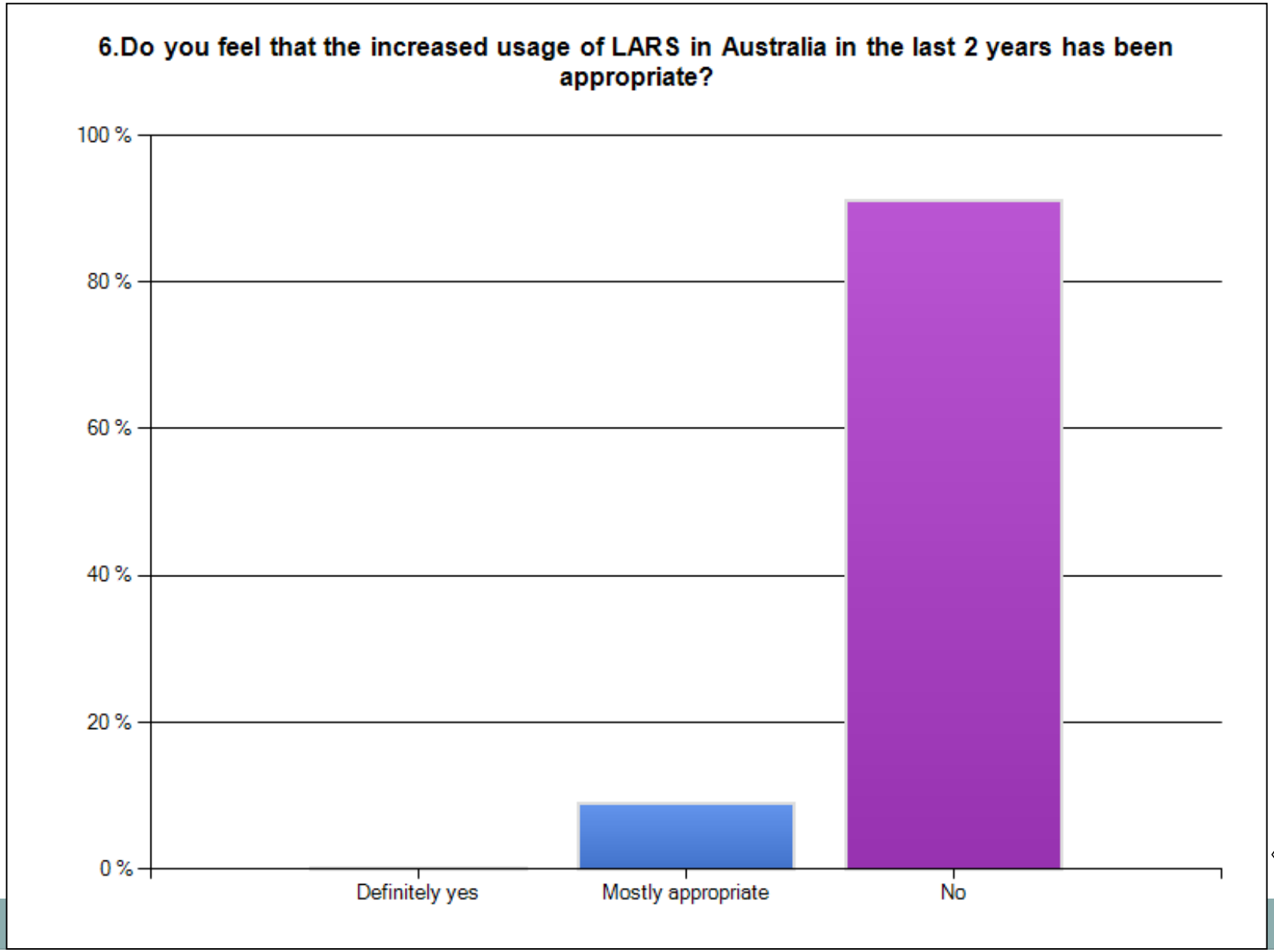
16 of 44 (37%) respondents have already seen spontaneous failures unrelated to poor technique or re-injury.



