

# ANTERIOR APPROACH TO HIP REPLACEMENT SURGERY



**DePuy Synthes**

*People inspired™*



## Take action against your hip pain

If you have experienced hip pain, chances are you have probably told yourself it is just part of getting older. If other treatments simply aren't working and you frequently have hip pain that keeps you from getting a restful night's sleep, walking up stairs and the activities you enjoy, the Anterior Approach hip replacement surgery may be an option. In this brochure, you'll learn about the Anterior Approach to hip replacement surgery and the potential benefits of this procedure. Congratulations on taking the first step toward a life with less pain by learning about your treatment options!

## DePuy Synthes Companies

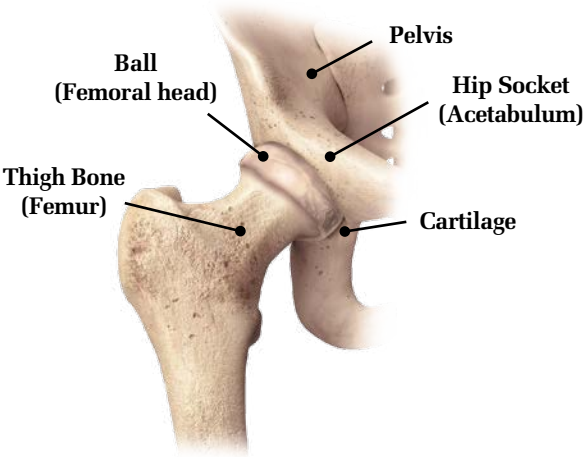
For the last 40 years, DePuy Synthes Companies has been inspired by one simple goal: help patients live healthy lives with less pain. You are at the core of what we do, which is why we continuously work to find new ways to get you back to doing the things you love.

## Potential Benefits of Hip Replacement

- Pain Relief
- Improved mobility
- More freedom to pursue everyday activities, such as walking and climbing stairs

## Hip Anatomy

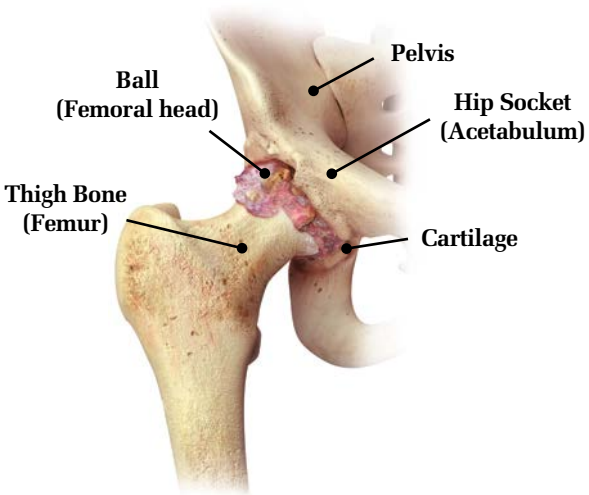
A joint is a point where multiple bones meet and work together so that you can perform daily tasks like sit, climb stairs, walk comfortably, etc. The hip joint is described as being a “ball and socket” joint due to the joint’s appearance of a ball (femoral head) fitting snugly in a cup-like socket (acetabulum). The ball (femoral head) is located at the top of the thigh bone (femur) and the socket (acetabulum) is part of the pelvis. The area where the bones meet is covered by a slick but firm tissue called cartilage, allowing the joint to move smoothly.



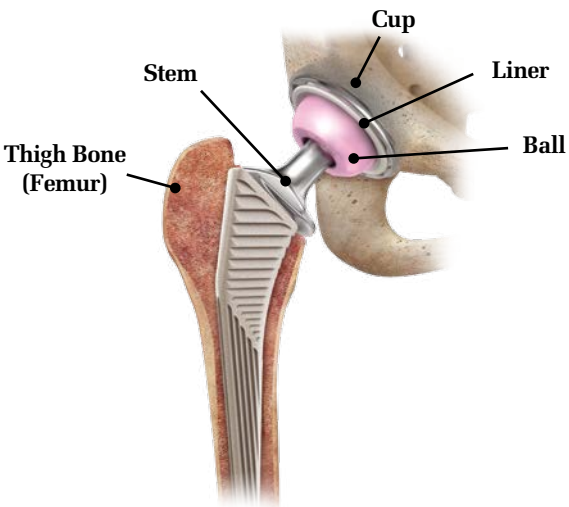
**Healthy Hip**

## Hip Replacement Overview

All total hip replacements have the same goal: remove the portions of damaged hip joint and replace them with an implant. The implant used is made up of several different components. The individual components are available in many different sizes and materials so that your surgeon can decide which options will be the best fit for your individual needs.



