



Direct Anterior hip replacement offers less pain and quick recovery

OrthoAdvice

By Ian Gradisar, MD

If pain in your hip has made it difficult to walk, climb stairs, or perform other routine tasks, it may be time to consider having your hip replaced. A total hip replacement is one of the most common surgeries performed today. While there are different techniques used in this surgery, the Direct Anterior (DA) approach is one of the most effective and least invasive.

Generally, a total hip replacement is a procedure that replaces the worn-out ball and socket of the hip joint with a new, artificial hip. The new ball is usually made of ceramic or metal and is attached to a titanium stem that is fitted into the top of the femur bone. The ball is joined against a plastic liner that is locked into a titanium cup and fitted into the patient's worn out natural socket.

There are several approaches to accessing the hip joint. Two traditional approaches to the hip, the anterolateral (front) and the posterior (back) approaches, take some muscle off the bone, which is repaired at the end of the procedure. This can lead to a slightly larger incision, extended initial recovery, and extended hip precautions when compared to the DA approach.

In contrast, the Direct Anterior approach is minimally invasive because we don't cut any muscles around the hip when placing the prosthesis. This makes for a less painful procedure and quicker initial recovery. The incision is usually quite small—about three to four inches—and is made just below the hip crease over the front corner of the hip.

No matter what approach is used, we always take precautions to prevent complications, such as infection and

blood clots. Because of the inherent stability of the DA approach, dislocation risk is low, and lower than the other hip approaches. Some patients report numbness or tingling of the thigh after surgery. If this occurs it is usually short-lived.

Immediately following DA total hip surgery, patients can expect fewer restrictions. Patients can bear their full weight on the hip the day of surgery. However, for the first two weeks afterwards, I restrict extreme motions of the hip and ask that patients use a walker to slow them down and allow the bone to grow into the titanium implants.

Once home, patients participate in a customized physical therapy (PT) program. The first week or two may consist of a therapist going to the patient's house a couple times each week. Exercises include simple walking to hip strengthening movements. With the DA approach, we have found that we have to slow patients down as they feel like they can do more than they should.

Nowadays, hip replacements usually last 15 to 20 years. Over time, the plastic liner will wear out, but this piece can be exchanged for a new one in the future.

The DA is my preferred approach to total hip replacement. Unfortunately, it is not for everyone. Hips with significant bone loss or a deep tissue layer in the front of the hip may make one of the other approaches more favorable.

To learn more about this approach and whether it's right for you, call Crystal Clinic to schedule an appointment with one of our board-certified, fellowship-trained hip surgeons.



Dr. Gradisar is a board-certified, fellowship-trained orthopaedic surgeon. He is a graduate of the University of Notre Dame and The Ohio State University College of Medicine. Dr. Gradisar served his orthopaedic surgical residency at Summa Health System and his fellowship in adult hip and knee reconstruction at Cleveland Clinic. He specializes in total joint replacement surgery (hip and knee), revision hip and knee reconstruction, Direct Anterior total hip, and knee arthroscopy.

One of Dr. Gradisar's patients, Pat McGrew, was so thrilled with her DA total hip replacement that she shares her experience with others. To hear her story, visit www.crystalclinic.com/pat.



To learn more, visit crystalclinic.com or call 1-888-502-3041.