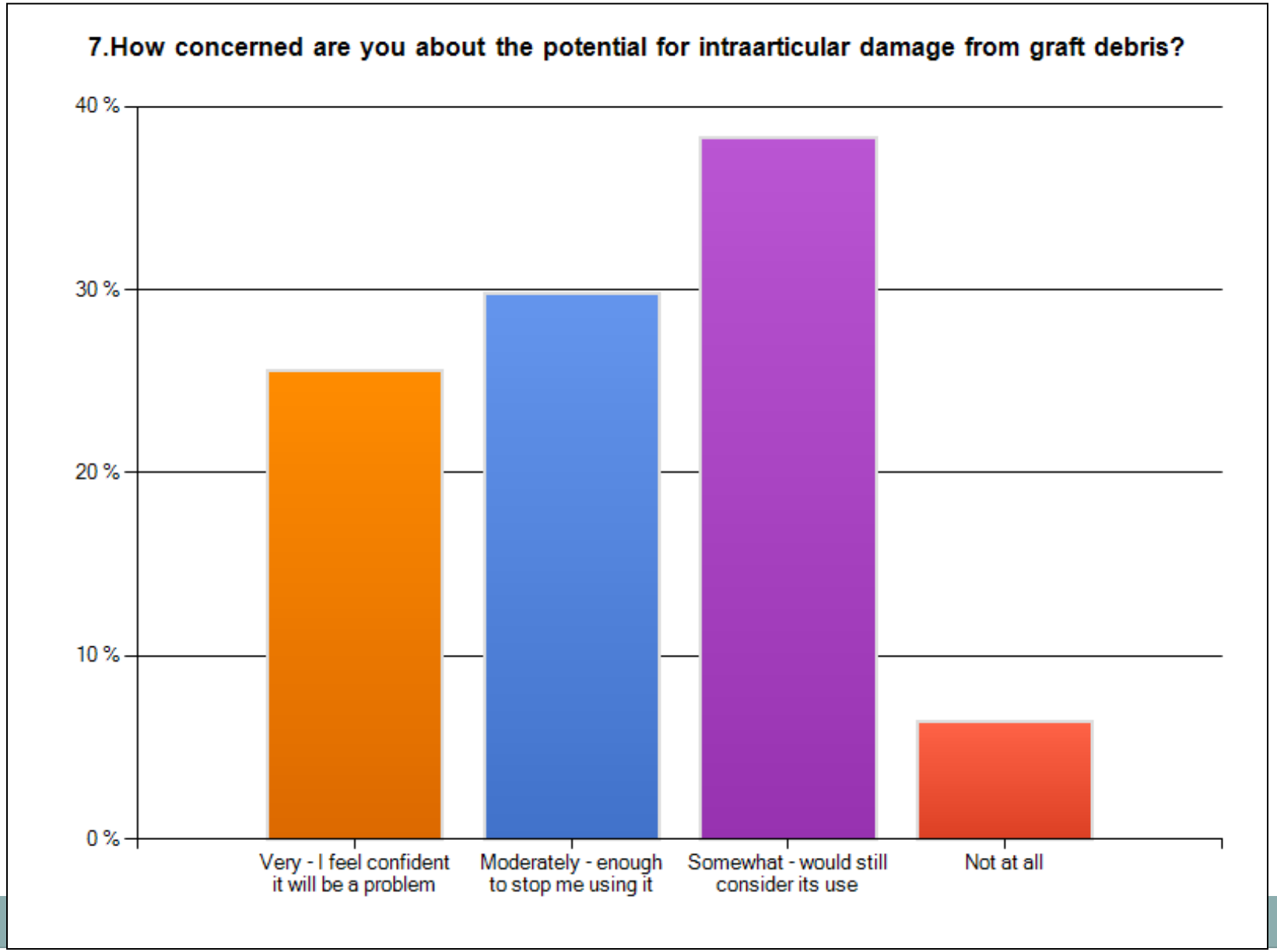
36 of 46 (78%) say there is insufficient evidence to support its use.



