

# DIRECT ANTERIOR HIP REPLACEMENT

It is common, for orthopaedic surgeons, to see patients with functional limitations due to hip pain. These limitations are caused by a number of symptoms including: **groin pain**, **aching**, **catching**, **stiffness**, **fatigue**, **and even pain radiating to the knee**. The causes of these symptoms can be numerous and are often multifactorial. The appropriate workup involves a history and physical exam with radiographs of the involved hip. **If arthritic changes are noted**, **a total hip arthroplasty may be indicated**. Recent developments in surgical instrumentation, implants and techniques have been able to significantly reduce recovery time and the rate of dislocation.

## WHAT IS DIRECT ANTERIOR HIP REPLACEMENT?





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Direct Anterior Hip Replacement is a surgical approach that is gaining popularity due to the ability to replace the hip joint without splitting or cutting muscles off of the femur in most cases. This results in less trauma to the hip tissues and in most cases less pain. The approach utilizes an anatomic interval that avoids nerve damage to the stabilizing muscles of the hip.

#### WHAT KIND OF IMPLANTS ARE USED?

Standard orthopaedic implants are used. The short and mid-term wear rates of the implant surfaces are the same as those shown in other

approaches. However, more advanced surgical instruments to place these implants are often required to minimize complications. These often include specialized surgical tables and retractors.



## WHAT ARE THE ADVANTAGES OF THIS APPROACH?

#### LESS POSTOP PAIN

Most patients report less postoperative pain compared to traditional approaches.

#### LESS POSTOP LIMP

Because the major dynamic stabilizing muscles of the hip, the abductors and gluteus maximus are not split, patients often have less post-operative limp and earlier return to stair climbing.

#### LOW DISLOCATION RATE

The dislocation rate is among the lowest in the published literature.

#### **EQUALITY OF LEG LENGTH**

Leg length equality and restoration of anatomic hip mechanics is able to be achieved in a high number of cases due to the use of intra-operative fluoroscopy.



#### WHAT ARE THE ASSOCIATED RISKS?

The most common published complications of this approach involve:

- increased intra-operative blood loss
- increased operative time
- numbness of a portion of the lateral thigh
- slight increased risk of fracture to portions of the femur during exposure



These may or may not require additional procedures or post-operative limitations. The remainder of risks are similar to or less than those seen in traditional approaches.

## WHO IS A CANDIDATE FOR DIRECT ANTERIOR HIP REPLACEMENT?

Most patients are a candidate for this approach. There are some anatomic factors that limit exposure including femoral deformity, previous fracture, congenital hip dislocation, and significant acetabular erosion or wall deficiency. Obese patients and muscular male patients can be challenging cases. Ultimately, the surgeon will discuss these factors with the patient prior to scheduling surgery.

#### **CNOS – IMPROVING HEALTH**

We know you have a choice when it comes to choosing a specialized healthcare facility. At CNOS, our mission is improving health. We focus on the prevention, diagnosis and treatment of bones, joints, muscles,

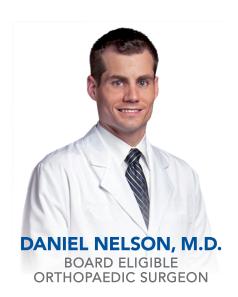
nerves and the brain. Our multidisciplinary approach to quality care includes integrating medical and surgical specialties, rehabilitation, and full diagnostic capabilities. The CNOS team is dedicated to providing you with the expertise you need to live a better, longer, improved life.



## HIP REPLACEMENT AND CNOS

CNOS, PC has the area's most experienced Orthopaedic Surgeons, including Dr. Nelson.

Dr. Nelson performs Direct Anterior Total Hip Arthroplasty in the Siouxland Area at the Dunes Surgical Hospital in Dakota Dunes. He is fellowship trained in hip and knee replacement, revision replacement, and in Direct Anterior Hip Arthroplasty.



DR. NELSON is the only orthopedic surgeon in the Sioux City area with fellowship training in complex hip and