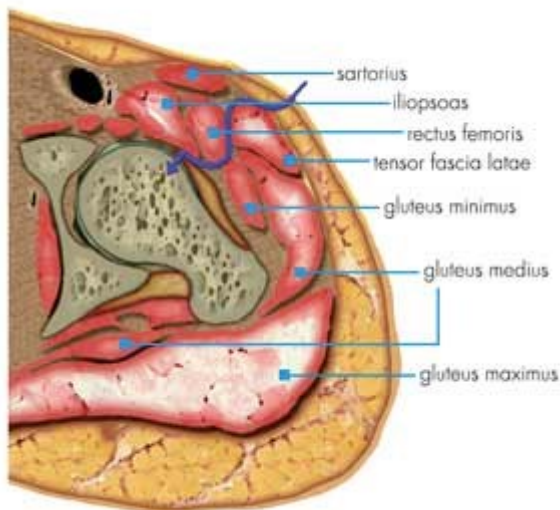


A Total Hip Replacement is a very common operation to help relieve pain and stiffness in the hip joint. Over 1 million hip replacements are performed each year globally, and over 38,000 in Australia during 2011.

A hip replacement replaces the diseased hip joint with an artificial joint.

What is the anterior total hip replacement?

The **Anterior Hip Replacement** is a special method of performing a Hip Replacement that offers a number of advantages over the standard method.



These include:

- **Muscle Sparing:** No muscles are injured or cut during the operation
- **Prevention of limping:** Anterior hip replacement protects the various muscles, blood vessels and nerves encountered during exposure of the hip joint. Minimizing muscle and nerve damage reduces the chances of limping.
- **Decreased post-operative pain:** the Anterior approach can reduce the post-operative pain as muscles are not cut.
- **Reduced risk of dislocation** (separation of the hip ball and socket): By preserving the muscles around the hip, the stability of the hip is greater improved. As hip dislocations involve the hip joint dislocating backwards, preservation of these

muscles improves the stability of the hip joint.

- **No need for hip precautions:** standard hip replacements requiring patients to avoid certain movements and activities such as sitting in low chairs and bending over due to the risk of dislocation. As the anterior hip replacement is very stable, these restrictions are not necessary and patients may sit, sleep and move without restrictions.

- **Small scar:** the skin incision in the anterior hip replacement is often shorter than with “conventional” surgery and therefore scar tissue is reduced.

- **Less time in hospital.** Many patients can go home 2-3 days after the operation with minimal pain and walking comfortably.

- **Potentially less DVTs:** Preservation of muscles allows rapid mobilisation which may decrease the chance of dangerous blood clots called DVTs (deep vein thrombosis)

- **Quicker rehabilitation:** Rehabilitation starts the day of the operation. Standing up and walking with arm-crutches or a walker can begin immediately.

- **Faster return to daily activities:** The Anterior Hip Replacement technique allows you to return to daily activities in a shorter time frame. You may drive when able to get in and out of the car comfortably, have excellent control of your legs and are not taking pain medications. Depending on your general condition, **you may be driving in 8-10 days.**

- **More precise insertion of components.** The anterior approach is performed whilst the patient is lying flat using a special operating table, allowing the use of Xray machines during the operation to improve the accuracy of the component insertion.

What are the different ways can a hip replacement be performed?

The hip joint is surrounded by layers of muscles. To replace a hip joint, a surgeon has to navigate his way into a hip joint via these muscles. There are different ways to do this and these methods are called “Approaches” . Each approach has its advantages and disadvantages.

Lateral Approach

(also called **Hardinge approach**)

This approach is from the side of the hip. It requires detaching the gluteal tendons and muscles from the top of the femur. These tendons may not heal properly after they are reattached leading to chronic pain, trochanteric bursitis and limping.

Posterior Approach This approach is from the back of the hip. It requires detaching the deep pelvic muscles from the femur.

The Posterior Approach is associated with a higher rate of dislocation.

Both the lateral and posterior approaches offer excellent exposure of the hip joint, which is especially useful when “Revising a hip” (redoing the hip replacement for the second or third time)

Anterior Approach Approaching the hip joint from the front of the hip called the Anterior approach.

The anterior approach does not involve any cutting of muscle and therefore damages less tissue, offering the potential benefit of faster recovery. The incision is usually less than 10 cm, which is much smaller than the usual incision via the traditional approaches.

Who should have an anterior hip replacement?

An Anterior Hip Replacement is for patients who have severe pain and stiffness in the hip.

