



Influence of Modularity on the Fatigue Durability of Tibial Tray Designs in TKA Prostheses

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Abstract

The influence of modularity on the fatigue durability of tibial tray designs in total knee arthroplasty (TKA) prostheses is a critical consideration in optimizing implant longevity and performance. This study investigates the impact of modularity on the fatigue resistance of four distinct tibial tray designs using a combination of computational modeling and experimental testing. By comparing stress distributions and fatigue life across modular and non-modular designs, we identify key factors affecting the mechanical performance and durability of these implants. Our findings reveal significant differences in stress concentrations and fatigue resistance among the designs, highlighting the importance of modularity in enhancing the longevity of TKA prostheses. The results provide valuable insights for the design and selection of tibial trays, aiming to improve patient outcomes and prosthetic performance.

Keywords; Total Knee Arthroplasty (TKA), Tibial Tray Designs, Modularity, Fatigue Durability, Stress Analysis, Implant Longevity, Mechanical Performance, Prosthesis Design, Computational Modeling, Experimental Testing

Introduction

Total knee arthroplasty (TKA) is a cornerstone procedure in orthopedic surgery, aiming to alleviate pain and restore function in patients suffering from debilitating knee joint conditions such as osteoarthritis, rheumatoid arthritis, and post-traumatic arthritis. With the aging global population and the increasing prevalence of joint diseases, the demand for TKA continues to rise, highlighting the necessity for durable and reliable prosthetic designs. The tibial tray, a fundamental component of the TKA prosthesis, plays a critical role in the overall success of the surgery. It serves as the interface between the bone and the artificial joint, bearing substantial loads and transmitting forces during various activities.

Historically, tibial trays have evolved from monolithic designs to more sophisticated modular configurations. Modular tibial trays are designed to offer several advantages, including intraoperative flexibility, ease of implantation, and the potential for customized solutions tailored

to the patient's anatomy and activity level. These trays typically consist of a metal baseplate and a polyethylene insert, which can be independently selected and assembled. The modular approach allows surgeons to optimize component alignment, achieve better fixation, and potentially improve the biomechanical performance of the prosthesis.

Despite these advantages, the introduction of modularity has also raised concerns regarding the fatigue durability of the tibial tray. Fatigue failure, characterized by the progressive and localized structural damage under cyclic loading, is a critical failure mode for orthopedic implants. Given the repetitive and varied nature of knee joint loading during daily activities, ensuring the fatigue durability of tibial trays is paramount. Factors such as the material properties, design geometry, interface mechanics, and manufacturing processes all influence the fatigue behavior of modular tibial trays.

Previous studies have explored the static and dynamic mechanical performance of tibial trays, yet a comprehensive understanding of how modularity impacts fatigue durability remains limited. Some research has indicated that modular interfaces might introduce stress concentrations and micro-movements, potentially leading to increased wear and fatigue failure. Conversely, other studies suggest that modular designs, when optimized, can distribute stresses more evenly and enhance overall durability. This discrepancy underscores the need for a thorough investigation into the fatigue characteristics of modular versus non-modular tibial trays.

The primary objective of this study is to elucidate the influence of modularity on the fatigue durability of tibial tray designs in TKA prostheses. To achieve this, we employ a combination of advanced finite element analysis (FEA) and experimental testing. Finite element models are developed to simulate the complex loading conditions experienced by the tibial trays during activities such as walking, climbing stairs, and squatting. These simulations provide insights into stress distribution, potential failure sites, and the overall mechanical behavior of the trays. Experimental fatigue testing is conducted to validate the computational findings and to observe real-world performance under cyclic loading.

This research is expected to yield several key contributions to the field of orthopedic implant design. Firstly, it will provide a detailed comparison of the fatigue durability between modular and non-modular tibial trays, identifying critical factors that influence performance. Secondly, the findings will inform the development of design guidelines aimed at optimizing modular tibial trays for enhanced durability. Lastly, this study will offer valuable insights for orthopedic surgeons, aiding in the selection of tibial tray designs that balance the benefits of modularity with the necessity for long-term reliability.

Understanding the influence of modularity on the fatigue durability of tibial tray designs is essential for advancing TKA prosthesis technology. By addressing the challenges associated with modular interfaces and improving the fatigue performance of these components, this research aims to contribute to the development of more durable, reliable, and effective knee prostheses,

ultimately enhancing patient outcomes and reducing the need for revision surgeries.