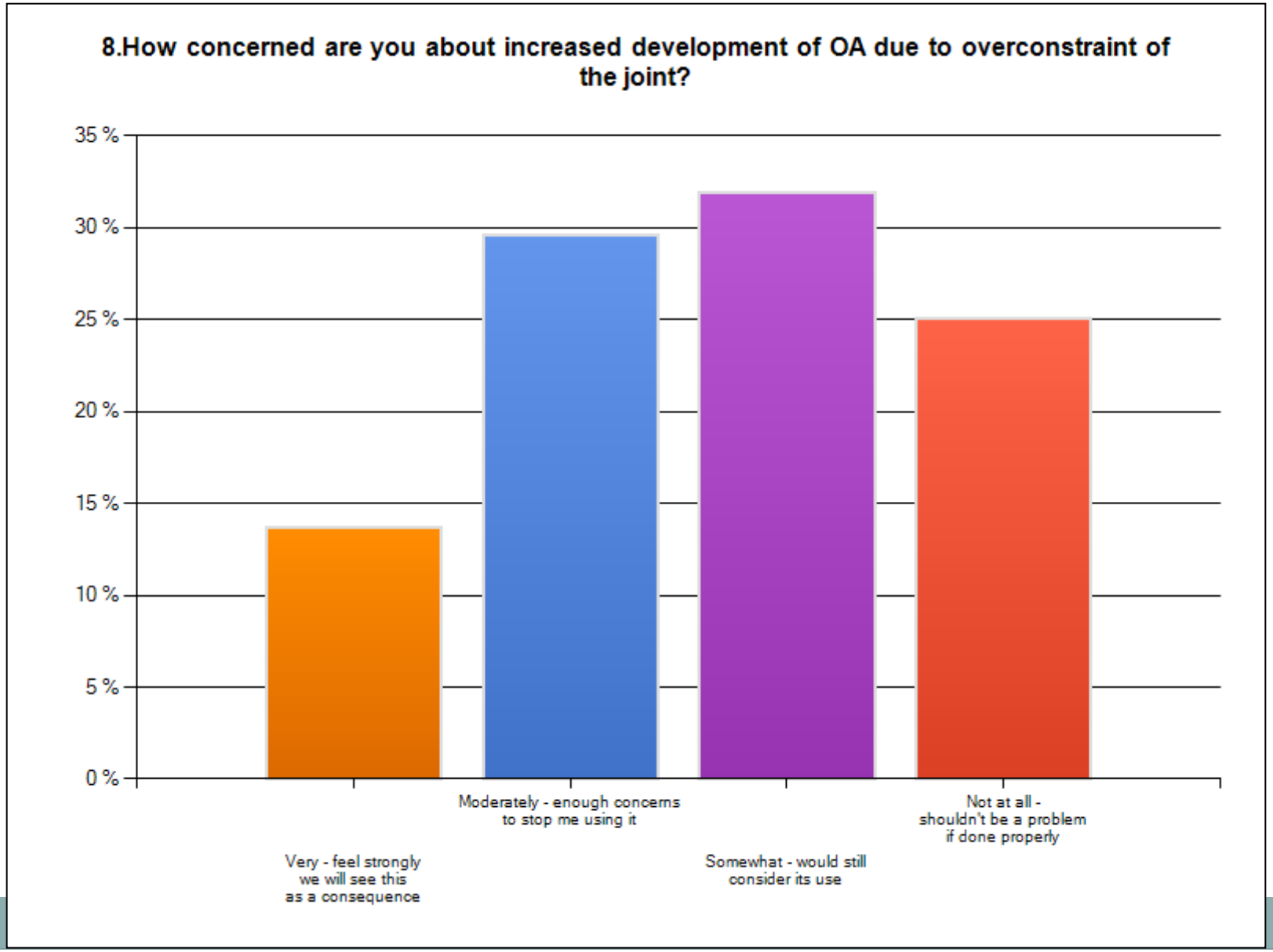
41 of 45 (92%) say the degree of increased use in Australia is inappropriate.