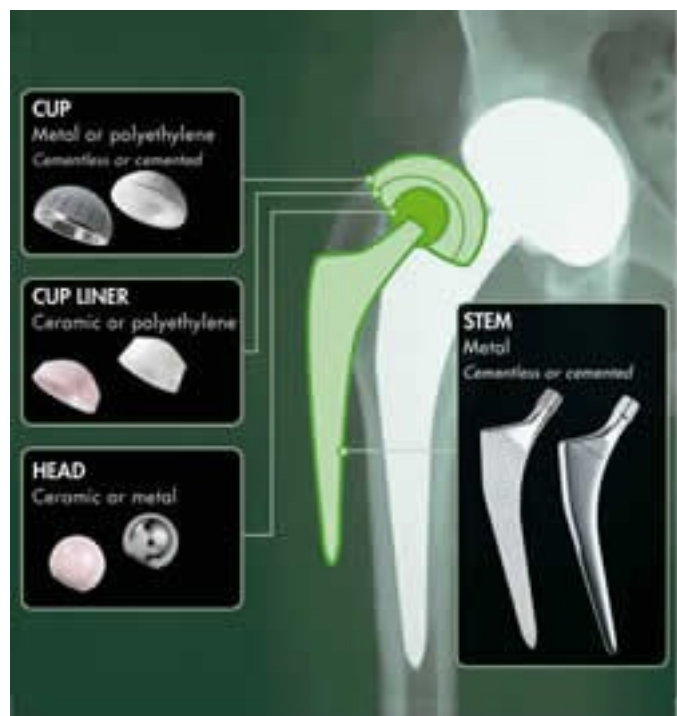
The most common reason to replace a hip is arthritis. There are many causes of arthritis, but the most common ones include:

- Osteoarthritis.** Usually affects people above 50 years old, but can affect people who are younger. It is essentially a 'Wear and Tear' process affecting the cartilage of your hip. Cartilage covers the bones of your hip joint, the

femoral head (ball) and acetabulum (socket). As you age, your cartilage wears down, causing hip pain and stiffness.

- Rheumatoid arthritis.** Is an autoimmune disease in which a synovial membrane in your hip joint becomes inflamed. This inflammation damages the joint cartilage.

- Osteonecrosis.** Your hip joint can be affected by a condition called osteonecrosis or 'bone death'. There are many possible reasons for osteonecrosis which include prolonged steroid use, alcohol abuse or genetics.



What components are used?

The same types of components are used via the Anterior as with the traditional approaches. The components are usually of the “uncemented” type with “ceramic on ceramic bearings”.

NO NEED FOR HIP PRECAUTIONS

One of the greatest concerns with hip replacement surgery is the risk of dislocation after the surgery.

With the traditional hip approaches, patients need to maintain hip precautions which include:

- Avoid bending too far forward
- Avoid sitting in low chairs
- Sleeping only on your back for a period after surgery

The Anterior approach does not need any hip precautions after the surgery.

- You may sit on any chair that you want
- You can move and use your hip naturally without restrictions of movement
- You can sleep on your side when you like
- You can usually drive 2–4 weeks after the surgery

Minimizing the risk of surgery

Hip replacement surgery represents a major surgery. Fortunately, the success rate is very high and the complication rate following hip replacement surgery is very low. However, it is important to always understand with potential complications (no matter how small the risk) when considering any operation.

The risks for a total hip replacement include:

Joint infection. This can potentially be a serious complication and occurs in fewer than 1% of patients.

Heart attack and Strokes. Major medical complications, such as heart attack or stroke, occur even less frequently.

Deep vein thrombosis (DVT) Blood clots in the leg veins or pelvis are the most common complication of hip replacement surgery. Preventative measures to decrease the chance of blood clots from forming in your leg veins include special support hose, foot pumps, early mobilisation and blood thinners.

Uneven legs. Leg-length inequality may occur or may become or seem worse after hip replacement.

Dislocation and fracture

Longevity. Over years, the hip prosthesis may wear out or loosen. This problem will likely be less common with newer materials and technology.

Mr Phong Tran will discuss these risks in detail at your consultation for patients intending to undergo a total hip replacement using the anterior approach.

QUESTIONS?

The information in this patient information sheet is a general guide only and not designed for the individual patient.

If you would like further information and advice about the anterior muscle sparing hip replacement, please make an appointment with our surgeons to discuss your individual needs and suitability for the operation.

SPECIALIST ORTHOPAEDIC SURGERY CLINIC

Mr Phong Tran
Mr Camdon Fary
Ms Anna Manolopoulos

Combining the latest in medical technology and research with compassion, communication and education