

Mr. Charles Riviere - MD, PhD

Physiological Hip & Knee Replacement



PERSONALISED
HIP & KNEE REPLACEMENT
LEADING THE WAY

Who am I?

Hip & knee reconstruction (primary & revision) French Surgeon
3 years of fellowship training in Paris, London and Montreal

Where am I working?

Private practice: The Lister Hospital – HCA group
Research activity: MSK Lab - Imperial College London – Honorary Senior Lecturer
NHS practice: SWLEOC, Epsom

What is unique about me?

Physiological, mini-invasive, and bone-preserving hip & knee replacements

Where can you find out more about me?

charlesriviere.co.uk

How to book an appointment?

Tel: +44 (0)7 762 267 124
Email: pa@katechnique.com

How to contact me?

c.riviere@imperial.ac.uk





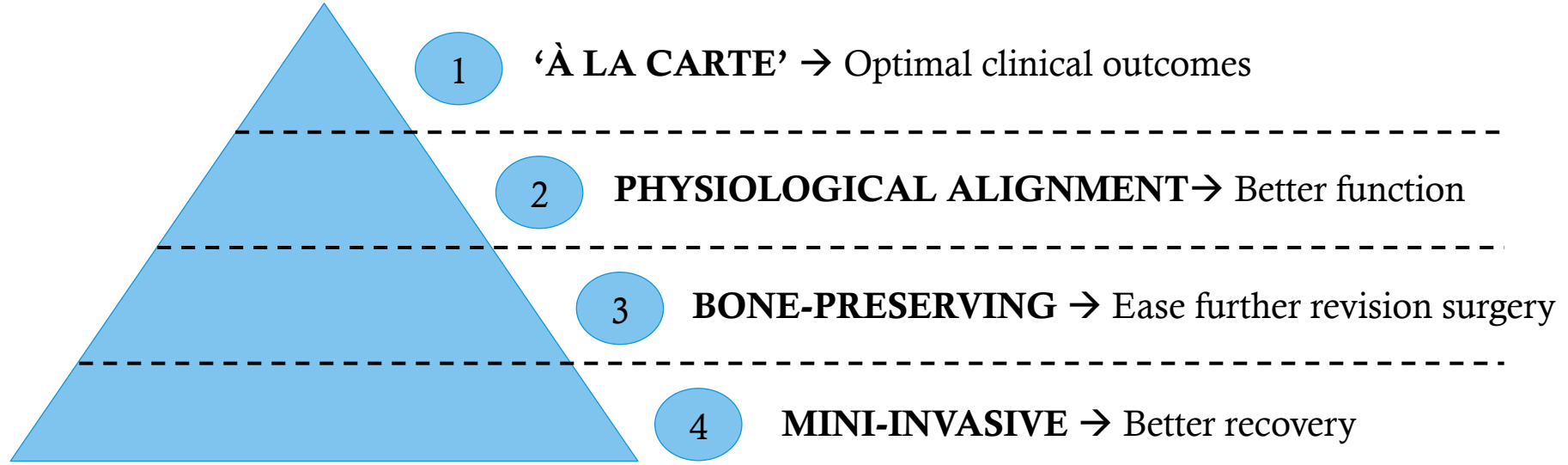
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MY PHILOSOPHY for implanting components:



