

## **Medical Malpractice Litigation Following Primary Total Joint Arthroplasty: A Comprehensive, Nationwide Analysis for the Last Decade**

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**Introduction:** With increased utilization of primary total joint arthroplasties (TJA), it is projected that 572,000 primary total hip (THA) and 3.4 million primary total knee arthroplasty (TKA) will be performed by 2030. Medical malpractice litigation against orthopaedic adult reconstruction surgeons are on the rise in the U.S. and estimated to be over two times that of a general physician. The purpose of this study was to: 1) determine the most common reasons of medical malpractice litigations against adult reconstruction surgeons; 2) report on the outcomes of these lawsuits.

**Methods:** The Westlaw legal research database was queried for jury verdicts and settlements completed between 2008 and 2018 for cases related to THA and TKA in the United States. Included cases were when the defendant was an orthopaedic surgeon, and when the plaintiff underwent THA or TKA procedure by them. Revision procedures were excluded. Causes of the lawsuit, patient characteristics, demographics, state/outcome of verdict or settlement, and indemnity payments were noted.

**Results:** One hundred-forty records (77 females (55%), 63 males (45%)) were included in the final analysis (63 THA (45%), 77 TKA (55%)). For all patients, infection was the leading cause for malpractice litigation (22%) followed by nerve injury (20%). In THA cases, nerve injury was the most common reason for lawsuit (38%), followed by leg length discrepancy (25%). For TKA, infection was the most common reason (34%). The jury ruled in defense favor 76%, and 20% in plaintiffs favor. Parties settled in 4%.

**Conclusions:** Infection and nerve injury were the most common reasons of malpractice litigation against adult reconstruction surgeons. The most likely outcome of these lawsuits was a jury verdict in favor of the surgeon. Regardless, surgeons should be cognizant of the potential for lawsuit due to these complications and should simultaneously ensure they inform patients of these potential complications of TJA preoperatively.