



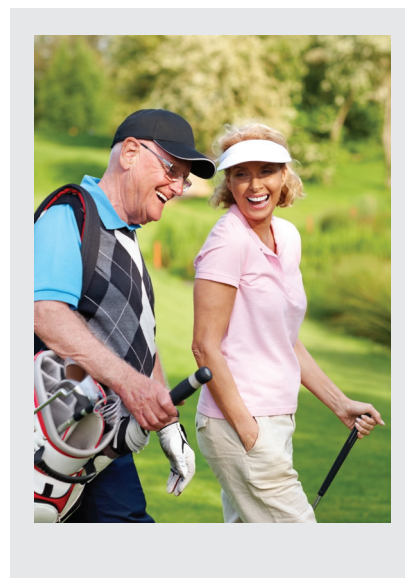
Total Hip Replacement has been called “the operation of the century”, revolutionising the treatment of the painful, stiff hip joint and is widely considered the most successful procedure in the whole of surgery. However, every case has its potential complications and demands on both patient and surgeon.

There are several surgical approaches available to access the hip joint, each with its own unique advantages and disadvantages prompting the clinically relevant question from patients:

WHAT APPROACH TO MY HIP REPLACEMENT WILL I HAVE?

There are three main surgical approaches: Posterior, Lateral and Anterior (or Direct Anterior). I have summarised the significant differences in the table below for comparison.

	POSTERIOR	LATERAL	ANTERIOR
Patient position	Side	Side	Supine
Operation time	60 min.	60 min.	90 min.
Extensibility	Yes	Yes	No
Mobilisation	Day after	Day after	Day after
Analgesic requirements	++	++	+
Dislocation risk	Low	Low	Very Low
Nerve Injury risk	+	+	++
Fracture risk	(+)	+	++



Overall, the operation can be efficaciously performed by any of these three methods. Multiple studies have compared the various techniques with some short terms differences noted, but none in terms of outcome from 6 weeks onwards. As a result, most authorities “recommend that surgeons choose the approach with which they have the most experience and ease.”

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MY OWN PRACTICE?

*I use the Posterior Approach exclusively. I have “20 years plus” experience with this method and have found it gives **excellent visualisation** for all hip arthroplasties including revision surgeries when the **ability to extend the exposure** is sometimes required and easy to achieve. With careful repair of the posterior capsule and placement of the components, the **rate of dislocation can be kept extremely low**, as can be the complications of injury to nerves or fractures which are very unusual. **All patients are mobilised the next day** and are ready to go home on a walking frame or crutches from day 5, although many of my own patients choose to stay in the Rehabilitation Ward for another 7-10 days to increase their strength and independence.*



REFERENCES

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