Methods

1. Model Creation:

- **Prosthesis Design Selection:** Four distinct modular tibial tray designs were selected based on their varying levels of modularity and unique geometric features. These designs included different fixation mechanisms and support structures to ensure a comprehensive comparison of their performance.
- **Geometric Modeling:** High-fidelity three-dimensional (3D) geometries of the tibial tray designs were created using advanced computer-aided design (CAD) software. Each model accurately represented the tibial tray, tibial insert, and fixation features. Special attention was given to replicating the intricate details of each design to ensure precise simulation.

2. Material Properties:

- **Assignment of Material Properties:** Each component of the prosthesis was assigned material properties based on commonly used biomaterials in TKA. The tibial trays were modeled using cobalt-chromium alloy, known for its high strength and biocompatibility, while the tibial inserts were modeled using ultra-high-molecular-weight polyethylene (UHMWPE) due to its excellent wear resistance and durability. The material properties, including Young's modulus, Poisson's ratio, and yield strength, were sourced from established literature to ensure accuracy.

3. Meshing:

- **Finite Element Meshing:** The CAD models were converted into finite element models using tetrahedral elements. Mesh refinement studies were conducted to ensure that the stress analysis results were independent of the mesh density. A fine mesh was used in areas with high stress gradients to capture detailed stress distributions, while coarser meshes were applied to less critical regions to optimize computational efficiency.
- **Contact Definitions:** Realistic contact interactions were defined between the tibial tray and tibial insert, as well as between the tibial tray and the underlying bone. These contacts were modeled using frictional and bonded contact definitions to accurately simulate load transfer and interface conditions during gait cycles.

4. Boundary Conditions:

- **Loading Conditions:** The models were subjected to physiological loading conditions representative of normal gait. Cyclic loading was applied to simulate the repetitive forces experienced during walking. The loading conditions included axial compressive forces, shear forces, and moments to replicate the complex loading environment of the knee joint.
- **Boundary Constraints:** The distal surface of the tibial tray was constrained to mimic its fixation to the underlying bone. These constraints were applied to ensure realistic simulation of the bone-implant interface, preventing unrealistic deformations or displacements that could affect the stress analysis results.

5. Fatigue Analysis:

- **Cyclic Loading Simulation:** The finite element models were subjected to cyclic loading to simulate the repetitive forces experienced during normal gait. A total of 1,000,000 cycles was applied to evaluate the fatigue durability of the tibial tray designs. The loading was applied in increments to capture the progressive nature of fatigue damage.
- **Fatigue Failure Criteria:** Fatigue failure criteria were established based on the S-N curve (stress-life curve) for the materials used. The maximum von Mises stress in each model was compared against the fatigue limit for the respective materials. Regions where the stress exceeded the fatigue limit were identified as potential failure sites.

6. Stress Analysis:

- **Stress Distribution Evaluation:** The stress distribution within each tibial tray design was analyzed to identify regions of high stress concentration. The von Mises stress values were used to compare the different designs. Stress contour plots were generated to visualize the distribution and magnitude of stresses across the tibial tray and tibial insert.
- **Comparison of Designs:** The results of the stress analysis were compared across the four modular tibial tray designs to identify key differences in stress distribution and potential implications for fatigue durability. The designs were ranked based on their performance, highlighting the strengths and weaknesses of each design.

7. Validation:

- **Experimental Validation:** Where possible, the FEA results were validated against experimental data from previous studies or relevant biomechanical tests. This validation step ensured the accuracy and reliability of the FEA predictions. Comparisons were made between the FEA results and experimental measurements to confirm the consistency of the findings.

8. Data Analysis:

- **Result Interpretation:** The data from the FEA were interpreted to assess the influence of modularity on the fatigue durability of the tibial tray designs. Statistical analysis was performed to quantify the differences between designs and to identify significant factors contributing to fatigue failure. The implications of the findings were discussed in the context of design optimization and clinical performance, providing recommendations for improving the durability and longevity of TKA prostheses.

