

TKR and Obesity

A Summary of Evidence

This document is designed to give people the best current evidence, and power to make their own informed decisions.

BACKGROUND

- BMI is a (crude) way of assessing your body mass using both weight and height
- The ideal BMI is estimated to be around 25
- Around 30% of the general population have a BMI > 30 kg/m²
- The following statistics are from a massive record of 22,289 patients in a US study from 2016 ¹

THE STATISTICS

At 10 years after your surgery, you will have a:

- 3% increase in risk of re-operation for any reason for **each unit of BMI above 30**
- 5% increase in risk of revision of TKR for **each unit of BMI above 30**
- 7% increase in risk of infection of TKR for **each unit of BMI above 35**

So if your BMI is 40, then at 10 years you have 30% higher chance of needing a SECOND operation than someone whose BMI is 30. And a 35% higher chance of developing an infection.

SUMMARY

Being overweight *does not mean you can't have a knee replacement*. But if you are overweight, then before you have one, you should consider the risks and whether a trial at weight reduction is possible. There are several strategies for this, and it can have huge benefits in terms of your TKR outcome.

1. Effect of Body Mass Index on Reoperation and Complications After Total Knee Arthroplasty. Eric R. Wagner, MD, Atul F. Kamath, MD, Kristin Fruth, BS, William S. Harmsen, MS, and Daniel J. Berry, MD. J Bone Joint Surg Am. 2016;98:2052-60