

## Minimally invasive muscle sparing anterior hip replacement

The minimally invasive muscle sparing direct anterior approach (DAA) to the hip was initially described in the 19th century and has been used sporadically for total hip arthroplasty/ replacement (THA). In the past decade, enthusiasm for the approach has been reintroduced because of increased demand for minimally invasive techniques. New surgical instruments and tables designed specifically for use with the DAA for THA have made the approach more accessible to hip arthritis patients who are in need of total hip replacement. The goal of this approach is to hopefully perform surgery that results in less muscle damage and pain as well as rapid recovery.

Traditionally, elective total hip arthroplasty (THA) has been done with one of two approaches, direct lateral or posterior. Several years ago, in conjunction with increased demand from the general public for minimally invasive surgery, other approaches began to receive more attention and be used more frequently for performing these common procedures. Some of these approaches have had very high complication rates and fortunately only limited use. The direct anterior approach (DAA) to the hip appears to have sustained its popularity. The approach is unique in that it takes advantage of a natural interval between 2 muscles. There are no muscles which are removed from the bones, and the operation is performed between these muscles in order to implant the total hip components. This is important because there may be less muscle damage and pain as well as rapid recovery after hip arthroplasty. Most US surgeons' familiarity with the approach is limited, but these possible improved outcomes have generated powerful interest in the DAA.

Additional benefits to this approach include the opportunity to avoid what is known as hip precautions following the total hip replacement. Hip precautions are activity restrictions as well as positioning limitations which traditional total hip replacement patients must follow for the remainder of their life with the hip replacement in order to avoid dislocation of the hip. Anterior hip replacement patients are not required to follow such precautions and the risk of dislocation with this approach is one of the lowest reported in the medical literature. For additional educational information and several patient testimonials please feel free to view Dr Hohman's YouTube site or review the information available on Facebook.

Donald Hohman MD is a board certified fellowship trained Orthopaedic Surgeon specializing in joint replacements of the hip and knee. He completed his specialty training at the Brigham and Women's Hospital of the Harvard Medical School- Boston, MA, he works with the Texas Orthopaedic Associates with offices in both Dallas and Plano. If you have any further questions please feel free to utilize the educational material provided on Facebook or youtube.com or his office can be reached at 214-750-1207.

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