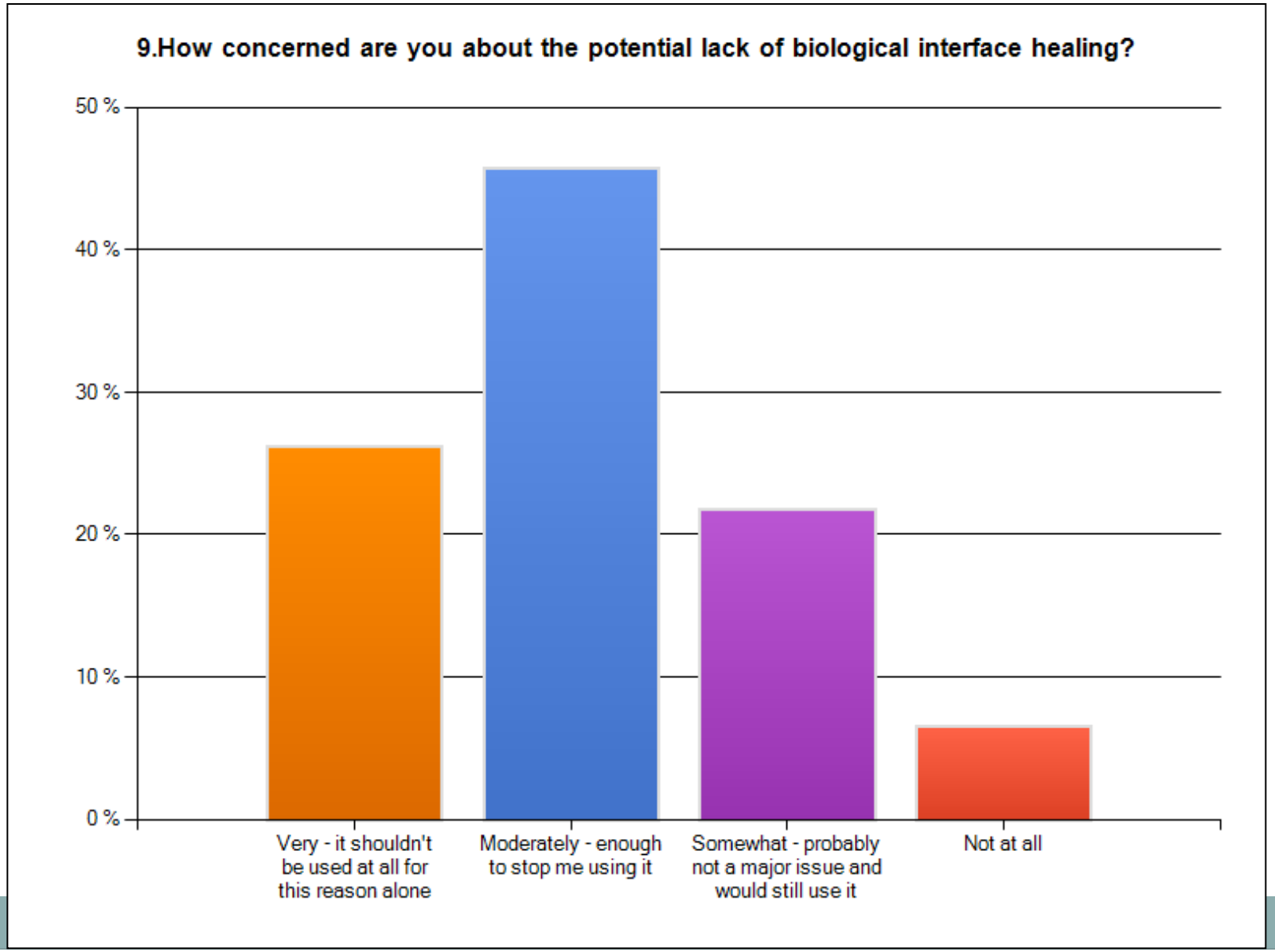
43 of 46 (94%) express concern that graft debris may cause articular surface damage
26% are *very* concerned. Overall, 25 (55%) won't use it for that reason alone.