**Osteoarthritic Hip**



**Hip replacement component**

- Stem: inserted into the thigh bone (femur) and anchors the implant in place
- Ball: attaches to the stem and recreates the ball (femoral head)
- Liner: recreates the smooth cartilage and allows the new ball (femoral head) to glide and rotate
- Cup: recreates the hip socket (acetabulum) and is attached to the pelvis



## Potential Benefits of a DePuy Synthes Companies Hip Replacement

A design intended to help preserve your hip's natural movement. At DePuy Synthes Companies, our hip implants are designed to act much like a natural hip recreating smooth movement as well as increasing the joint's stability, potentially reducing pain.

### Anterior Approach Overview

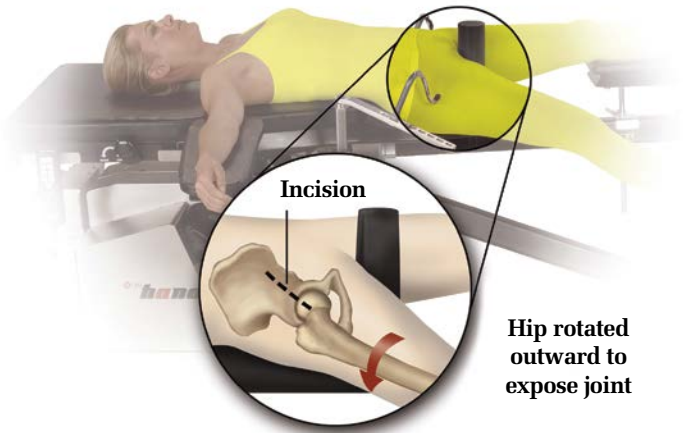
The surgical approach (sometimes called the surgical technique) is the way the surgeon makes their incision so that they can operate on the bones that make up the joint. Most surgeons use what is called a traditional approach, but more are starting to use the Anterior Approach. The main difference is that unlike a traditional approach where the muscles are cut, the Anterior Approach allows the surgeon to work around the muscles keeping them intact. By keeping the muscles intact, the Anterior Approach may potentially allow for less pain, faster recovery, quicker stability and fewer post operative restrictions.<sup>1</sup>

### The Potential Benefits of the Anterior Approach Compared to Traditional Approach

- Less tissue disruption, may lead to faster rehabilitation.<sup>1</sup>
- Fewer restrictions during recovery.<sup>1</sup>
- Potentially less pain and better mobility.<sup>1</sup>
- Shorter hospital stay compared to a common Traditional Approach.<sup>1</sup>

# Advanced Technology

Typically, in an Anterior Approach to hip replacement, both an orthopaedic table (also called a hana® Table) and a “C” shaped x-ray machine (also called a C-arm) are used. The orthopaedic table allows the surgeon to better access the hip joint and gives them the ability to better align and position the implant. The C-arm allows surgeons to ensure that the implant is placed properly while the patient is still in the operating room rather than waiting for a postoperative x-ray to confirm implant placement.



**Improved surgical access**

## Things to Consider with Your Surgeon before an Anterior Approach Hip Replacement

- Am I a candidate for the Anterior Approach?
- What are the other hip replacement techniques and technologies available? How do they compare to the Anterior Approach?
- What are the benefits and risks of Anterior Approach hip replacement surgery?
- How long will it take to recover and rehabilitate from an Anterior Approach hip replacement surgery?
- What is my role in recovery and rehabilitation?
- If I choose to undergo an Anterior Approach hip replacement surgery, will I be able to resume daily activities?

