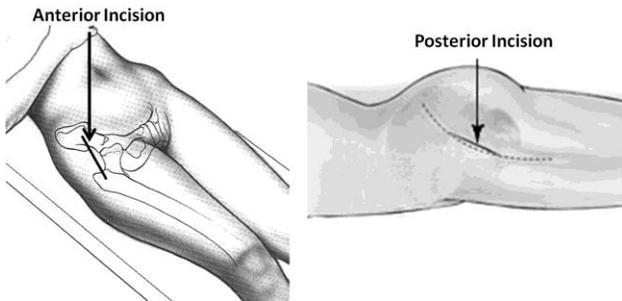


Direct Anterior Approach to Total Hip Replacement

- **Quicker return to normal activities**
- **Less pain and no restrictions**
- **More stability/no muscles are cut**
- **Do not have to sit/lay on incision**
- **More accurate placement of implants**

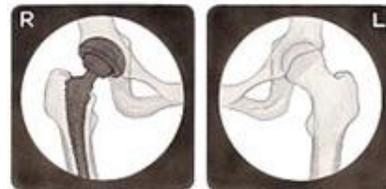
The direct anterior approach involves a small incision in front of the hip joint about the width of your palm. Nearly every patient is a candidate regardless of age, weight, or size as long as the skin in this area is healthy. This approach works BETWEEN muscles in front of the hip. It is small enough to offer an improved cosmetic appearance, yet large enough to accurately place an artificial hip.



The most popular approach to the hip is posterior and involves splitting the large gluteal muscles and detaching several tendons from around the hip. The hip is less stable until these tissues heal and several activity restrictions must be applied after surgery. Splitting these muscles also causes

more soft-tissue trauma and this leads to more pain during recovery. The anterolateral approach is also popular but it too involves partially detaching powerful muscles from the hip and can lead to more pain and a chronic limp.

The direct anterior approach to the hip works between muscles, not through them. It provides direct and easy access to the hip joint without detaching major structures. Because of this, there is less pain after surgery and the muscles require much less time to regain their full strength. The hip is also more stable after the anterior approach because these muscles are not injured by the surgery. With hip replacement surgery, the artificial joint relies on the surrounding muscles for stability. By preserving these muscles, the hip functions more naturally and is much less likely to dislocate. Because of this, there are fewer activity restrictions during the recovery period. X-ray is used during surgery to more accurately place the implants and restore proper leg length.



Though relatively new in the U.S., the anterior approach to the hip has been used in other countries for many years. The approach was first reported by Robert Judet from Paris in 1947 and is still the preferred approach at his hospital in France. The approach was pioneered in America in the early 1990's, in large part, by Dr. Joel Matta from Los Angeles. He was introduced to the technique by Dr. Judet and his colleagues in Paris and began to adopt it after hearing of their overwhelming success. It is now used by several surgeons in the U.S. as its success has become more recognized.

