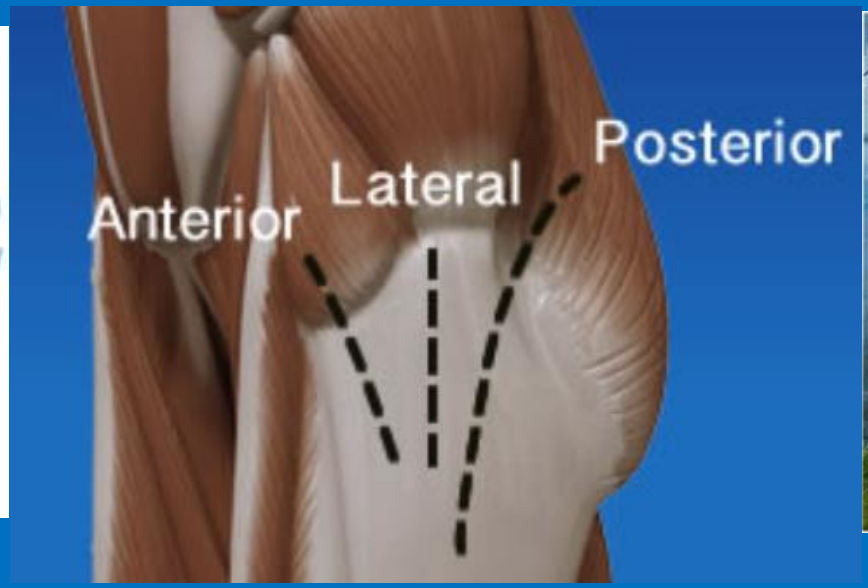
TEXAS ORTHOPAEDIC ASSOCIATION

Established 1936



2022 Annual Conference – Austin, Texas

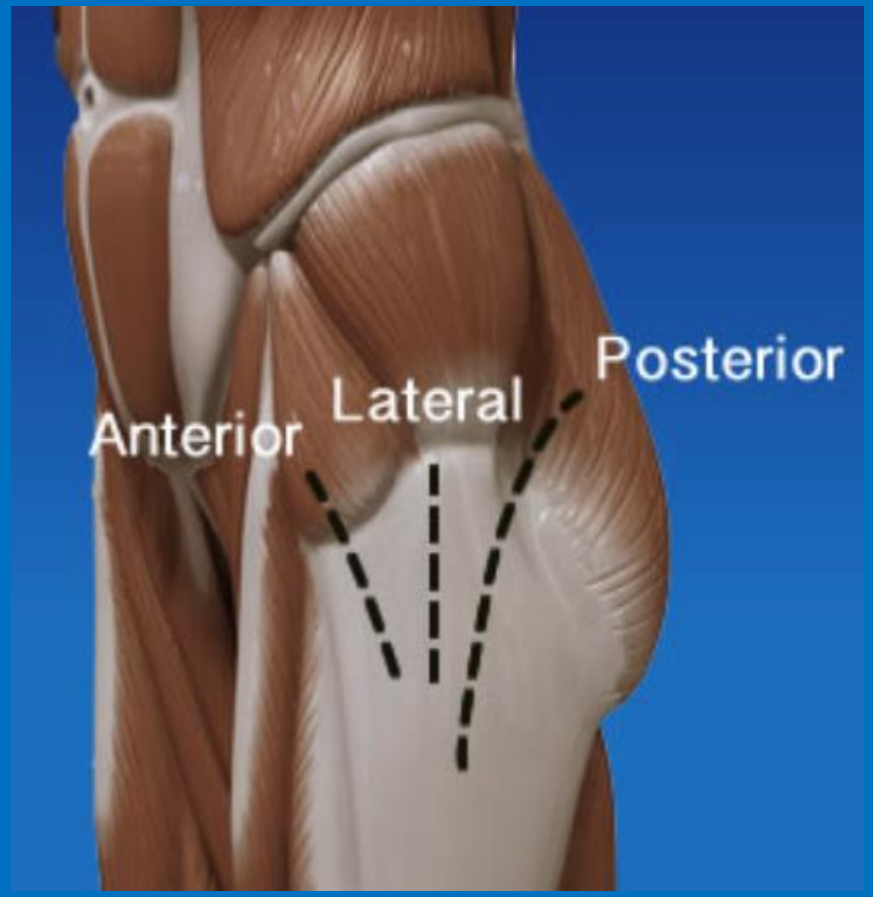
Arthroplasty Panel: Posterior Hip Approach