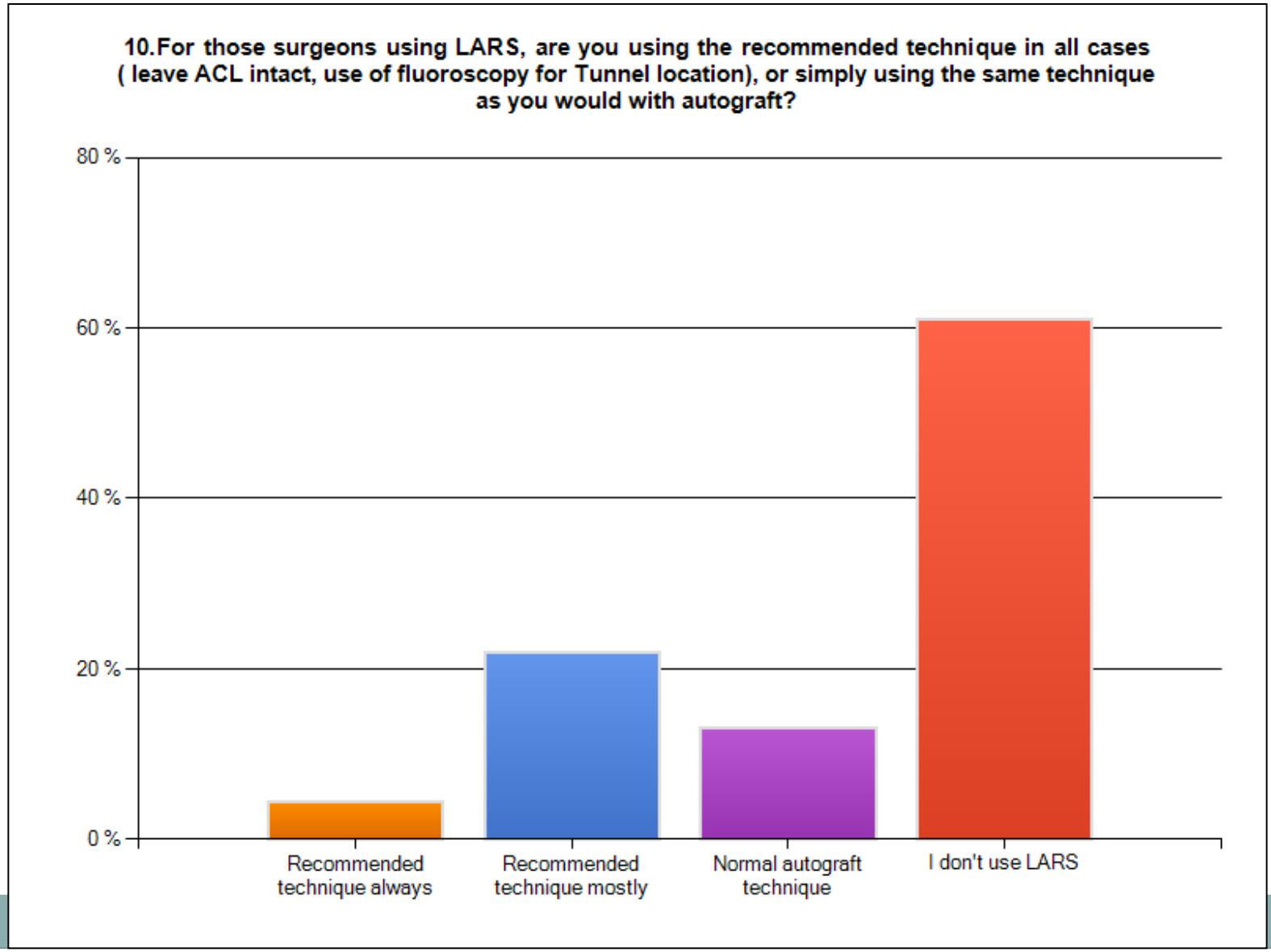
35 of 46 (76%) express concern that the graft may over-constrain the joint.
