

Hip Hip HOORAY

New anterior hip replacement surgery gets patients back on their feet faster

Helen Haughey isn't a woman to sit around. After moving her household from Kansas City to Denver last December, she turned around a week later to head to Hawaii and was barely back in Denver before boarding another plane to San Diego.

So when this 51-year-old go-getter needed hip replacement surgery last fall, she looked into a new technique that was touted to result in a faster recovery. The procedure, called the anterior approach, is performed through the front of the hip rather than through the buttocks. And it is in hot demand by patients.

"I was kind of in trouble with the doctor and physical therapist when I came in two weeks after my surgery because I was supposed to be using a walker, and I wasn't," Haughey says. "I just felt so strong so quickly."

Anterior hip replacement produces faster recoveries because it allows surgeons to replace the hip by moving muscles and tendons rather than cutting through them, says Charlie Yang, MD, an orthopedic surgeon with Colorado Joint Replacement at

Porter Adventist Hospital who performed Haughey's surgery. The surgery also removes short-term restrictions such as not crossing your legs or bending over to tie your shoes.

"The long-term results of the traditional posterior approach and this approach are the same, but the benefit is in the first four to six weeks," Yang explains. "Because tendons and muscles are not cut, most patients experience less pain and they are able to return to full function faster. They can do just about anything they want immediately."

And that's just what John Beaupre did. Ten days after getting anterior hip replacement surgery, also by Yang, the 71-year-



Helen Haughey quickly adopted an active outdoor life in Colorado after her anterior hip replacement.



Waiting Game

Picking the right time for hip replacement

Choosing the right time to have a joint replaced can be a bit tricky. You should never opt for a major surgery before you really need it, but you *can* wait too long, says Todd Miner, MD, an orthopedic surgeon who specializes in primary and revision joint replacement surgery with Colorado Joint Replacement at Porter Adventist Hospital.

"We used to worry about whether an implant would last, so we tended to put off surgery," Miner says. "But that's really not an issue with the new implants."



old Steamboat Springs resident hiked a 5 ½-mile trail. Five weeks later, he biked 350 miles across Mongolia.

“I never looked back,” says Beaupre, who posted his second-best time ever running the seven-mile Atalaya Peak in Santa Fe four months after surgery. “I’m better than new as far as I’m concerned.”

Hip osteoarthritis can be difficult to diagnose because pain often appears in areas that seem unrelated to the hip. Pain can be a dull ache or sudden and sharp and can show up as:

> Lower back pain > Groin-area pain > Knee pain



Although anterior hip replacement has been around for 20 years, not many surgeons offer it because the posterior approach is so effective and because the anterior approach is difficult to learn. “You have to reorient your brain,” Yang says. “It’s like looking at the car engine from the top rather than the bottom.”

Yang began researching the anterior approach three years ago, largely due to patient demand. After training in 10 hands-on seminars, called labs, he began performing the procedure. Since then, he has performed more than 250 anterior hip replacements and now does 80 percent of his cases this way. He expects to perform between 300 and 400 cases this year.

“Once I saw that my patients were doing significantly better, I made a full commitment to this approach,” he says.

Nearly anyone who needs a hip replacement qualifies for the anterior approach. The only limitations are patients who have irregular hip anatomy, either due to genetics or trauma, or who have had past hip surgery. In those cases, surgeons need the wider view provided by the posterior approach, Yang says.

In most patients, the surgery can be performed through an incision just four to five inches long. By moving the muscles and tendons rather than cutting through them, the anterior approach provides more stability to the artificial hip and results in less chance of dislocation, which is a slight risk with the posterior approach.

Physicians also believe that the anterior approach may provide slightly better accuracy in aligning the new hip due to the ability to obtain X-rays of the hip during the surgery. Even one millimeter of improved accuracy is meaningful because the hip wears better and lasts longer over decades of use.

“I just feel so good that it’s an affirmation that our move to Colorado was the right thing,” Haughey says.



Some problems that can occur by waiting too long include:



Loss of range of motion. As the hip stiffens, you tend to not use it as much, which leads the supporting muscles and tendons to shorten. The loss of range of motion can make regaining motion after surgery more difficult for the patient and therapist.



Loss of overall fitness. When your joints hurt, it’s hard to exercise. When it’s hard to exercise, your heart, lungs, and overall health declines — and your weight can go up. These make surgery and recovery tougher and more risky.



Dependence on narcotics. If joint pain is severe, patients may need narcotic painkillers, but this makes pain control during and after surgery more difficult. It’s best to avoid narcotics, if possible, or work with your doctor to wean them down prior to surgery.