By David P. Brigati, MD

Saturday 4/23/22

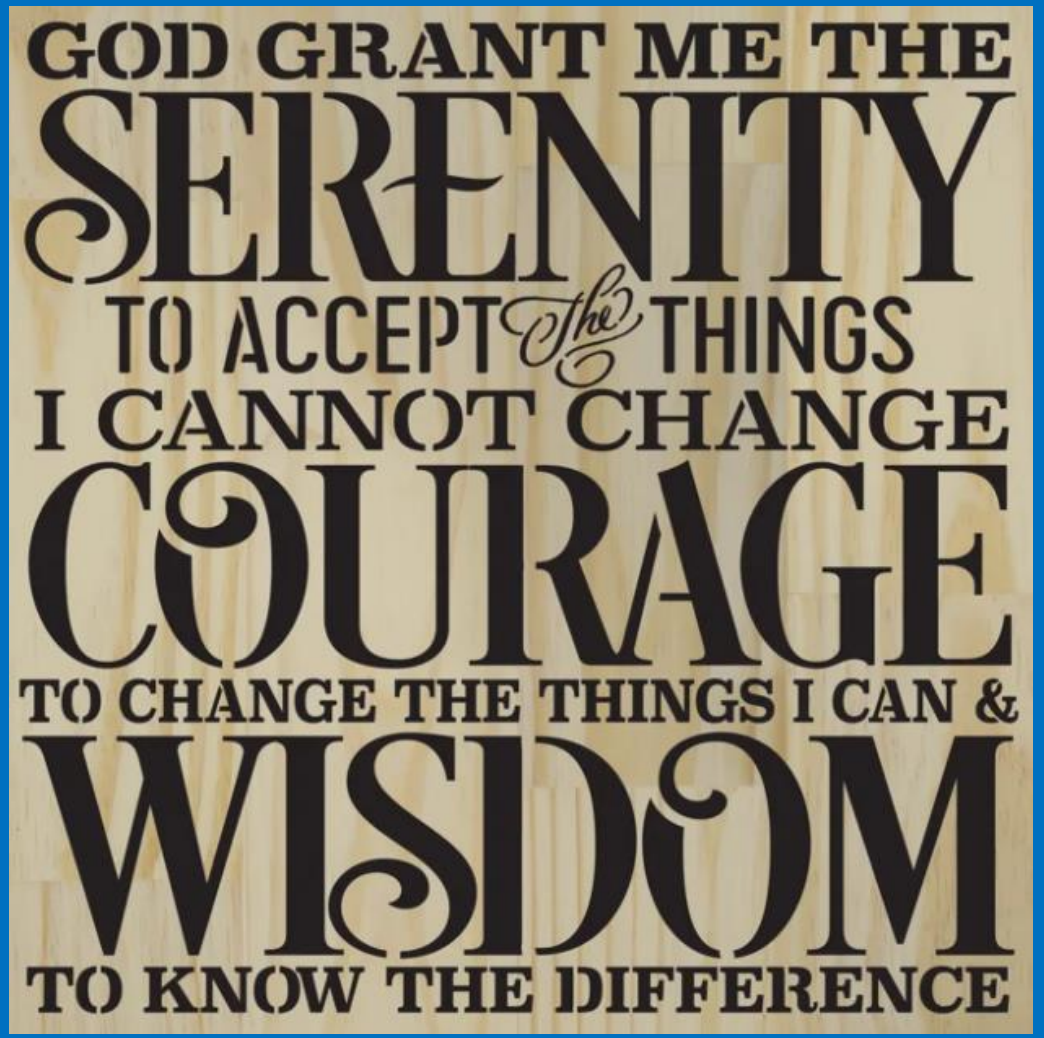
Disclosures: Financial and Technical

- FINANCIAL: No relevant disclosures



- TECHNICAL: Many disclosures
  - Fellowship
    - ALL 3 approaches EVERY week
  - Lateral
    - Hip resurfacing, femoral neck fractures
  - Anterior
    - Many primaries, limited revisions
  - Posterior
    - Conversion ORIF, cemented stems, most revisions

Important Take Home Points



Accept: Most cases CAN be safely completed through several approaches

Change: Surgical approach DOES change the process, but only MIGHT change the outcome

Wisdom: The difference between POSSIBLE vs ROUTINE

Accept: Hip Arthroplasty Approach Truisms

J Arthroplasty. 2019 Jul;34(7S):S24-S27. doi: 10.1016/j.arth.2019.02.006. Epub 2019 Feb 12.

