



If 52-year-old Sandra Dimmick needed a hip replaced (and she did), she wanted three things: 1) the least invasive total hip replacement surgery option available, 2) an orthopedic surgeon she knew and trusted and 3) surgery at St. Rose where she had undergone prior knee replacements. Sandra's wants were met and she was able to quickly return to her very active lifestyle.

# A Forward-Thinking Approach to Total Hip Replacement

## At St. Rose Dominican Hospitals

– Rose de Lima Campus, orthopedic surgeons are performing anterior total hip replacements, a forward thinking approach to a common procedure. Dr. Roger Fontes talks about how the procedure is performed and why patients aren't given any of the typical "hip precautions" after surgery.

**What is anterior hip replacement?** It is a less invasive approach to total hip replacement that allows surgeons to access the hip joint from the front (anterior) of the body as opposed to the side (lateral) or the back (posterior).

**What makes it less invasive?** Conventional hip replacement requires surgeons to cut and detach the powerful gluteus muscle and other tissue from the pelvis and thighbone to reach the hip. By comparison, the anterior approach allows us to make one small incision near the groin and work between the natural intervals in muscles and ligaments to replace the hip. Because no muscle or tissue is cut or detached during the procedure, there is less pain and weakness, so the majority of patients can walk without a cane or walker within two weeks.

**Does a less invasive surgery lead to a faster recovery?** Yes. The anterior approach to hip replacement surgery will not help a new hip joint function better or last longer than conventional hip replacement, but it does reduce postoperative pain and hasten the patient's recovery. This approach also introduces the use of X-ray guidance during surgery to more accurately control the positioning of the artificial hip. This is a real benefit because while conventional hip replacement provides excellent outcomes, badly positioned implants can lead to early failure, dislocation and leg length differences.

**What "hip precautions" must patients adhere to after surgery?** None. Muscle and tissue are left intact throughout the procedure which provides instant stability to the new joint, so we encourage patients to move around and bend at the hip freely. By comparison, conventional hip replacement requires limiting hip motion – and hip flexion – to no more than 90 degrees for 60 days after surgery. Those restrictions make every day activities such as sitting in a chair, bending over to tie one's shoes and getting in and out of a car quite difficult, but they are necessary so muscles and tissue have time to repair and regain the necessary strength to fully support the new hip and prevent hip dislocation.

**Could all hip surgeries be performed from the anterior approach?** Anterior hip replacement is commonplace in other countries and is steadily increasing in popularity in the United States, but its use does require hospitals and orthopedic surgeons to make some initial investments. St. Rose spent about \$100,000 to purchase a specialized table that allows surgeons to more easily perform anterior hip replacements, and surgeons have to commit the time for additional training in order to perform the procedure safely. In addition, conventional hip replacement is still the recommended course of treatment for patients who need hip revision surgery or who have certain anatomical abnormalities.

**Is a special implant required?** No. The difference in anterior hip replacement is how we gain access to the hip. Surgeons still have the freedom to use the type or brand of hip prosthesis they trust most. **WVC**

## Advantages of the Anterior Approach to Hip Replacement

- Less post surgical pain and need for pain medications
- Shorter hospital stay
- Preservation of muscle strength
- Fewer to no motion or weight bearing restrictions
- Quicker return to function and normal gait
- Reduced dislocation rates
- More accurate restoration of leg length



*Dr. Roger Fontes,  
orthopedic surgeon*