

The Anterior Hip Procedure:

Bend Freely with an Anterior Approach to Hip Replacement.



Advanced Orthopedic Institute at Ingalls

Nearly 300,000 Americans undergo hip replacement surgery each year. It is a complex procedure that typically requires extensive rehabilitation. However, there are surgical alternatives that can improve outcomes and significantly reduce recovery times. One of them, performed by leading orthopedic specialists on staff at the Advanced Orthopedic Institute at Ingalls, is the Anterior Hip Procedure. This approach provides immediate relief and mobility – and also includes comprehensive patient education and rehabilitation.

Here are four things you need to know before you have hip surgery:

1. Not all hip-replacement surgeries are the same

Despite what most people think, not all hip surgeries are the same. The vast majority of Americans have "traditional" surgeries in which surgeons make incisions in patient's side (lateral surgery) or back (posterior surgery) to replace the hip. These invasive surgeries traumatize tissues, muscles and tendons resulting in lengthy and painful rehabilitations.

Fortunately, there is an alternative approach – the Anterior Hip Procedure, in which the surgeon approaches the hip from the anterior, or front. Also called the Anterior Hip Procedure, this approach is much less traumatic because it allows surgeons to work around muscles.

William Metz, of Schererville, Ind., has had both types of surgery. "The anterior approach is a whole lot less invasive and it is a lot better in terms of recovery," he says. "I don't have to worry about sleeping with a pillow between my legs. I don't need a special, high toilet seat. And, I can stand in the shower. These are all things that I couldn't do the first time around. Other than a slight soreness, it's been an easy recovery. I'd definitely recommend it to family and friends."

2. What's the difference between the anterior, lateral and posterior surgeries?

In traditional hip-replacement surgeries, the patient is placed on his or her side or stomach. The surgeon then makes incisions in the side or back. In the posterior approach, surgeons must cut and then reattach tendons. In the lateral approach, a significant portion of the hip muscle must be detached and reattached.

At the **Advanced Orthopedic Institute at Ingalls**, the anterior approach allows the surgeon to reach the hip joint from the front. "This allows surgeons to work between muscles and tissues without having to detach them from either the hip or thigh bones," says David Smith, M.D. a board-certified orthopedic surgeon on Ingalls' medical staff.

This approach is made because through a specially engineered operating table that keeps the leg and pelvis in a stable position. Leg supports allow the surgeon to make precise adjustments to the leg to ensure excellent alignment and positioning of the implant. X-rays are taken during surgery with a fluoroscope to ensure correct position, sizing and fit of the artificial hip components.

"Laying the patient flat on his or her back minimizes tilting of the pelvis during the operation," says Joseph Thometz, M.D., a board-certified orthopedic surgeon who performs anterior surgeries. "The table also gives the surgeon excellent access to the femur, or thighbone, in order to position the stem of the implant effectively."

3. How do the different approaches affect rehabilitation times?

Conventional lateral or posterior hip-replacement surgery is invasive and traumatic because it involves the detachment of muscle from the femur. It typically requires significant restrictions on the patient, including limited hip motion for six to eight weeks after surgery. Patients cannot flex the hip more than 60 or 90 degrees, which makes it difficult to complete certain activities like sitting in a chair, putting on shoes, getting into a car or climbing stairs.

By approaching the replacement from the front, anterior surgery spares tissues from trauma and keeps muscles intact. This helps to prevent dislocation of the hip, a major benefit to patients. Following anterior hip replacement, patients can immediately bend their hip freely and bear full weight when comfortable, resulting in a more rapid return to normal function. And, in supervised physical therapy, patients go up and down stairs before their hospital release.

"Rehabilitation following the anterior approach is simplified and accelerated, dislocation risk is reduced, leg length is more accurately controlled, and the surgical incision is relatively small," explains Daniel Weber, M.D. a board-certified surgeon on staff at Ingalls.

In addition, the anterior approach allows surgeons to access the hip through a natural interval between muscles. "The most important muscles for hip function, the gluteal muscles that attach to the posterior and lateral pelvis and femur, are left undisturbed, leading to immediate stability of the hip and a low risk of dislocation," Smith says.

Additional benefits to patients include a smaller incision, a shorter hospital stay (two to four days compared to three to 10 days for traditional hip replacement surgery) and a more rapid recovery.

4. How new is this type of surgery?

The anterior approach to hip replacement was first performed in Europe in 1947 and has achieved remarkable success in France and the United States. It is not well-known, however, because most American doctors are trained in the lateral and posterior approaches. Orthopedic surgeons on staff at the Advanced Orthopedic Institute at Ingalls have introduced the technique to Chicago's South Suburbs after extensive training.

For more information on the anterior approach to hip replacement surgery, or to see if you are a candidate call Ingalls Care Connection at 1.800.221.2199.