

Minimally Invasive Hip Resurfacing and Replacement with the Anterior Approach

Do you have hip, groin, or thigh pain that slows you down? Is your hip getting stiff and even causing a limp? If so, you may have hip arthritis, a common condition that affects the cartilage surface that allows the normal hip joint to move with minimal friction. The coefficient of friction of cartilage rubbing against cartilage is actually less than 1/200 of ice rubbing on ice. The bones of the ball and socket of the hip joint are normally each covered by a cap of cartilage. Unfortunately, like the tread on a car tire, the cartilage surface can wear off or be injured. This exposes the underlying bone, leading to increased friction, catching, giving way, inflammation, pain, and stiffness (the symptoms of an arthritic joint). Because cartilage tissue has no blood supply and the cartilage cells cannot replicate, the body cannot repair the injured surface (this is in contradistinction to bone and skin tissue, which can heal).

When conservative measures such as analgesics, therapy, or activity modification lose effect (and the symptoms progressively slow down your activities) it may be time to consider surgical options. When the arthritis is mild and associated with a labral tear (the labrum is the rim of tissue on the edge of the socket), a simple arthroscopy can help. When the arthritis is more severe you may need to consider a hip resurfacing (a metal cap is used to cover the worn surfaces) or a hip replacement (the ball and socket are replaced.)

Fortunately, recovery from a hip resurfacing or replacement has improved with the use of an anterior approach to the hip. Unlike the more traditional posterior approach to the hip, the anterior approach allows access to the hip through a small, cosmetic incision, without detaching any of the muscles or tendons. This allows for a faster recovery, a reduced risk of discolorations, and avoids the need for prolonged posterior hip precautions (facilitating an active lifestyle). Both hip resurfacing and hip replacement can be performed utilizing the anterior approach. The use of a specialized orthopedic table (there are now three such tables in Naples) has enabled us to expand the procedure to include more complex cases, allowing nearly all patients in need of a first time hip resurfacing or replacement to receive the benefits from an anterior approach to the hip.

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