

The Anterior Approach for Total Hip Arthroplasty

David P. Rhoads M.D. is board certified orthopaedic surgeon who is fellowship trained in adult reconstruction. His fellowship in adult reconstruction was performed at William Beaumont Hospital, which is routinely ranked 3rd in the United States for volume of orthopedic surgeries performed annually. He is trained in minimally invasive anterior, lateral, and posterior approaches for total hip arthroplasty, but prefers to use the anterior approach for the majority of total hip replacement surgeries.

The anterior approach for total hip arthroplasty has only recently gained popularity in the United States, though has been used in Europe for many years. The anterior approach can be performed on a regular operating room table in which the foot of the bed is dropped during the femoral preparation. Or it can be performed on one of the popularized orthopedic tables (See picture 1). The use of either the specialized orthopedic table or a standard operating room table each has their own advantages and can be safely performed.

The anterior approach (Smith-Petersen) is an approach that uses a natural muscular interval which does not require releasing or splitting of muscle fibers. This allows for less pain, swelling, and healing required after surgery which translates into a faster recovery. This surgical approach has lower hip dislocation rates and is able to be performed through a minimally invasive manner.

The other surgical approaches each have their own specific disadvantages over the anterior approach. These include higher dislocation rates, stripping muscles off its bone attachment point, splitting muscle, prolonged limp, and more difficulty in getting the legs equal in length and a longer recovery.

The typical incision is about 5 inches long on the front of the hip, length ultimately depending on the size of the patient. The hip joint is closer to the skin anteriorly, and there is less muscle and fat compared to posteriorly over the buttock. Almost all patients regardless of size, shape or age are candidates for this procedure.

The Anterior Approach for Total Hip Arthroplasty



Picture 1

The anterior approach total hip arthroplasty typically can be performed in 60 to 90 minutes. Hospital stay is 2 to 3 days on average, and most individuals are able to be discharged home instead to a rehab facility. The surgical incision is closed with buried stitches and Dermabond skin glue. No staples are used. The applied dressings are waterproof, and patients are allowed to shower immediately. The dressing is not removed until post operative day five and routinely no further dressings are required. Patients are also allowed to bear full weight on the operated extremity, though they typically will use a walker or crutches until the post surgical pain dissipates.

Physical therapy will see patients twice daily while in the hospital, and home health physical therapy will continue to follow the patient after they are discharged home. Outpatient physical therapy is not routinely ordered or required.

If you have any questions about anterior approach total hip arthroplasty or would like to see if you are a candidate for this procedure, please call 502-212-2663 for an appointment.

Links:

http://www.hipandpelvis.com/physicians_corner/anterior-full.wmv