MINIMALLY INVASIVE ANTERIOR HIP REPLACEMENT

Thank you for joining us. We hope today’s information will help you on a path to reducing your pain and gaining mobility.

This informational presentation about hip pain and treatment options will be followed by a question-and-answer session.

Welcome

This slide show is based on several “ask The Doctor” seminars that Dr Murphy has presented at Holy Cross Hospital in Germantown. To access the slide show and transition from slide to slide press the space bar.
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POTOMAC VALLEY ORTHOPAEDIC ASSOCIATES

The Centers for Advanced Orthopaedics
AGENDA

1. How your hip works & why it hurts
2. Hip replacement basics
3. What patients have to say
4. Your questions
OTHER TOPICS WE CAN COVER

HOW TO AVOID HAVING A HIP REPLACEMENT

IT’S NO TOY- HOW TO AVOID OR MINIMIZE COMPLICATIONS

WHAT IS A MINIMALLY INVASIVE APPROACH?
WHAT DO YOU THINK?

1. How many people in the United States undergo hip replacement surgery each year?
   a) 80,000
   b) 325,000
   c) 650,000

2. What disease is the leading cause of disability in the U.S.?
   a) Heart Disease
   b) Diabetes
   c) Arthritis
HOW YOUR HIP WORKS

Anatomy of the Hip

- Ball-and-socket joint
- Ball (femoral head) at the end of the leg bone (femur)
- Hip socket (or acetabulum) holds the ball
Hip Anatomy

- Acetabulum
- Greater Trochanter
- Femoral Head
- Femoral Neck
- Lesser Trochanter
- Pelvis

Erosion of Cartilage
Erosion of Bone
WHAT’S CAUSING YOUR PAIN?

It’s estimated 70 million people in the U.S. have some form of arthritis.1 Osteoarthritis is one of the most common types.

Osteoarthritis
- Wear and tear that deteriorates the “cushion” in your joints
- A degenerative condition—it won’t get better and may get worse

Rheumatoid Arthritis
- An autoimmune disease that attacks the lining of joints, causing swelling and possibly throbbing and deformity
WHAT’S CAUSING YOUR PAIN?

Healthy Hip
The end of each bone in the joint is covered with cartilage, acting as a cushion so the joint functions without pain.

Diseased Hip (Osteoarthritis)
Wear and tear deteriorates natural cushion, leading to bone-on-bone contact, soreness and swelling.
Arthritis

- By 2030, it is projected that 67 million adults will have arthritis
- 25 million will have arthritis-attributable activity limitation (AAAL)
• Osteoarthritis (OA) is caused by cartilage breakdown and subsequent bony changes to joints1

• Joint changes are irreversible1

• OA Often goes undiagnosed until the disease has progressed, which can reduce treatment opportunities2

References:
Osteoarthritis

- For OA patients requiring surgery, total joint replacement provides marked pain relief and functional improvement in the vast majority of patients1
Osteoarthritis has a Strong Correlation with Obesity and Diabetes

- The overall age and weight of the US population are both increasing

- For adults with arthritis, on average, obesity prevalence was 54% higher than adults without arthritis

- 52% of adults with diabetes have arthritis
Osteoarthritis
Treatment Pathway

Non-Pharmacological Interventions Include:

- Patient education
- Physical therapy
- Assistive devices
- Exercise (weight loss, if overweight)

Pharmacological Interventions Include:

- Pain Medication (e.g., Acetaminophen, Ibuprofen)
- Topical Pain Medication (e.g., creams, gels, rubs)
- Joint Injection (e.g., cortisone)

Surgical Interventions Include:

- Debridement (removing debris and smoothing surfaces to delay arthritis progression)
- Osteotomy (removing wedge of bone near arthritic joint to shift body weight)
- Joint Replacement
ASSESSING YOUR PAIN

- Do you sometimes limp?
- Is it difficult to perform daily tasks—like walking, housework or tying shoes?
- Does pain limit your activities & lifestyle?
- Does one leg feel “shorter”?
- Do you have balance problems?
- Do you experience pain in the thigh, groin or buttocks?
- Does pain radiate to the knee?
- Does your pain keep you up at night?
ASSESSING YOUR PAIN

• Rate your pain on a scale of 1 to 10
• For most people, the tipping point is about 7 or 8—that’s when the pain becomes too difficult and they turn to a surgeon for relief

ASSESSING YOUR PAIN

- Walk
- Bend at the hips and knees
- Pretend to drive: push the gas/brake
- Pretend to golf: swing a club
HIP REPLACEMENT

- A surgical procedure that removes and replaces diseased joint surfaces with implants
- Helps relieve pain and improve mobility
- In 2011, more than 325,000 people in the United States had a total hip replacement

1.

