

## Direct Anterior Hip Replacement

**Direct Anterior Hip Replacement** or **Anterior Supine Hip Replacement** is a total joint replacement for the hip where the surgeon uses a different approach to access the hip joint. There are multiple ways to approach the hip joint, but only the direct anterior uses a purely intramuscular interval. That is to say that there are no muscles split or detached during the procedure. This usually allows for less pain in the hospital and faster recovery for walking or returning to work. It also combines the best attributes of the other approaches in that it has very little chance of dislocation and does not result in limping.

The Anterolateral approach is a commonly used method in which it is necessary to split the tensor fascia lata muscle and to detach part of the gluteus medius muscle. As a result of this damage and the time it takes for healing there is often more pain and some people have a permanent limp due to muscle weakness.

The Posterior approach is also commonly used for total hip replacement. In this approach the tensor fascia lata is also split along with the gluteus maximus muscle. In this approach the patient commonly has more pain in the post operative period and is more likely to have a dislocation (hip popping out of the socket) which is painful and can lead to further surgery or disability.

I prefer to use the Direct Anterior/Anterior Supine approach when possible because it can deliver the best of all possibilities with less chance for dislocation and limping. Like all surgery it cannot be perfect, but it does go a long way to limit these problems. I learned this approach while in fellowship at Johns Hopkins where I also did some posterior and anterolateral approaches. By my observation it out performed them both. I invite you to come in for a discussion about this or any other problem of the hip or knee.