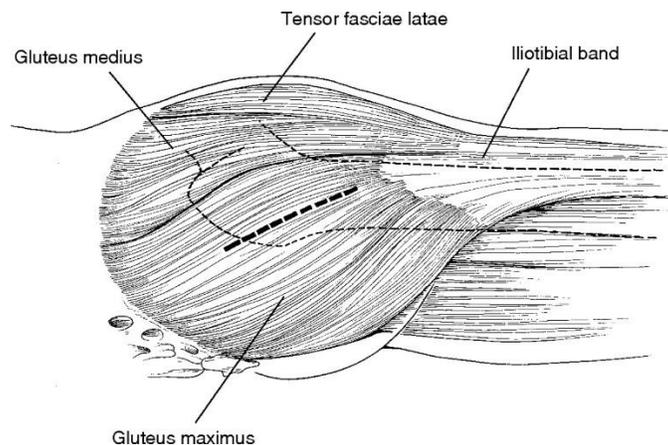


Surgical Approach for Hip Replacement

Great results after a total hip replacement can be achieved with any surgical approach to the hip. The different incisions used in a hip replacement surgery are all defined by their relation to the musculature of the hip. The surgeons at SOS offer all four surgical approaches to our patients. Patients should allow the surgeon to perform the approach that the surgeon believes is best for the individual patient and the approach with which is the surgeon is most comfortable. Some surgeons use several approaches based on patient anatomy and certain orthopedic conditions.

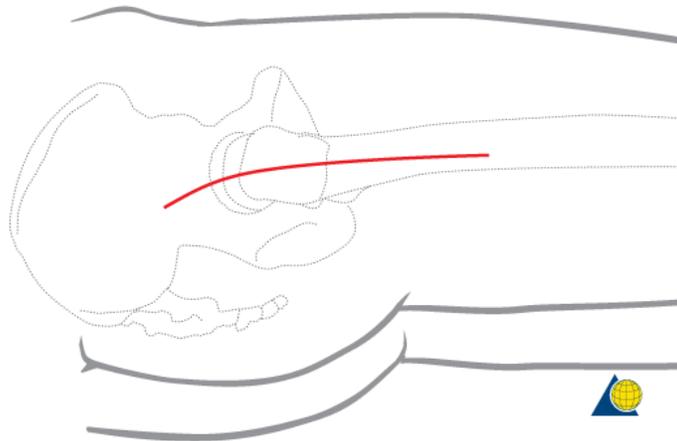
Posterior Approach:

This approach allows the surgeon to access the hip joint from the back. The piriformis muscle and the short external rotators (tendons) are taken off the femur. All of this gives the surgeon excellent access to the acetabulum and preserves the gluteus medius and gluteus minimus muscles (which are responsible for hip abduction which is when the leg moves outward). The disadvantage of the posterior approach is that the posterior capsule and muscles are cut during the approach. These are typically repaired at the end of the case but, depending on the surgeon's experience and technique, the posterior approach may have a higher dislocation rate than other approaches. Because the abductor muscles are spared, most patients have historically had the lowest rate of limping with the posterior approach.



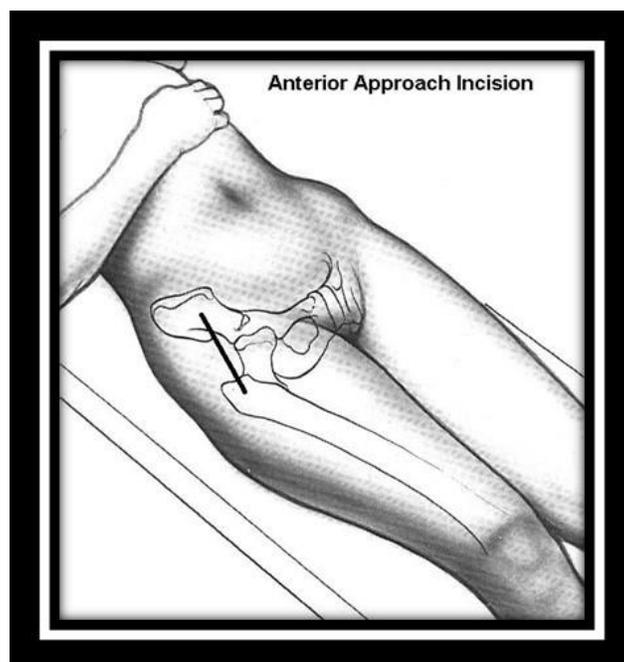
Lateral Approach:

In the lateral approach, the hip abductors (gluteus medius and gluteus minimus) are elevated and partially released, to provide access to the joint. The posterior capsule and ligament are left intact, reducing the risk for dislocation.



Direct Anterior Approach:

The anterior approach accesses the joint from the front. The posterior capsule and muscles are not cut. This approach allows the surgeon to work between the muscles without detaching them from the femur. Many believe that keeping these muscles intact helps. Promote rapid mobilization and reduced postoperative discomfort.



Direct Superior Approach:

The superior approach is relatively new. Neither the anterior nor the posterior capsule is cut in this approach and the hip is never dislocated. The superior approach can be extended into a posterior approach if the surgeon needs more access to the femur or pelvis. The superior approach is most similar to the posterior approach without cutting the posterior capsule or short external rotator muscles and without dislocating the joint.



Less Invasive Approaches:

Rather than a specific hip approach, less invasive surgery is simply reducing the size of the incisions that are used. The direct anterior and direct superior hip approaches defined above can be performed in a less invasive manner on certain patients.

Your doctor will individually assess your situation and your specific anatomy and determine the hip approach that will yield the best outcome for you.