

An Effective Approach to Hip Replacement

FOR PATIENTS NEEDING HIP REPLACEMENT, NORTHERN WESTCHESTER HOSPITAL'S ORTHOPEDIC AND SPINE INSTITUTE UTILIZES AN ANTERIOR APPROACH TO ENSURE PATIENTS RECEIVE THE MOST APPROPRIATE CARE POSSIBLE.

WHILE THERE ARE three main approaches to hip replacement — lateral, anterior and posterior — the anterior approach has become more popular over the last decade. The anterior approach focuses on replacing the hip through 3- to 4-inch incisions in the front of the joint, which has many advantages during and after the procedure.

“The major advantage of this procedure is the fact that muscular tendons are not detached,” says Eric Grossman, M.D., FAAOS, orthopedic surgeon, joint replacement specialist, and Co-Director of Joint Replacement at Northern Westchester Hospital's Orthopedic and Spine Institute. “Tendon detachment and splitting are unavoidable in other approaches. This approach also doesn't affect the gluteal muscles that are instrumental with walking, which allows patients to recover more quickly.”

Once the initial incision is made, the old femoral head and neck are removed, and an artificial femoral implant is inserted to stabilize the hip before closing the incision.

“During the procedure, I use intraoperative imaging to ensure I get a definitive view of the implants' position,” says Dr. Grossman. “Using this supplemental technology allows me to have absolute confidence that when I leave the operating room, the implants are ideally positioned.”

While there are two different methods of performing the anterior approach — using a standard operating table or a specialized operating table, such as the hana or PROfx table — learning this technique takes specialized training. Dr. Grossman completed his fellowship in joint reconstructive surgery at Thomas Jefferson University at the Rothman Institute in Philadelphia.

“There are advantages to studying at a high-volume center,” says Dr. Grossman. “The Rothman Institute typically performs 7,000 joint replacements a year, allowing surgeons to become very familiar with these specialized techniques.”

Reaping the Benefits

Typically after patients have a hip replaced, they go to inpatient rehabilitation following a three- to four-day hospital stay. When patients eventually return home, they are given strict “hip precautions” because of increased risk of dislocation during the first six weeks after surgery. These precautions include no bending >90 degrees from the waist and no crossing of the legs, and they must sleep with a pillow between their legs for six weeks. Because the anterior approach spares major muscles and tendons, patients are at low risk for hip dislocation and therefore can regain mobility more quickly without following “hip precautions.” After undergoing an

anterior approach hip replacement, patients typically return home after a one- to two-day hospital stay and do not require inpatient rehabilitation.

“Patients are typically up and walking with a cane, if needed, the day after surgery and typically stand and walk the same day as surgery,” says Dr. Grossman. “Another benefit of this approach is decreased pain.”

The anterior surgery approach may not be appropriate for all patients, including those who have extra abdominal fat, which could interfere with incision healing and lead to postsurgical infection.

“It's vital that physicians consider their patients on a case-by-case basis,” says Dr. Grossman. “Whether or not a patient receives this type of surgery also depends on the surgeon's comfort level and experience with the procedure.”

For more information about orthopedic services at Northern Westchester Hospital or to refer a patient, visit www.nwhc.net. ■



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