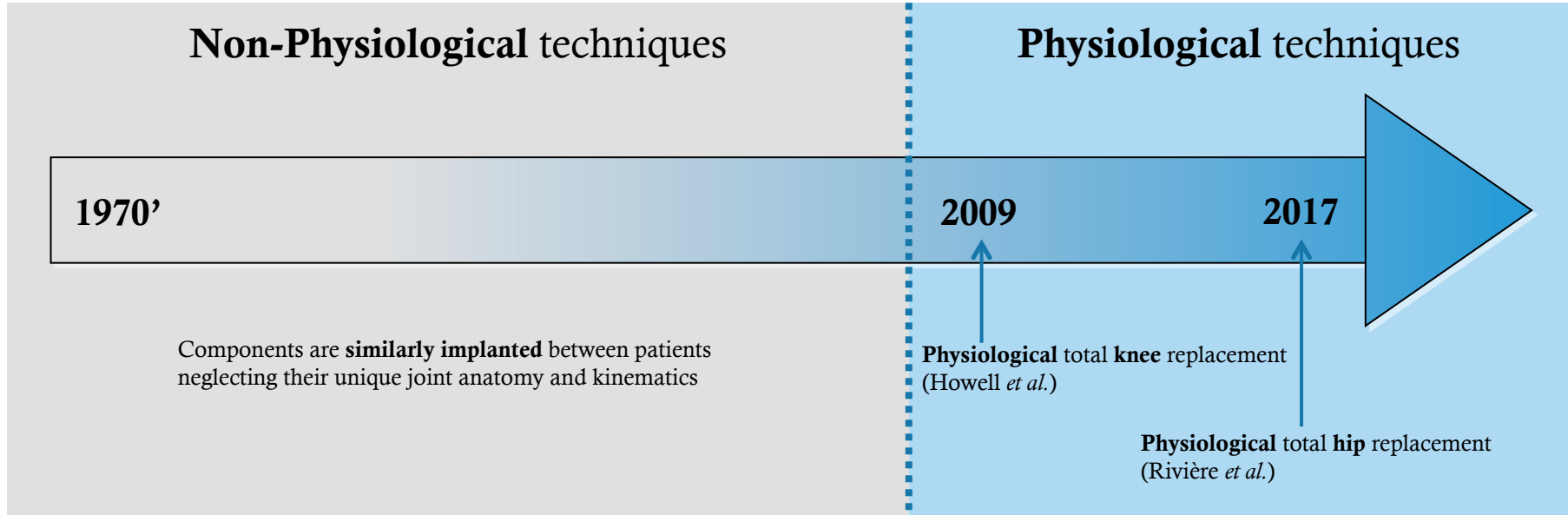
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Providing care using the latest Physiological techniques



Related articles:

- Howell *et al.* Kinematic Alignment in Total Knee Arthroplasty – Concept. Arthropaedia 2014
- Rivière *et al.* Kinematic Alignment Technique For Total Hip Arthroplasty. Seminar In Arthroplasty 2019

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Physiological (Kinematically Aligned) Total Knee Replacement

Physiological Total Knee Replacement

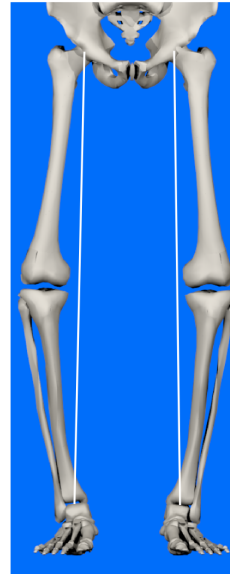
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Restoration of a patient's
native knee anatomy and
soft tissue laxity