Current Practice Trends in Primary Hip and Knee Arthroplasties Among Members of the American Association of Hip and Knee Surgeons: A Long-Term Update

- Anterior approach is becoming more popular
- The posterior approach is the most common

Review JBJS Rev. 2020 Jan;8(1):e0058. doi: 10.2106/JBJS.RVW.19.00058.

Surgical Approaches for Primary Total Hip Arthroplasty from Charnley to Now: The Quest for the Best Approach

- Early & long-term outcomes are largely equivalent & overall good

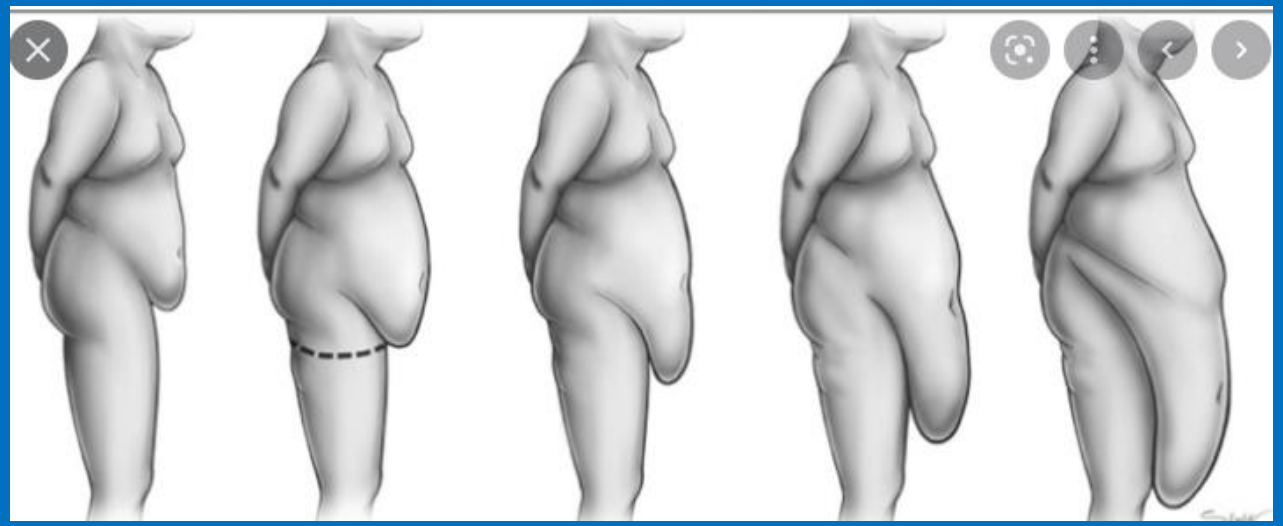
Change: Process > Outcome

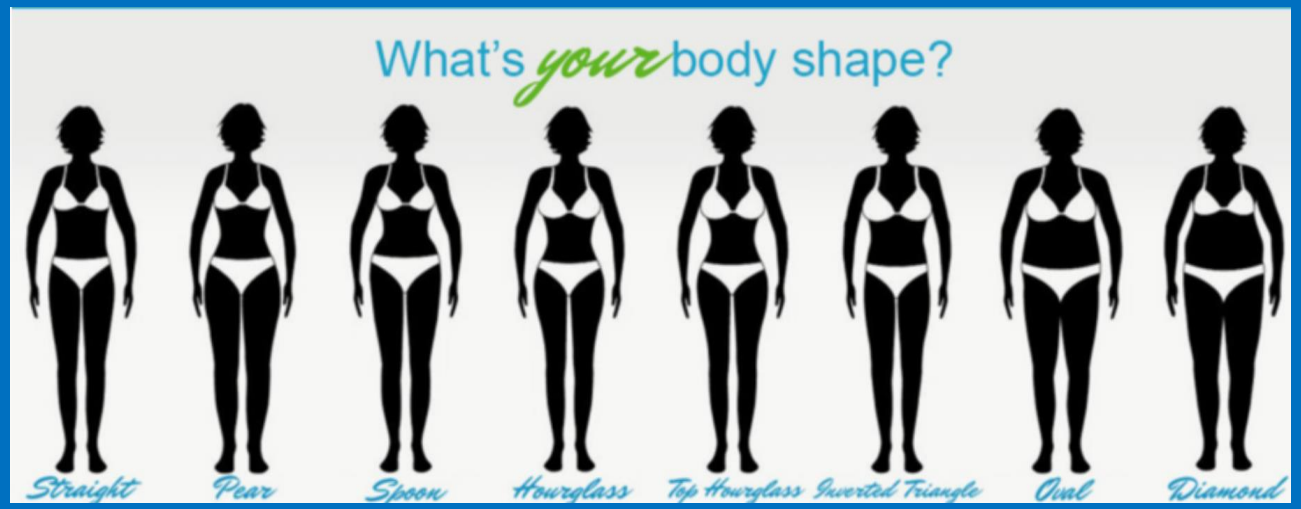
- Positioning
- Skin incision location
- Visualization of the lateral aspect of the greater trochanter
- Logistics of fluoroscopy use

