Direct Anterior Hip Replacement

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Hip Replacement: Hip replacement is one of the most successful operations in modern medicine. The choice of surgical approach should not dictate who you have perform your surgery. Patients who have a Hardinge approach, Posterior approach and Watson-Jones approach all do well after hip replacement surgery.

In your search for a hip replacement surgeon, you should seek out a surgeon who you get along with and who does a large number of hip replacement surgeries per year. I prefer the anterior approach to hip replacement for most patients. However, as a patient your primary focus should be 1. Do I get along with my surgeon and feel that they will be a good partner for my recovery? And 2. Does my surgeon do hip replacement surgery often?

Advantages:

Hip replacement involves removing the ball and part of the socket of the native hip and replacing them with metal and plastic parts. This is one of the most successful operations ever devised, and many surgical approaches (ways to access the bones) have been used over the years. Some of these approaches involve removing some muscle from either the back or the front of the top of the femur to gain access to the bones.

During the past 15 years, the direct anterior hip replacement has gained popularity worldwide as an approach for the surgery. The main advantage of this approach is that no muscles are cut during the procedure because the surgeons work between the muscles in front (anterior) of the hip to access the hip joint. This theoretically results in less muscle damage, quicker recovery, and probably less risk of dislocation (hip popping out of joint). In addition, because of the way patients are positioned during surgery, it makes it easier for the surgeon to judge whether the length of the two legs are equal. These advantages have recently been scientifically validated by randomized clinical trials.

I have used all the approaches (Hardinge, Posterior, Watson-Jones) to the hip during my career. I feel that the direct anterior hip approach allows for more accurate installation of the socket component of the hip replacement. More accurate socket placement has the advantage of lower wear rates and less hip impingement (binding of the ball on the edge of the socket). In my experience, patients with a direct anterior approach have less of a chance of dislocation (where the ball pops out of the socket) than patients treated with other approaches.

Disadvantages:

To be clear, patients who have a posterior approach to the hip do very well after hip replacement. Not everyone is a candidate for direct anterior hip surgery. Patients who have had extensive previous hip operations, for example, or who have a very high ratio of body weight to height might be better suited to other hip approaches.

A specific side effect of the direct anterior approach is numbness of a skin nerve on the front of the thigh close to where the incision is made. In the majority of these operations done by expert surgeons, this is a common finding. The vast majority of patients who experience this are not bothered by the numbness, but it is important to understand that this can occur.

If you have any questions about the direct anterior approach or hip replacements in general, feel free to discuss them with me during your visit. My primary goal is to provide you with a stable hip that relieves your pain.

Summary:

For your hip replacement, the most important factor is that you find a surgeon with whom you get along on a personal basis. In addition, your surgeon should specialize in joint replacement and ideally should perform more than 50-100 hip replacement surgeries per year. The surgical approach is a secondary consideration.

Our preferred approach to the hip is direct anterior hip replacement, but surgical approach is just one of many factors in your recovery. Hip replacement is likely to be a very successful operation for you and the most important factor is having an experienced surgeon with whom you get along well.