## Preparing for Surgery

To prepare for surgery you may need to:

- Visit your family doctor for a check up to ensure you are healthy enough for surgery
- Compile a list for your surgeon of all your medications including over-the-counter medications and supplements
- Quit smoking for at least two weeks prior to surgery (if you currently smoke)
- Lose weight (based on your surgeon's directions)
- Prepare your home for your return from the hospital
- Discuss your recovery with relatives and friends who may be caring for you after you leave the hospital

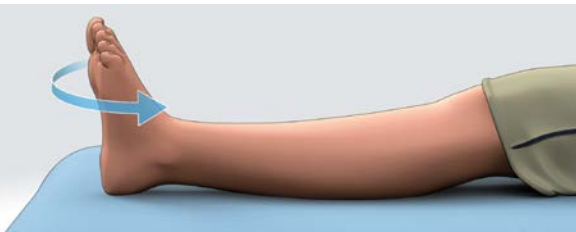
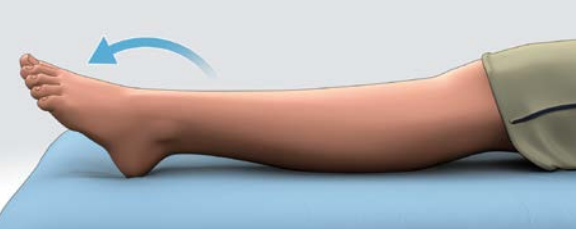


## Hospital Stay

Following an Anterior Approach hip replacement surgery, the typical hospital stay is one to three days.<sup>1</sup> During that time, your hip rehabilitation will begin as ordered by your surgeon. A physical therapist may instruct you to:

- Begin isometric exercises (tighten muscles without moving the joint) a number of times per day while you are still in bed
- Move your ankle and other joints
- Understand the do's and don'ts of joint replacement recovery

Depending on your individual recovery, your physical therapist may help you start walking with your new hip.



**One example of an ankle-pumping exercise**

## Returning Home

Once you return home, it is still important to continue rehabilitation as instructed by your doctor and physical therapist.

The goals of rehabilitation are to:

- Improve your muscle strength
- Increase the movement in your new hip joint
- Protect your new hip joint
- Help you resume most of your normal activities

Rehabilitation takes time and commitment. Each person is different and the length of recovery is dependent on your particular situation, overall health and your rehabilitation. When your surgeon feels you are ready, you should be able to resume some, if not most, of your daily activities. Get back sooner with the anterior approach by spending less time recovering in the hospital.<sup>2</sup>

## Activity after Surgery

After undergoing hip replacement surgery, it is important you have realistic expectations about the types of activities you may participate in during your recovery phase. These activities may include:

- Driving
- Sexual Activity
- Leisure and Sport Activities
- Work Activities

Activities that may cause high-impact stress on the implant should be avoided.

## For Caregivers

### Help Your Doctor Help You

One of the important ways to support your loved one is to ensure he or she receives the best medical care possible by acting as their patient advocate. This means asking questions when you don't understand something, educating yourself, being an active member of your loved one's care team and seeking guidance from qualified medical professionals. This is especially important when your loved one is not able to communicate with their health care providers on their own.

While a caregiver may not have a medical or healthcare background, his or her day-to-day experiences with a loved one can provide critical information, so it is important to stay involved. Your healthcare professional may rely on this information in order to care for your loved one.



## Communicating with Health Care Providers

### **Avoid communication barriers**

- Talk about how your loved one communicates his/her feelings and concerns—physically, verbally, and emotionally
- Ask questions when you or your loved one have them and make sure you fully understand the information being given to you or the patient

### **Feel comfortable with the staff**

- Make sure doctors and staff listen to the patient's concerns and provide answers to any questions
- See if care options can be adapted to fit within your loved one's religious or cultural beliefs

### **Stay involved**

- Talk about which family member(s) should be included in discussions about the patient's condition/disease and subsequent treatment
- Talk about whether the patient prefers to discuss his/her diagnoses, test results, and treatment options with or without another family member present

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Did you know that 70 to 80 percent of health problems can be diagnosed by the information the patient provides his or her doctor? <sup>3</sup>

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## Your Questions Answered

Here are some common questions people have about hip replacement surgery, rehabilitation and recovery.

### **Q. Am I a candidate for Anterior Approach hip replacement surgery?**

A. Only your orthopaedic surgeon will be able to decide if you are a candidate for the Anterior Approach hip replacement surgery.

### **Q. How safe is hip replacement?**

A. Serious complications occur in less than 2% of patients.<sup>4</sup>

### **Q. How many surgeons currently perform the Anterior Approach procedure and why don't all surgeons perform the Anterior Approach to hip replacement procedure?**

A. Currently, only 20% of US surgeons perform the Anterior Approach procedure.<sup>5</sup> Many surgeons are hesitant to switch from a traditional approach procedure due to the time and costs for additional training, the cost of additional equipment such as an x-ray machine used in the OR and a special surgical table, as well as being comfortable using other approach procedures.