J Arthroplasty. 2018 Nov;33(11):3496-3501. doi: 10.1016/j.arth.2018.07.021. Epub 2018 Jul 31.

Variability of Pelvic Orientation in the Lateral Decubitus Position: Are External Alignment Guides Trustworthy?

Change: Process > Outcome





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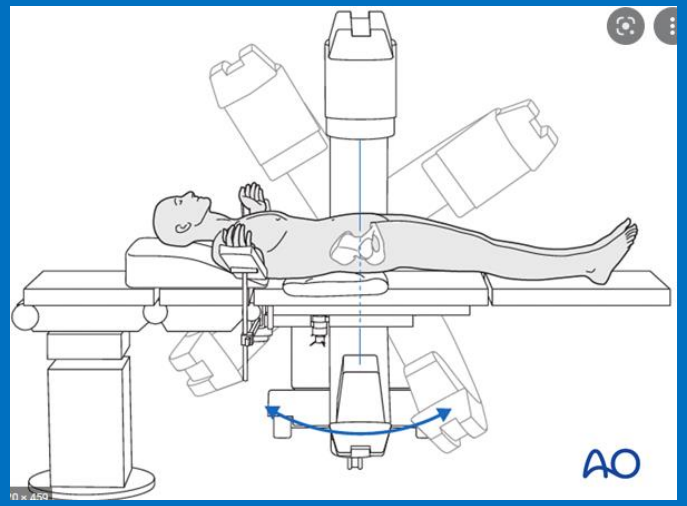

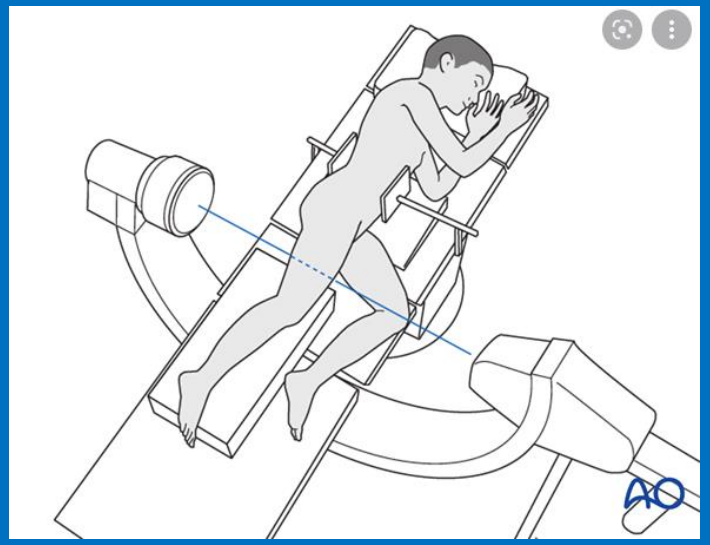

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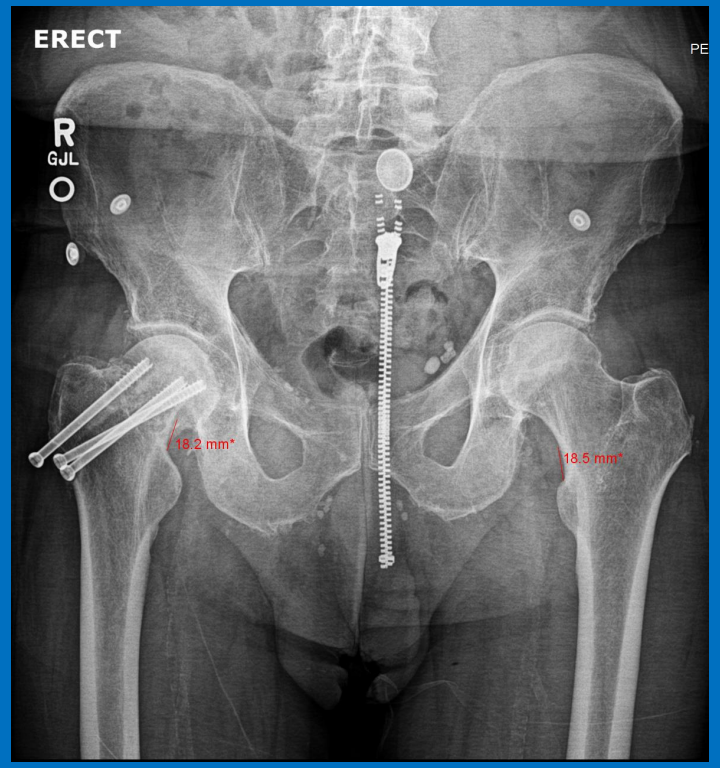

