











NEW RELEASE

Orthopaedic Complications & Management in hEDS Patients

A large-scale analysis of surgical interventions, physical therapy outcomes, and complications.

Orthopaedic Manifestations in Hypermobile Ehlers-Danlos Syndrome

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Study Scope:

All patients who were enrolled in an EDS registry and who were over the age of 18 years were contacted via email to participate in a web-based questionnaire. The survey inquired about symptoms, non-operative treatments, physical therapy, operative treatments, and outcomes. Researchers examined:



Surgical procedures across joint and spine systems of hEDS patients

Patient-reported outcomes of hEDS-tailored vs standard physical therapy

Postoperative complication rates in a large international hEDS cohort

Questions addressed:

- What joints / spinal regions are the most symptomatic for hEDS patients?
- Which orthopaedic procedures are most common in hEDS patients?
- For each procedure, how frequently do complications occur post-surgery?
 - Do hEDS patients have high rates of complications?
- Did hEDS patients have different outcomes depending on the physical therapy approach?



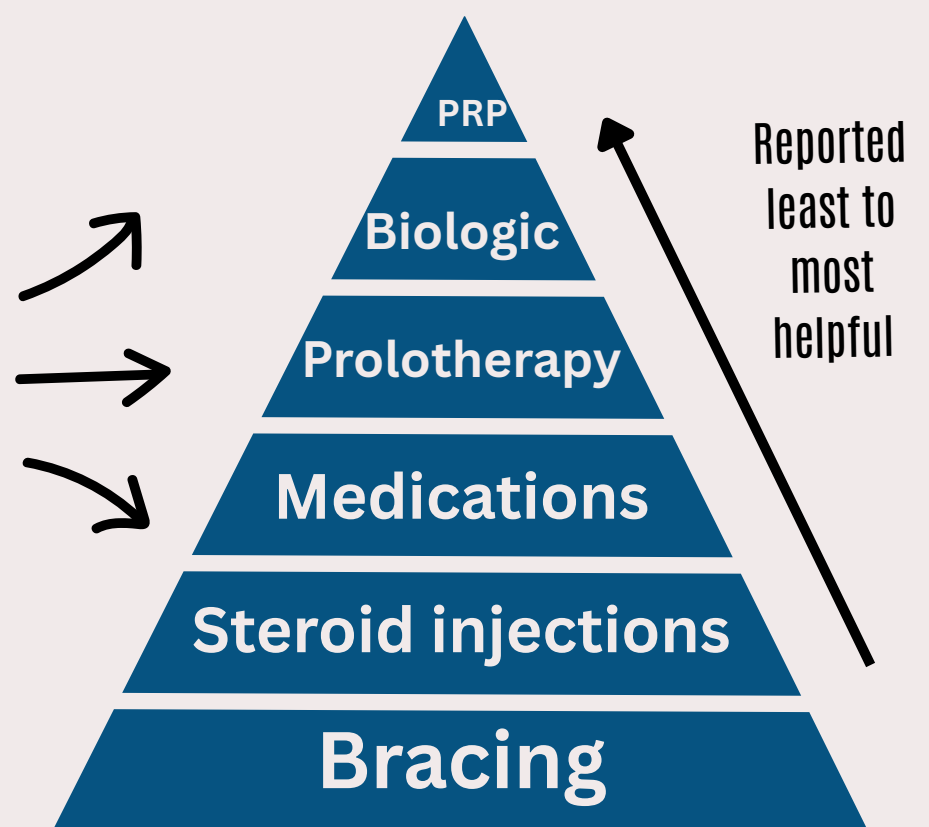
Results:

Patients reported being symptomatic in a median of 11 of 16 joints and/or spinal regions. Commonly affected areas that were identified in this study included the cervical spine, shoulders, hips, and knees.

The majority (60.8%) of respondents reported that their musculoskeletal health affected their mental health every day.

61.4% of study participants had received physical therapy tailored to patients with hEDS.

Most nonoperative treatments, with the exception of physical therapy, were reported as “not helpful” or “somewhat helpful.”



*Responses to treatments vary per person.

The study showed that tailored physical therapy was more helpful than standard physical therapy in patients with hEDS, specifically regarding symptom management and improved posture.

Overall Complication and Revision Rate:
(based on patient sample)

Primary Joint Surgery:
Complication Rate: 35.7%
Revision Rate: 25.4%

Spinal Surgery:
Complication Rate: 42.9%
Revision Rate: 17.0%

Results:

For the full scope of joint and spinal surgeries/surgical outcomes in this patient sample, refer to the full text or look out for our upcoming research translation.

Physical therapy was the only nonoperative treatment for which the median reported helpfulness sometimes equaled or exceeded that of a joint or spine surgery. While surgeries generally provided greater benefits over nonoperative treatments, complications such as recurrent instability and poor wound healing remained prevalent issues.

For example, let's look at ankle surgery. 32.5% of hEDS patients needed a revision, 42.5% experienced a complication, 22.5% had poor wound healing, 30% had recurrent instability, and 5% had a post-surgery site infection.

| | Primary Surgery* | | Revision Surgery† | | Complication‡ | | Poor Wound Healing§ | | Recurrent Instability§ | | Infection§ | |
|-------|------------------|------|-------------------|-------|---------------|-------|---------------------|-------|------------------------|-------|------------|------|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Ankle | | 3.7% | 13 | 32.5% | 17 | 42.5% | 9 | 22.5% | 12 | 30.0% | 2 | 5.0% |

There were risks associated with treating patients with hEDS as though their cases were typical, which often resulted in surgical complications, such as poor wound healing and the need for revisions.

This study supports the need for a more standardized assessment in evaluating the indications for operative management in patients with hEDS and the need for tailored, non-operative care strategies.

Read the full article:
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