

Surgical Approaches to Hip Replacement Surgery

When you are preparing for hip replacement surgery, your orthopaedic specialist will discuss with you the various approaches available. There is no one right approach to surgery as it is dependent on many factors including your state of health and the condition of your hip joint.

The good news is that hip replacement surgery along with cataract surgery carries the top rating for risk-reward benefit of all surgeries with 95% patient satisfaction. Hip replacement procedures also have a 94% survivorship.

Advancements in medical technologies and refinement of surgical approaches ensure that patients can benefit from better outcomes with shorter recovery times and lower rates of prosthesis failure. Modern artificial hip replacement joints are made from a combination of extremely durable materials including titanium, ceramic, hardened plastics and other metals. Adaptations of design to include bigger diameter heads and ceramic articular surfaces enable active patients to return to sporting activities with a lower risk of wear and tear and dislocations.

Benefits and risks of the three approaches to hip replacement surgery:

The Anterolateral Approach accounts for 40% of hip replacement surgeries and was first described by Hardinge in 1982. Over time it has been refined and has the least risk of major complications.

The Posterior Approach was first described by von Langenbeck in 1874 before being popularised by Moore in 1957 as the southern approach. While ranking highest in associated risks of damage to the sciatic nerve and the dislocation, the Posterior Approach still accounts for 40% of all hip replacement surgeries.

The Direct Anterior Approach as described in the early 1900s was first known as the Smith-Petersen Approach. In terms of risks, the Direct Anterior Approach reports highest in possible infections, injury to the femoral nerves or lateral cutaneous nerve of the thigh, femoral fracture during surgery and early femoral component failure. However, the Direct Anterior Approach



facilitates earlier mobilisation which is of benefit to patients. This approach makes up 20% of all hip replacement surgeries.

Which surgical approach is best?

While recovery times and prosthesis failures have decreased with advances in hip replacement surgery, patients still need to take care with their recovery to achieve the best outcome. In general, for all uncemented femoral components, patients should remain on crutches for at least three weeks to facilitate bony ongrowth and component stability.

The objective of our orthopaedic specialists is to achieve the best possible outcome for you while inflicting as little surgical damage as possible at the operation site. This gives you the benefit of a good recovery in as short a time as possible including an improved degree of mobility in the hip joint and reduction of pain.

There is no one approach that is better than another, each has associated risks and benefits. The best approach for you will be decided based on your unique case following detailed discussion and diagnostics, as well as referencing the combined expertise of Cape Hip and Knee orthopaedic surgeons.