[Diagram of hip replacement parts: Cup, Liner, Ball, Stem, Leg bone (Femur)]
HOW DOES IT WORK?

- Diseased area in hip socket removed and reshaped
- New cup secured in socket
- Liner placed within cup
- Stem inserted in leg bone (femur)
- Ball placed in cup
HOW DOES IT WORK?

Healthy Hip

Diseased Hip

Hip Replacement
HIPS OFFER SEVERAL BEARING OPTIONS

What is the bearing?
The bearing is the union of the ball and the cup—where moving parts of the hip implant interact.

There are a variety of sizes of femoral heads, and in general, larger sized offer more stability, and less chance of dislocation after surgery.

The larger the head ball, the thinner the polyethylene liner—life is full of trade-offs!
WHICH BEARING IS RIGHT FOR YOU?

When choosing a bearing, your surgeon will consider:

- Range of motion
- Stability
- Wear characteristics
- Lifestyle
- Age, weight & gender
- Severity of disease

Your surgeon will work with you to choose materials that are right for you.
ANTERIOR APPROACH

What is it?

- Incision is made on the front (anterior) of the leg rather than the side (lateral) or back (posterior)

- Surgeon can work between muscles and tissues without detaching them from the hip or thigh bones

- Uses a high-tech table and intra-operative x-ray for precise positioning of implant
ARE THE TERMS "ANTERIOR APPROACH" AND "MINIMALLY INVASIVE" GENERALLY THE SAME THINGS

WHEN TALKING ABOUT HIP REPLACEMENT THE ANSWER TO THAT QUESTION IS GENERALLY, "YES"
Approaches to Hip Replacement Surgery

- **Traditional**
  - Posterior or lateral approaches
  - Cuts muscle and tendons
  - Most commonly used approach

- **Anterior Approach**
  - Surgeon separates, but does not cut tissues
  - Tissues help stabilize new joint immediately
  - Faster recovery, less pain

Anterior Approach — incision on the front of your hip
Anterolateral Approach — incision on the side of your hip toward the front
Direct Lateral Approach — incision on the side of your hip
Posterior Approach — incision on the side of your hip toward the back
TRADITIONAL SURGERY

- Patients typically lie on side or front
- Incision on side or back of leg
- Surgeon detaches muscles, disrupts tissue
- Surgeon relies on post-operative x-ray to check component placement and leg length
THERE ARE SEVERAL WAYS TO OPEN UP THE HIP JOINT
ANTERIOR APPROACH

- Patients lie on back
- Incision on front of leg
- No detachment of muscles, minimal disruption of tissue
- Surgeon can check component placement & leg length during procedure

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ANTERIOR APPROACH HISTORY

- First performed in 1947 by Robert Judet in France
- Surgery performed on the “Judet” table, with the patient lying on back rather than on side
- In 2002, Dr. Joel Matta of California adopted the technique, helped develop a new table and began to teach the technique in the U.S.
- Today, more than 350+ DePuy Synthes Joint Reconstruction trained U.S. surgeons perform the technique on this table1
MOVE THE BLUE COLORED MUSCLE DOWN IN THE FRONT OF THE HIP
POTENTIAL BENEFITS OF THE ANTERIOR APPROACH

- Less trauma to the body
- Smaller incision
- Potentially less pain
- Less tissue disruption, may lead to faster rehabilitation
- Fewer restrictions during recovery
HIPS OFFER SEVERAL BEARING OPTIONS

DePuy Synthes Joint Reconstruction

- Metal-on-plastic (polyethylene)
- Ceramic-on-plastic (polyethylene)
- Ceramic-on-ceramic
DECISION MAKING IN HIP REPLACEMENT

BEARING SURFACE

CEMENTED VS CEMENTLESS FIXATION

SURGICAL APPROACH (ANTERIOR/MINIMAL INVASIVE)
SHOULD YOU WAIT TO REPLACE YOUR HIP?