(6 are very concerned)



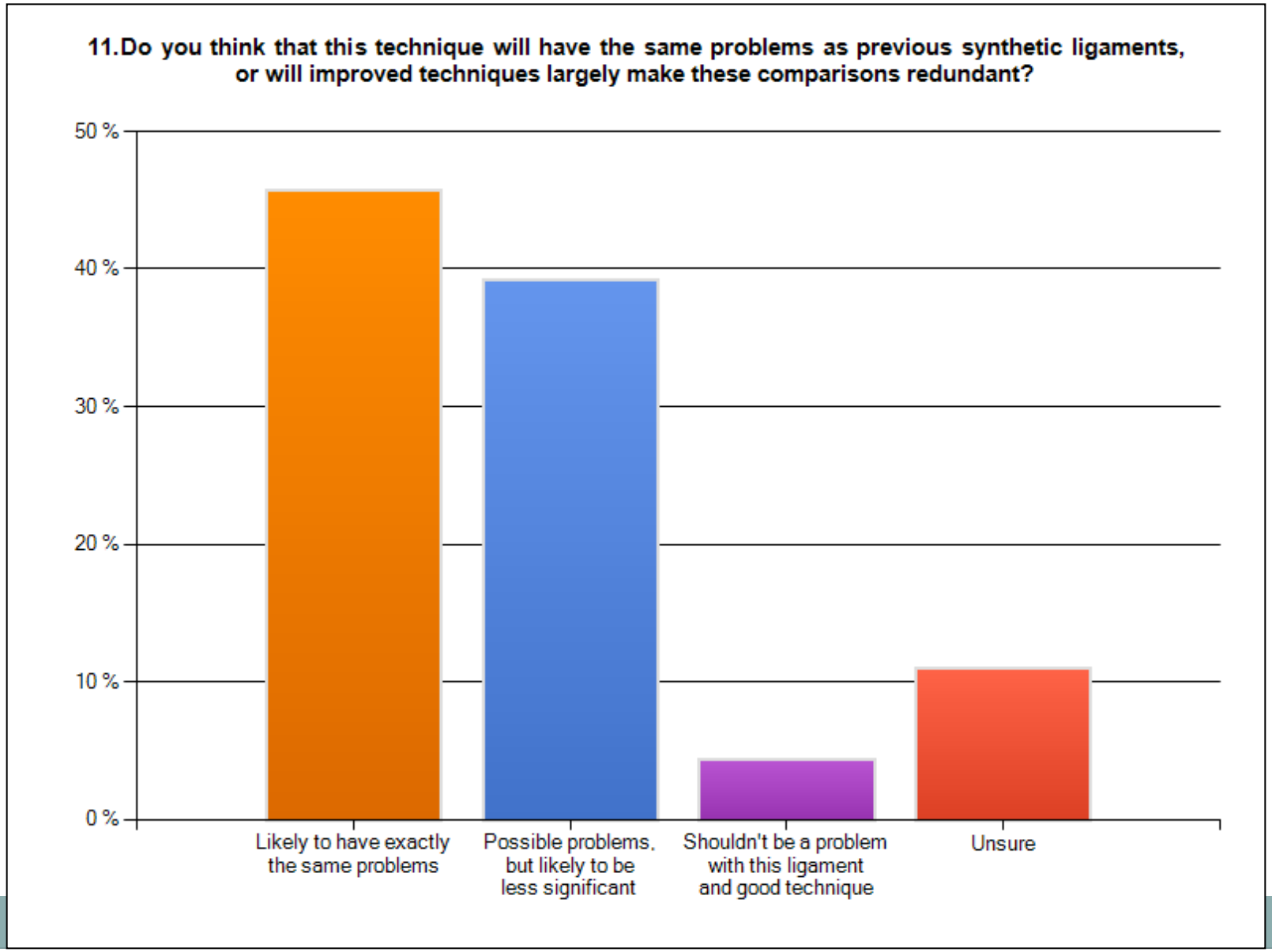
43 of 46 (94%) express concern about the lack of biological healing of the graft to bone
26% say it should not be used at all, and a total of 71% would not use it themselves, for that reason alone.