**Faster recovery, better
functional performance,
less residual symptoms**



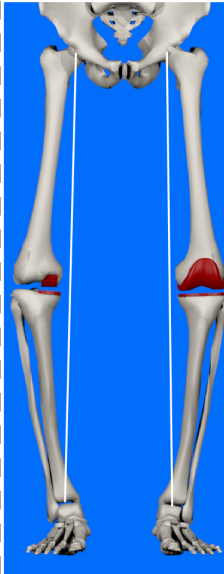
Constitutional alignment



Patient-specific
Alignment techniques

UKA

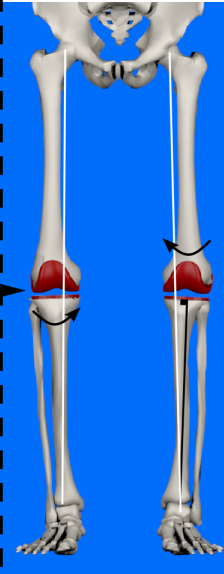
KA



Hybrid
Alignment techniques

rKA

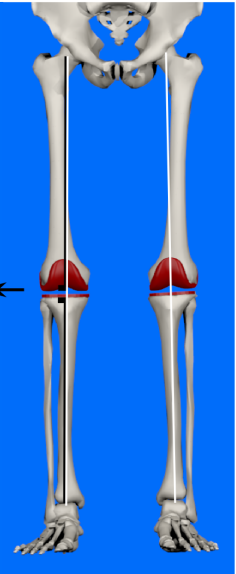
aMA



Systematic
Alignment techniques

MA

AA

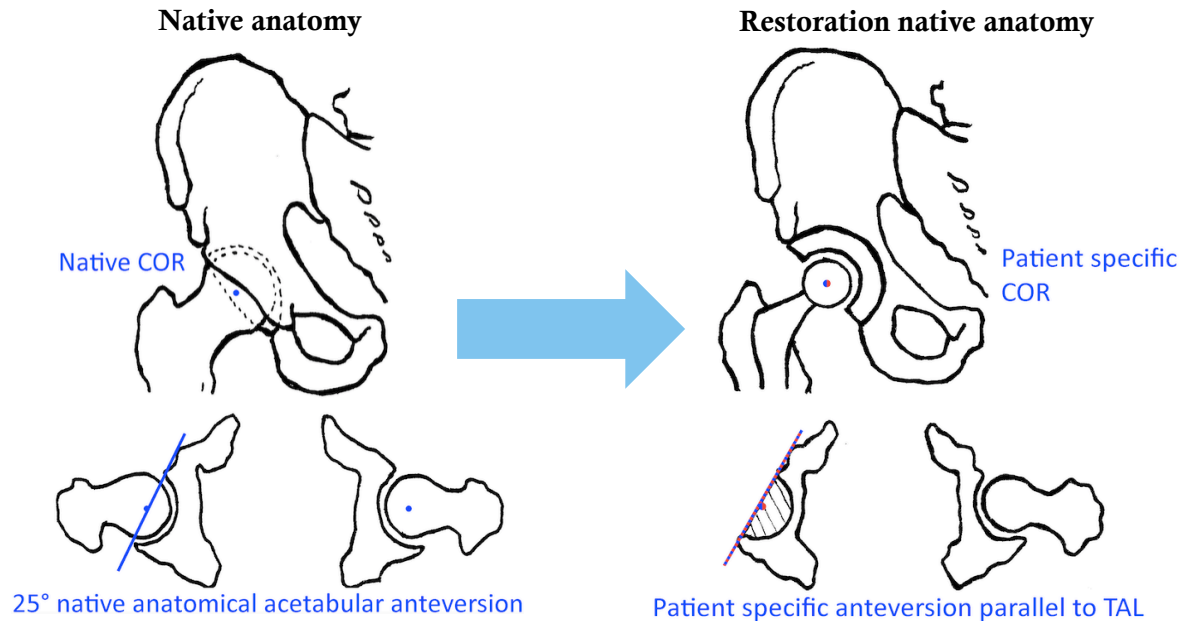




Physiological (Kinematically Aligned) Total Hip Replacement

Physiological Total Hip Replacement
=
Restoration of a patient's native hip anatomy
+
Consideration of spine-hip relationship

**Better functional performance
& implant lifespan**



* Taking into account definition of patient's spine-hip relationship
→ influence implant design and cup positioning