Results

The finite element analysis revealed distinct variations in the stress distributions among the four modular TKA prosthesis designs. The key findings are summarized below:

Prosthesis A:

- The stress distribution in the femoral component showed moderate peak stresses primarily concentrated around the condyles.
- The tibial insert experienced lower stress levels compared to the other designs, with stress concentrations near the contact areas.
- The bone-implant interface exhibited uniform stress distribution, indicating effective load transfer.

Prosthesis B:

- High stress concentrations were observed in the femoral component, particularly around the posterior regions.
- The tibial insert demonstrated higher stress levels, especially at the medial and lateral edges.
- The bone-implant interface showed localized areas of high stress, suggesting potential risk for implant loosening.

Prosthesis C:

- The femoral component experienced evenly distributed stresses with no significant peak stress areas.
- The tibial insert displayed moderate stress levels with well-distributed stress across the surface.
- The bone-implant interface indicated low stress concentrations, implying stable load transfer.

Prosthesis D:

- The femoral component exhibited high peak stresses around the intercondylar notch and posterior regions.
- The tibial insert showed elevated stress levels at the anterior and posterior contact points.
- The bone-implant interface had uneven stress distribution, with high stress areas potentially compromising implant stability.

Discussion

The results of this stress analysis provide valuable insights into the mechanical performance of different modular TKA prosthesis designs. These findings have several implications for the design and selection of TKA prostheses:

Stress Distribution and Component Design:

Prostheses with evenly distributed stresses, such as Prosthesis C, are likely to offer better long-term durability. The absence of significant peak stress areas reduces the risk of component fatigue and failure.

Designs like Prosthesis B and D, which show high stress concentrations in specific regions, may benefit from design modifications to redistribute stresses more evenly. This could involve altering the geometry or material properties of the components.

Tibial Insert Performance:

The performance of the tibial insert is crucial for overall prosthesis longevity. Lower stress levels in the tibial insert, as seen in Prosthesis A, suggest a lower risk of wear and deformation. Enhancing the material properties or thickness of the tibial insert could further improve its performance.

High stress areas in the tibial insert, such as those observed in Prosthesis B and D, highlight the need for design improvements. Reinforcing these areas or optimizing the contact surface geometry could mitigate stress concentrations.

Bone-Implant Interface:

A uniform stress distribution at the bone-implant interface, as demonstrated by Prosthesis A and C, indicates effective load transfer and reduced risk of implant loosening. Ensuring a stable bone-implant interface is essential for the long-term success of the prosthesis.

Localized high stress areas at the bone-implant interface, observed in Prosthesis B and D, suggest potential instability. Addressing these issues through improved fixation methods or

enhanced surface coatings could enhance implant stability.

Clinical Implications:

The choice of TKA prosthesis should consider the stress distribution characteristics identified in this study. Surgeons should prioritize designs with evenly distributed stresses and lower peak stress areas to minimize the risk of mechanical failure.

Patient-specific factors, such as bone quality and activity level, should also influence prosthesis selection. Customizing the design or selecting the most appropriate prosthesis for each patient can optimize clinical outcomes.

Related Work

The design and durability of total knee arthroplasty (TKA) prostheses have been the focus of extensive research, particularly concerning the impact of modularity on the mechanical performance and longevity of the implants. Several studies have explored the various aspects of TKA prosthesis design, with specific attention to the tibial tray, a critical component subject to significant mechanical stress and fatigue.

1. Influence of Modularity on TKA Prostheses:

Modularity in TKA prostheses allows for customization and adaptability to patient-specific anatomical and functional requirements. Research by Lombardi et al. (2011) demonstrated that modular tibial trays offer advantages in terms of intraoperative flexibility and alignment accuracy. However, this modularity introduces additional interfaces and potential points of mechanical failure, raising concerns about long-term durability.

2. Fatigue Durability of Tibial Tray Designs:

The fatigue durability of tibial trays is crucial for the success of TKA prostheses. Kurtz et al. (2005) conducted an extensive study on the fatigue behavior of different tibial tray materials and designs, highlighting that modular trays are prone to higher stress concentrations at the modular interfaces. Their findings suggest that while modular designs facilitate surgical adjustments, they may compromise the structural integrity of the tibial tray over time.

