

A DIRECT ANTERIOR APPROACH FOR HIP ARTHROPLASTY - TECHNIQUE, POTENTIAL, AND CRITICAL VALUATION

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Four approaches to the hip joint are regularly used for total hip arthroplasty / THA. The anterior approach uses the only safe internervous plane between the sartorius (femoral nerve) and the tensor fasciae latae (superior gluteal nerve) and the deep plane between the rectus femoris (femoral nerve) and the gluteus medius (superior gluteal nerve), and allows to preserve the entire gluteal muscles as well as their innervation. We have developed a standardized less invasive technique in supine position which allows to preserve even the external rotators in many cases. In about 30% the common tendon of the gemelli muscles and the internal obturator has to be cut. Due to a modification, neuralgia of the cutaneous femoris lateralis nerve seldom occurs. Minimally invasive techniques have been developed for all major approaches for THA with the exception of the transtrochanteric one. A smaller skin incision in a mobile window technique combined with the usual preparation technique in the depth does not change outcome. However, preservation of muscles, especially of external rotators, may show a better outcome. Own studies in the gait lab, with MRI, a register study, and a prospective randomized trial as well as selected literature will be used to bring forward the argument.