### **Q. Is the Anterior Approach procedure considered a "new" or "experimental" procedure?**

A. No, the Anterior Approach procedure was originally pioneered in the 1940's by Robert Judet. The technique remained in Europe for several decades, but was brought to the United States by Dr. Joel Matta in 1996.<sup>6</sup>

### **Q. Am I too young for hip replacement?**

A. Hip replacement is related to need, not age. Total hip replacement surgery is considered to be an effective procedure that can help patients resume a more active lifestyle.

**Q. How do I know if I'm ready for hip replacement?**

A. Only your orthopaedic surgeon can decide if hip replacement is the appropriate treatment for you. Your doctor will assess your situation and discuss the various treatment options available. He or she will explain the risks and benefits so that you, together with your doctor, can make an informed decision about your future course of treatment.

**Q. Do I need to take any precautions before future medical procedures?**

A. From now on, you must inform any doctors, including dentists, treating you that you have undergone hip replacement surgery. More than likely, antibiotics will be prescribed before a procedure to avoid infection.

**Q. I live by myself. To whom can I turn for help during recovery and rehabilitation?**

A. You will likely need assistance with your daily activities for several days to a few weeks following your hip replacement surgery. If family members or friends are unable to assist you, ask your surgeon about being admitted to a rehabilitation facility for at least a few days following your surgery so you can get the assistance you need.

**Q. How can I help protect my new hip implant?**

A. Hip replacements are designed for the normal activities of daily living. Avoiding trauma and high impact activities are helpful in caring for your new hip implant.



## Additional Resources

The website links below have additional information on treatment options for hip pain including rehabilitation, finding a surgeon in your area, and patients who overcame their hip pain. In addition, you can request information kits and register for a hip pain seminar in your area:

**[www.depuysynthes.com](http://www.depuysynthes.com)**

**[www.hipreplacement.com](http://www.hipreplacement.com)**

## Important Safety Information

As with any medical treatment, individual results may vary. The performance of hip replacements depends on age, weight, activity level and other factors. There are potential risks and recovery takes time. People with conditions limiting rehabilitation should not have this surgery. Only an orthopaedic surgeon can tell if hip replacement is an option for you.

Anterior Approach as described by Joel Matta, MD.

Dr. Matta is a consultant for DePuy Synthes Companies, and receives royalties as the designer of the hana® and PROfx® tables which are manufactured by Mizuho OSI.

This brochure was written in consultation with Joel Matta, MD & David Dodgin, MD.

Image of hana® surgical table courtesy of Mizuho OSI. hana® is a trademark of Mizuho OSI.

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## References

1. Barrett WP, et al, Prospective Randomized Study of Direct Anterior vs Postero-Lateral Approach for Total Hip Arthroplasty, *The Journal of Arthroplasty* (2013)
2. Higgins BT, et al. 2015. JOA. "Anterior vs. posterior approach for THA, a systematic review and meta-analysis." *The Journal of Arthroplasty* 2015; (30): 419–434.
3. Jacoby, Dana. *The Exclusive Guidebook to the World of Medicine*. Med Ed Pub, Page 44. Publication date 4/28/2007
4. Reference: <http://orthoinfo.aaos.org/topic.cfm?topic=a00377>
5. Jaret, P. "A New Approach to Hip Surgery." *New York Times*. Available at: <http://well.blogs.nytimes.com/2013/03/18/faster-recovery-from-hip-surgery>. Accessed December 10, 2015.
6. <http://www.hipandpelvis.com/for-patients/patient-education/patient-education-anterior-approach-tha/> (Accessed December 10, 2015)

## Related Clinical Articles:

Yerasimides JG, and Matta JM. Primary Total Hip Arthroplasty With a Minimally Invasive Anterior Approach. *Semin Arthroplasty*. September 2005;16(3):186-190.

Matta JM, Ferguson TA. Total Hip Replacement After Acetabular Fracture. *Orthop*. 2005;28:959.

**Please note:** Anterior Approach cannot be used with ceramic-on-ceramic articulations.

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For more information, visit  
[www.depuysynthes.com/AnteriorApproach\\*](http://www.depuysynthes.com/AnteriorApproach*)  
or [www.hipreplacement.com\\*](http://www.hipreplacement.com*)

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