

Anterior vs. posterior: Does surgical approach impact hip replacement outcomes?

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The surgical approach to total hip replacement (THR)—either from the front of the body or the side/back (anterior versus posterior)—has no impact on outcomes six months after surgery, according to research presented today at the 2016 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS).

Total hip replacement is extremely common with more than 300,000 surgeries performed in the U.S. each year. Traditionally, most THRs have been done through a posterior approach, where the surgeon accesses the hip through the side or buttocks. More recently, anterior approach surgeries, where the surgeon enters the body through the front of the hip, have gained popularity. However, there remains a great deal of conflicting information as to which approach results in the best outcomes, in the least amount of time following surgery.

The new study involved 274 patients who underwent THR between June 2012 and August 2014 with a surgeon either exclusively performing a direct anterior approach to THR, or a surgeon exclusively performing a posterior approach. The average patient age was 65, and the average body mass index, 28 (a BMI \geq 30 is considered obese). Using patient reported outcomes and Hip Disability and Osteoarthritis Outcomes Scores, researchers compared the two groups of patients on pre- and post-surgical pain, other symptoms, function in daily living, function in sports and recreation, and [hip](#)-related quality of life.

There were no significant differences in outcomes between the two

groups before or after surgery, according to the results.

"Both direct anterior and posterior surgical approaches for THR yield excellent, equivalent results as reported by patients," said lead study author Mike Cremins, PhD, PA-C. "The surgical approach alone is not the singular variable that yields a difference in six-month postoperative outcome."

"Patients considering THR should ask their orthopedic surgeon about the surgeon's surgical approach experience and preference," said co-author and orthopaedic surgeon John Grady-Benson, MD. "A preoperative shared decision making discussion should always incorporate risks and potential benefits of any surgical approach to THR, as well as help patients understand what they can do before and after surgery to optimize outcomes."

More information: www.abstractsonline.com/Plan/V...9-79ae30150c78&mKey=%7bD5DC0D6C-C6D9-4CB4-ACB2-5B30D308F410%7d

Provided by American Academy of Orthopaedic Surgeons

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