

What's New in Hip Replacement: The Anterior Approach

Why does my hip hurt?

Arthritis of the hip is a debilitating condition which has been afflicting men and women for millennia. It has many causes, the most common of which is osteoarthritis (OA). The hip joint is a synovial joint meaning it is lined with a special type of cartilage and lubricated with synovial fluid. This allows the joint surface to be extremely smooth and slippery, resulting in painless motion. With osteoarthritis this cartilage breaks down exposing the underlying making the joint stiff and motion painful. Simple activities such as going for a walk, climbing stairs or even bending to tie shoes can become difficult or impossible.

Diagnosis of OA of the hip is usually made through a physical examination and x-rays.

Once the diagnosis is made, treatment may begin with conservative measures such as physical therapy, dietary supplements, medication (over the counter or prescription), or activity modification. Assistive devices such as a cane or walker may also be sufficient.

When do I need a hip replacement?

When it is confirmed that hip arthritis is the cause of pain the decision to proceed with hip replacement is a personal one. Your surgeon, often in conjunction with your primary care provider or other specialists, will assess if a joint replacement is a good option for you. As with all surgery there are potential risks that will be assessed and discussed with you. You will want to know answers to questions such as when can I expect to go home? How much pain will I have and how will it be managed? When can I walk? Will there be restrictions on my activities once I have recovered?

Once these questions have been answered you and your loved ones can decide if and when to proceed.

What's New?

In the 1960's and 70's, total hip replacement developed into a safe, effective and reproducible procedure performed all over the world with great success. Many advances have been made over the years in the technology of hip surgery giving orthopedic surgeons better implants, designs, and materials which have improved outcomes. Over the years, surgeons have utilized a variety of surgical approaches to replace the hip. In basic terms, the hip can be "approached" from the back, side or front. The traditional, and still the most common approach is from the back. This provides good exposure for the surgeon to be able to replace both sides (femur and acetabulum) of the joint. The downside of this approach is that it necessitates splitting the large gluteal muscle and detaching

the smaller “external rotator” muscles from the hip. These muscles are reattached at the end of the procedure, but are therefore weak and need rehabilitation and strengthening post operatively. The anterior (front) approach has been used in some form for many years because it offers a more direct approach to the hip, requiring no muscles be detached or split and a smaller skin incision. Unfortunately, it has not been utilized because of difficulty in getting good exposure and access to the femur (the thigh bone).

Recently, to tackle this problem, the anterior approach to the hip has been used in conjunction with the development of a specialized operating table that allows the surgeon to gain better exposure of the femur. Although to date this approach is not in wide spread use, the results are promising with less post operative pain, faster return to walking, shorter hospital stays, and smaller skin incision. One of the most exciting aspects is reduced activity restriction after surgery. Traditionally, after a posterior approach, patients are instructed to avoid certain activities to reduce the risk of hip dislocation or “popping out of place”. This is a potential risk of any hip replacement and patients are instructed in “total hip precautions” to reduce the risk. Most commonly the hip dislocates out the back where the tissues have been disrupted by a posterior approach. These tissues are not disturbed with the anterior approach. Although there are no long term studies available yet, the experience to date has been a much lower dislocation rate and most surgeons performing the anterior approach do not require their patients to observe “total hip precautions” resulting in fewer lifestyle restrictions.

Where should I go?

Once it is determined a hip replacement is right for you, two of the most important factors to consider are where can I find a surgeon trained in both approaches and will it be near my family, friends or other support I will need to help me in my recovery? The Memorial Hospital here in North Conway has recently undergone extensive renovations including the construction of state of the art operating rooms. We have also acquired the HANA table, the specialized table specifically designed to facilitate the anterior approach hip replacement. We at Orthopedics at Memorial Hospital are now performing the anterior approach hip replacement. We are very excited to be able to offer the latest techniques in hip replacement here in the valley to allow those in need to have their procedure in familiar surroundings cared for by a team of surgeons, anesthesiologists, primary care providers, nurses, and physical therapists that are dedicated to getting you back to a life without pain and restrictions.