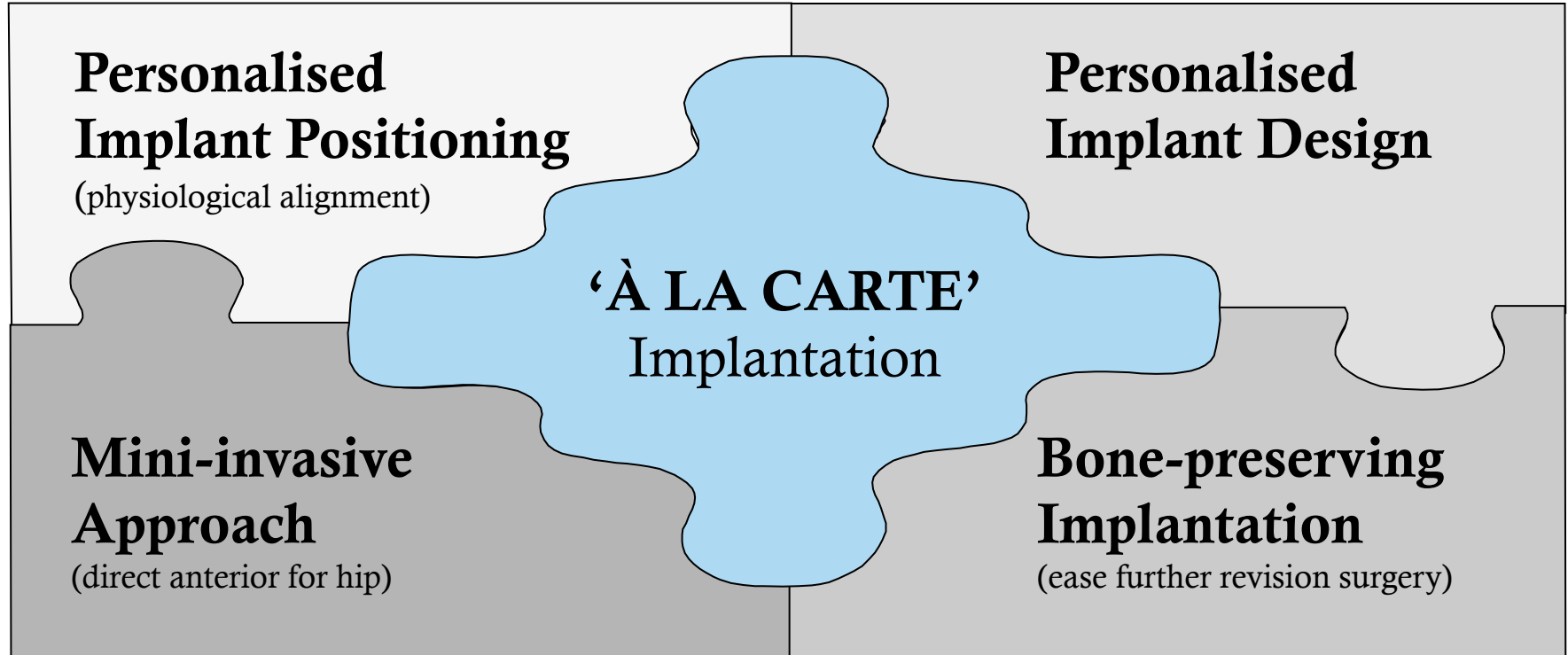


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‘À LA CARTE’ & PHYSIOLOGICAL implantations

Young patient

Goals: restoring high function & enabling easy revision surgery

Options:

- partial knee replacement
- hip resurfacing

Middle-aged patient

Goals: restoring good function and preventing revision

Options:

- total hip & knee replacement

Elderly patient

Goals: fast recovery and low peri-operative morbidity

Options:

- partial knee replacement
- hip replacement with dual mobility

Always mini-invasive & physiological (kinematic alignment) implantation for optimal clinical outcomes

65y

Patient's age

80y



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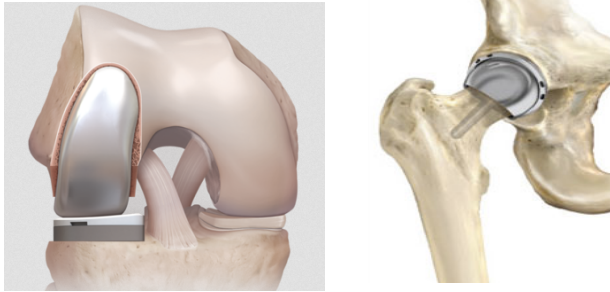
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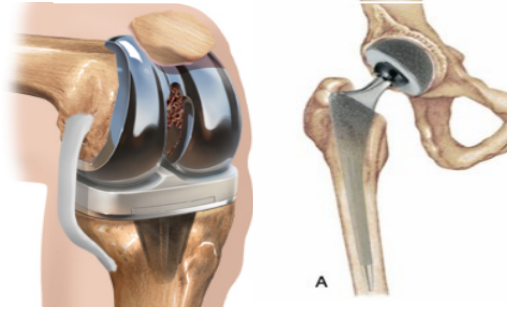
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‘À LA CARTE’ & PHYSIOLOGICAL implantations

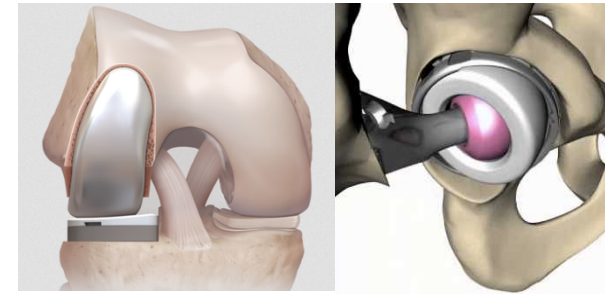
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Middle-aged patient



Elderly patient



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Key metrics

Clinical practice	Practice size (number of implantation/year)	≈ 200	
	Patient satisfaction (/100)	Knee replacement 99% Hip replacement 99%	Median values, SWLEOC Registry
	Major complication rate	$< 0.5\%$	Track record at: www.njrcentre.org.uk
Research activity	ResearchGate score	24.5	

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