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## Bilateral Total Knee Arthroplasty

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Dear Editor,

We read the article entitled 'Staged Bilateral Total Knee Arthroplasty: Increased Risk of Recurring Complications' (1) with interest and commend the authors for using a large dataset to provide much needed information on the ongoing significant risk posed during the contralateral second total knee arthroplasty (TKA) in a staged approach.

Upon reading these results it would seem logical to explore alternatives to avoid these additional patient complications such as one-stage simultaneous bilateral TKA. It was therefore disappointing that this concept was dismissed in the introduction as 'a growing body of evidence suggesting that staged primary bilateral TKA, typically defined as 2 primary TKAs at least 90 days but not more than 365 days apart, involve a reduced risk of mortality and cardiopulmonary complications compared with simultaneous same anesthetic bilateral TKAs.' This statement was evidenced by a systematic review published in 2013 which included 20 articles from 1978 – 2011, (2) and a second article published in 2011 itself within the already

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cited systematic review. This literature is now at least 10 years old, and in more recent times one might argue that the 'growing body of evidence' would give a somewhat different perspective and therefore a more balanced discussion.

We would argue that since these articles were published new surgical techniques, including computer navigation without the need for violation of the intramedullary canal, the introduction of tranexamic acid, and accelerated rehabilitation has made one-stage simultaneous TKA safer with a significant reduction in the rate of complications (3,4). It is an approach that has a number of benefits for the appropriate patient, and the longstanding dogma that it is of much higher risk is not supported by more recent higher quality studies. We agree with the authors that given their new results patients considering staged bilateral TKA should be adequately counselled to their risk profile for both procedures, but we also believe that there should also be a balanced decision regarding the option of a one-stage approach to bilateral TKA.

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Conflict of Interest: None Declared