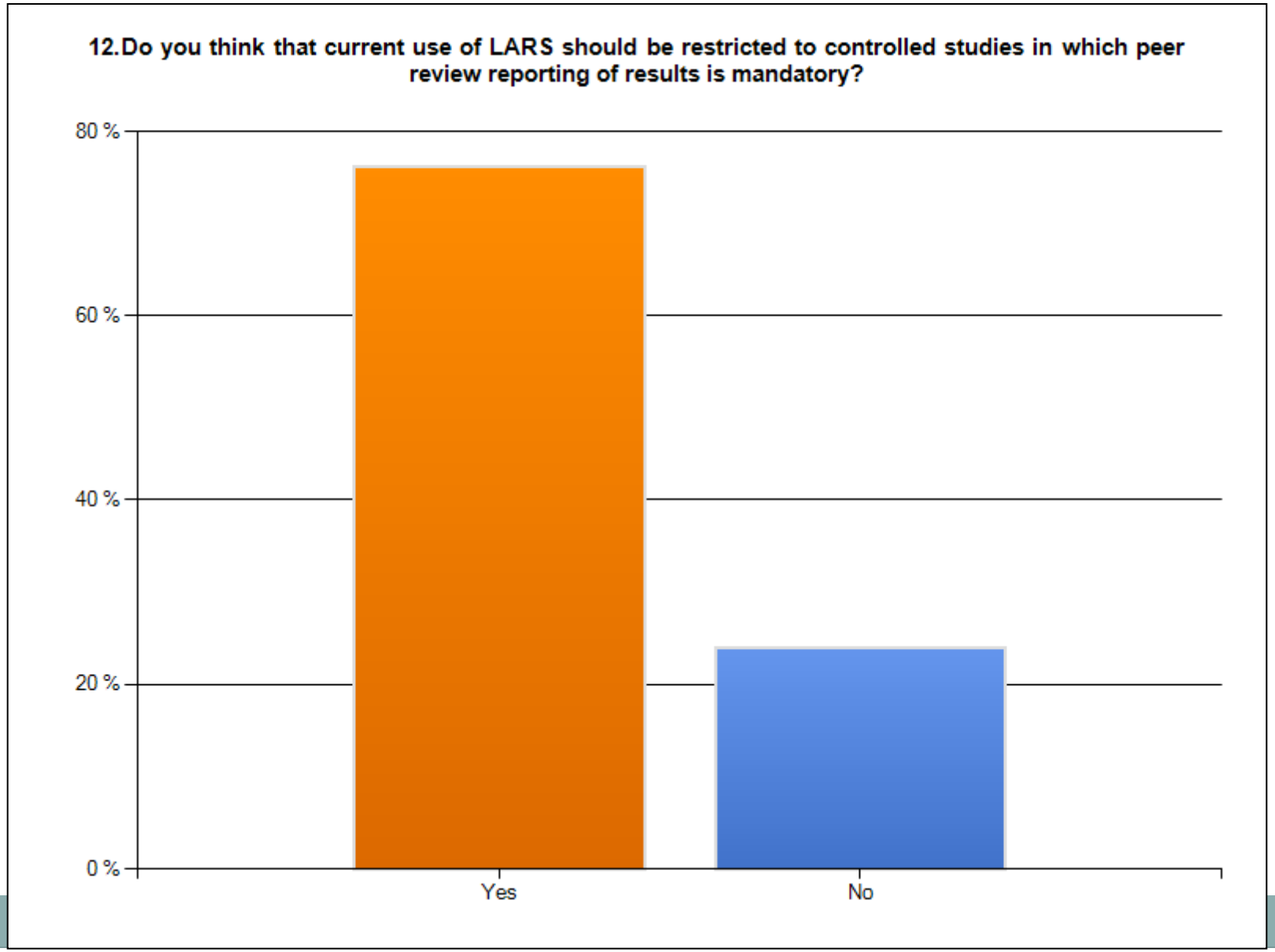
Of the 38% (17 of 44 respondents) who use LARS at all, 11 usually or always use the recommended technique (with fluoroscopic control, preserving/repairing the ACL stump). The other 6 use their normal technique.



Only 2 members think this ligament won't have the same or similar problems as other synthetic ligaments that have been used in the past and abandoned.



35 of 46 (76%) believe that all cases that are done should be in controlled studies, with mandatory peer reviewed reporting.



Australian Knee Society
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