- Assess your pain and ability to function
  - Do you have difficulty sleeping or performing basic functions (shopping or walking up the stairs)?
  - Does medication no longer provide relief?
- Consult your physician
- Early diagnosis and treatment are important
  - Delaying may lower your quality of life
- Osteoarthritis is degenerative—it won’t get better and may get worse
5 Myths of Joint Replacement

#1 Patients who have arthritis pain should only consider conservative treatment options

#2 Total joint replacement won’t feel natural

#3 Many of my patients are too young for total joint replacement

#4 My patients should wait as long as possible

#5 All joint replacements are the same
Myth 1

Patients who have arthritis pain should only consider conservative treatments.

Reality

- Conservative treatments can lessen pain but may prolong limited function.
- While over 950,000 Americans choose total joint replacement, more than double that number of people are candidates and postpone surgery.
Myth 2

Total joint replacement won’t feel natural

Reality

- There have been many advancements in implant materials for joint replacement

- DePuy Synthes Joint Reconstruction offers more implant options than ever before, including a wide range of sizes, designs and materials to best meet individual patient’s needs and help to restore movement of a natural hip, knee or shoulder
Myth 3

Many of my patients are too young for total joint replacement

Reality

- Total joint replacements are dependent on need
Myth 4

My patients should wait as long as possible get a total joint replacement

Reality

- Studies have shown that waiting for joint replacement surgery generally worsens the outcomes
- Delaying surgery lowers quality of life, not only before the operation, but even for up to two years following surgery
Myth 5

All joint replacements are the same

Reality

- Since the anatomy of every joint is different, one size does not fit all
- Joint replacements vary by shapes and designs to accommodate specific patient needs and lifestyles
REHAB AND RECOVERY

- Rehabilitation therapy begins right after surgery
- A physical therapist will keep track of your progress daily and report to surgeon
- Goals of rehab:
  - Getting up and down
  - Using a walker or crutches
  - Getting dressed
  - Walk and exercise

LEAVING THE HOSPITAL

- Will receive instructions for your at-home recovery
WHAT OTHER PATIENTS HAVE TO SAY

In a recent study of 600 people who chose hip replacement:

- More than 96% said hip replacement enabled them to move freely and without pain.1
- 90% said they were able to participate in their favorite activities.1

Another study showed that PINNACLE® Hip Solutions had a 95.8% survivorship rate 9 years after surgery.2
IMPORTANT SAFETY INFORMATION

- As with any medical treatment, individual results may vary.
- The performance of joint replacements depends on your age, weight, activity level and other factors.
- There are potential risks, and recovery takes time.
- People with conditions limiting rehabilitation should not have this surgery.
- Only an orthopaedic surgeon can tell if hip replacement is right for you.
SUMMARY

- The leading cause of hip pain is osteoarthritis

- Osteoarthritis is degenerative
  - it won’t get better and may get worse

- Early diagnosis and treatment of osteoarthritis are important

- Hip replacement helps relieve pain and improve mobility

- Your surgeon will help choose the right implant for you
THE HOLY CROSS DIFFERENCE

INDIVIDUALIZED TREATMENT PLAN
FOCUS ON YOU, BUT INCLUDE THE ENTIRE FAMILY

DEFAULT OPTION IS TO GO HOME WITH FAMILY DIRECT FROM HOSPITAL

PLANNING FOR YOU SURGERY STARTS BEFORE YOU EVEN GO TO THE HOSPITAL, WITH ADVICE AND ASSISTANCE IN SETTING UP YOUR HOME TO GO HOME

WE RECOGNIZE THAT IT IS NOT ALWAYS POSSIBLE TO GO DIRECTLY HOME. SOME PEOPLE WILL REQUIRE A STAY IN REHAB UNIT. WE HAVE ARRANGEMENTS WITH THE TOP REHAB UNITS IN THE AREA AND SELECT ONLY THE BEST ONES FOR OUR PATIENTS
BEFORE WE TAKE QUESTIONS . . .

Please fill out:

- Seminar Questionnaire
  - Return at end of seminar

- “For More Information” Form
  - Request additional information be sent to your home
QUESTIONS?

Here’s a few........

What does the future hold?
  Stem cells ??
  Robotic Surgery??
  Endless Cost Containment?
  Death Panels?

THE FUTURE AIN'T WHAT IT USED TO BE.
YOGI BERRA
THANK YOU!

TO FIND OUT MORE ABOUT HIP PAIN AND THE TREATMENT OPTIONS AVAILABLE, VISIT:

HOLYCROSSHEALTH.ORG
WWW.DEPUYSYNTHES.COM
WWW.HIPREPLACEMENT.COM
WWW.AAOS.ORG