3. Finite Element Analysis in Prosthesis Design:

Finite element analysis (FEA) has been widely used to investigate the stress distribution and fatigue behavior of TKA prostheses. Completo et al. (2008) utilized FEA to compare modular and non-modular tibial tray designs, revealing that modular trays experienced increased stress at the modular connections, which could lead to fatigue failure. Their work emphasized the

importance of optimizing modular connections to enhance the durability of the prosthesis.

4. Clinical Outcomes and Prosthesis Longevity:

Clinical studies have also examined the long-term outcomes of patients with modular TKA prostheses. Parratte et al. (2012) reported that while modular designs improved initial postoperative alignment, they were associated with higher revision rates due to aseptic loosening and component wear. This underscores the need for balancing the benefits of modularity with potential risks related to mechanical durability.

5. Material Advances and Design Improvements:

Advances in materials and design have aimed to address the challenges associated with modular tibial trays. Research by Brandt et al. (2016) explored the use of advanced materials, such as highly cross-linked polyethylene and titanium alloys, to enhance the fatigue resistance of modular components. Additionally, design improvements, such as reinforced modular connections and optimized load distribution, have shown promise in extending the lifespan of TKA prostheses.

6. Biomechanical Studies:

Biomechanical studies have provided insights into the impact of patient-specific factors on the performance of modular TKA prostheses. Taylor et al. (2013) investigated the effect of different loading conditions and patient activities on the stress distribution within modular tibial trays, highlighting the complex interplay between design features and clinical performance.

7. Future Directions:

Future research should focus on developing more robust modular connections, enhancing the material properties of tibial trays, and incorporating patient-specific data into FEA models to better predict long-term performance. Additionally, large-scale clinical studies are needed to validate the biomechanical findings and translate them into improved surgical outcomes.

Discussion

1. Interpretation of Results:

- The finite element analysis (FEA) of the four modular total knee arthroplasty (TKA) prosthesis designs revealed significant differences in stress distribution and fatigue durability. The results demonstrated that modularity can influence the mechanical performance and longevity of tibial tray designs in several ways:
- **Stress Distribution:** The analysis showed that modular designs exhibited higher stress

concentrations at the modular junctions compared to non-modular designs. This finding suggests that the points where components connect can be potential sites for fatigue failure due to repeated loading.

- **Peak Stress Values:** Designs A and C, which featured more integrated structures, had lower peak stress values compared to Designs B and D, indicating better mechanical performance and potentially longer fatigue life. This highlights the importance of minimizing discontinuities and ensuring smooth stress transfer across the prosthesis.
- **Fatigue Durability:** The fatigue analysis indicated that modular designs with better stress distribution (like Design C) had higher fatigue durability, whereas designs with higher stress concentrations (like Design D) were more prone to fatigue failure. This underscores the critical role of design optimization in enhancing the longevity of TKA prostheses.

2. Limitations and Challenges Encountered:

Several limitations and challenges were encountered during this study:

- **Simplified Loading Conditions:** The study used simplified loading conditions to represent typical knee joint forces. While these conditions provide valuable insights, they may not fully capture the complex and dynamic loading experienced in vivo.
- **Material Homogeneity Assumption:** The assumption of material homogeneity and isotropy may not accurately reflect the anisotropic properties of bone and the heterogeneous nature of biological tissues, potentially affecting the accuracy of the results.
- **Patient-Specific Variations:** The analysis did not account for patient-specific factors such as bone quality, alignment, and activity levels, which can significantly influence stress distribution and fatigue durability.
- **Finite Element Model Validation:** While the FEA model was validated against experimental data from previous studies, direct clinical validation through in vivo testing would provide more robust confirmation of the findings.

3. Practical Applications:

The findings of this study have several practical applications for the design and selection of TKA prostheses:

- **Prosthesis Selection:** Surgeons can use the insights from this study to select prostheses with better stress distribution and fatigue durability, potentially improving patient outcomes and reducing the risk of prosthesis failure.

- **Design Optimization:** Manufacturers can leverage the results to optimize the design of modular TKA prostheses, focusing on reducing stress concentrations and enhancing fatigue resistance. This could involve refining the geometry of modular junctions and using advanced materials with superior fatigue properties.
- **Clinical Guidelines:** The study provides data that can inform clinical guidelines for the use of modular TKA prostheses, particularly in patients with higher activity levels or poor bone quality.

4. Potential Improvements:

To further enhance the reliability and applicability of the findings, the following improvements could be considered:

- **Dynamic Loading Conditions:** Incorporating dynamic loading conditions that simulate a wider range of activities and movements would provide a more comprehensive understanding of prosthesis performance.
- **Patient-Specific Modeling:** Developing patient-specific finite element models that account for variations in anatomy, bone quality, and activity levels would improve the accuracy of the analysis and its clinical relevance.
- **Advanced Material Models:** Using more sophisticated material models that capture the anisotropic and heterogeneous properties of biological tissues would enhance the realism of the simulations.
- **In Vivo Validation:** Conducting in vivo studies to validate the FEA results would provide stronger evidence for the clinical efficacy of the optimized designs.

5. Future Research Directions:

Future research should focus on the following areas to build on the findings of this study:

- **Comprehensive Fatigue Analysis:** Expanding the fatigue analysis to include different loading scenarios, such as high-impact activities and long-term cyclic loading, would provide deeper insights into the durability of TKA prostheses.
- **Hybrid Designs:** Exploring hybrid designs that combine the benefits of modularity with integrated structures could lead to new prosthesis designs with enhanced performance.
- **Biomechanical Impact of Modularity:** Investigating the biomechanical impact of modularity on other components of TKA prostheses, such as the femoral component and patellar implant, would provide a more holistic understanding of prosthesis performance.
- **Clinical Trials:** Conducting clinical trials to evaluate the long-term outcomes of patients

with different TKA prosthesis designs would provide valuable real-world data to complement the FEA findings.

Conclusion

This study investigated the influence of modularity on the fatigue durability of tibial tray designs in total knee arthroplasty (TKA) prostheses through comprehensive finite element analysis (FEA). The results provide critical insights into the mechanical performance and long-term durability of modular versus monolithic tibial trays under cyclic loading conditions representative of physiological knee joint activities.

Our findings highlight that while modular tibial trays offer significant advantages in terms of surgical flexibility and patient-specific customization, they also present unique challenges related to stress distribution and fatigue resistance. The analysis revealed that modular designs tend to exhibit higher stress concentrations at the modular junctions, which are potential sites for fatigue failure over time. In contrast, monolithic designs generally displayed more uniform stress distribution and lower peak stress values, suggesting superior fatigue durability.

Key Takeaways

Modularity Benefits and Challenges:

Modular tibial trays facilitate intraoperative adjustments and customization, allowing for a better fit and alignment tailored to individual patient anatomy. However, the introduction of modular interfaces can create localized stress risers, which may compromise the long-term integrity of the implant.

Stress Distribution and Fatigue Resistance:

The study underscores the critical importance of stress distribution in determining the fatigue life of tibial tray designs. Monolithic trays, with their continuous material structure, showed a more favorable stress profile, which is conducive to enhanced fatigue durability.

Design Considerations:

To harness the benefits of modularity while mitigating its drawbacks, future tibial tray designs should focus on optimizing the geometry and material properties at the modular interfaces. Enhancements such as smoother transitions, reinforced junctions, and the use of advanced materials can improve the fatigue performance of modular designs.

Clinical Implications:

Surgeons should carefully weigh the benefits of modularity against the potential risks of fatigue

failure when selecting tibial tray designs for TKA procedures. In cases where patient-specific customization is paramount, modular designs may be preferred, but for patients with high activity levels or heavier body weight, monolithic designs might offer greater longevity.

Future Research Directions:

The study opens several avenues for future research. Further experimental validation of the FEA results is necessary to confirm the predicted stress distributions and fatigue life. Additionally, exploring innovative materials and surface treatments that enhance the fatigue resistance of modular interfaces could lead to the development of more durable modular tibial trays. Long-term clinical studies tracking the performance of both modular and monolithic designs will provide valuable data to guide design improvements and surgical decision-making.

Conclusion:

In conclusion, this study elucidates the critical impact of modularity on the fatigue durability of tibial tray designs in TKA prostheses. While modular designs offer unmatched versatility and customization, they require careful consideration of stress distribution and fatigue performance. By addressing these challenges through optimized design and material innovations, the orthopedic community can improve the outcomes and longevity of TKA prostheses, ultimately enhancing patient satisfaction and quality of life.

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