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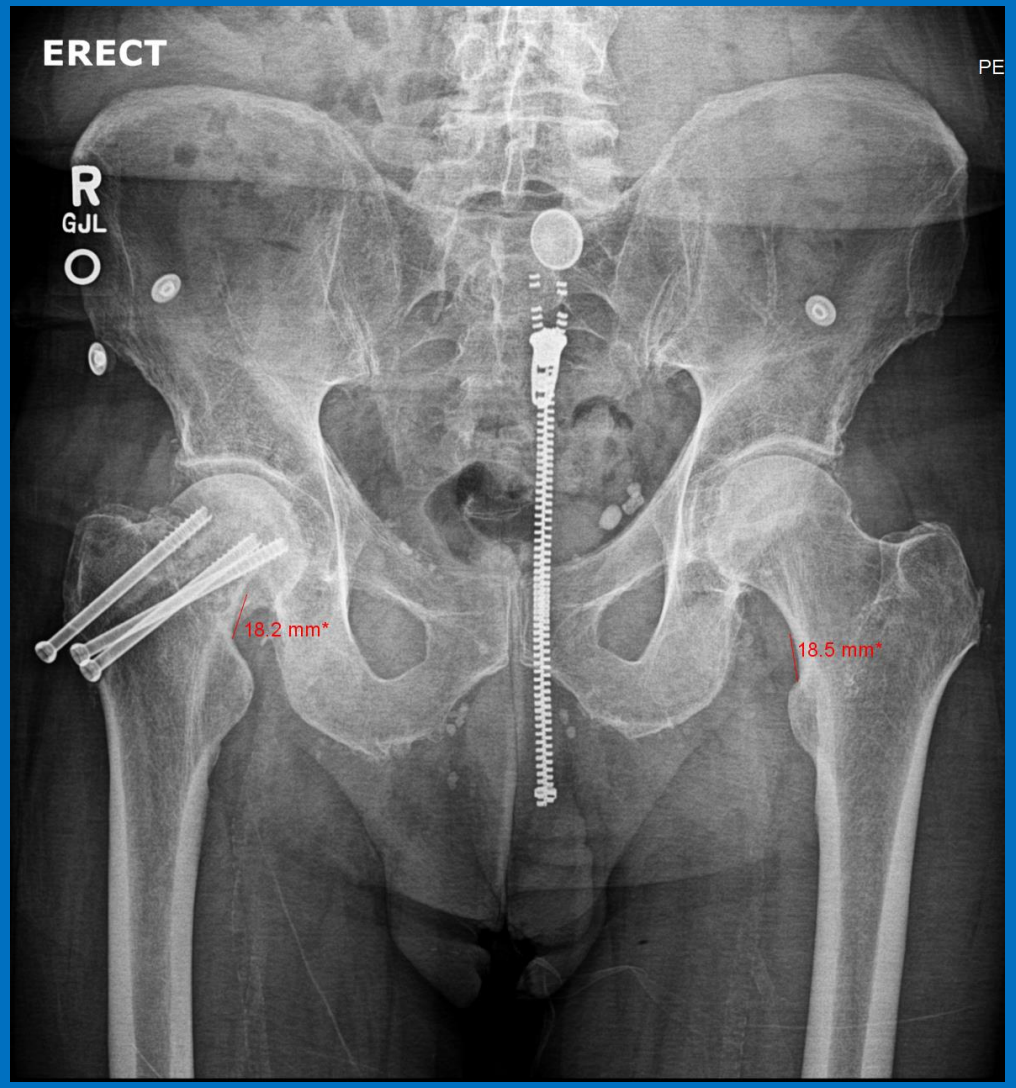
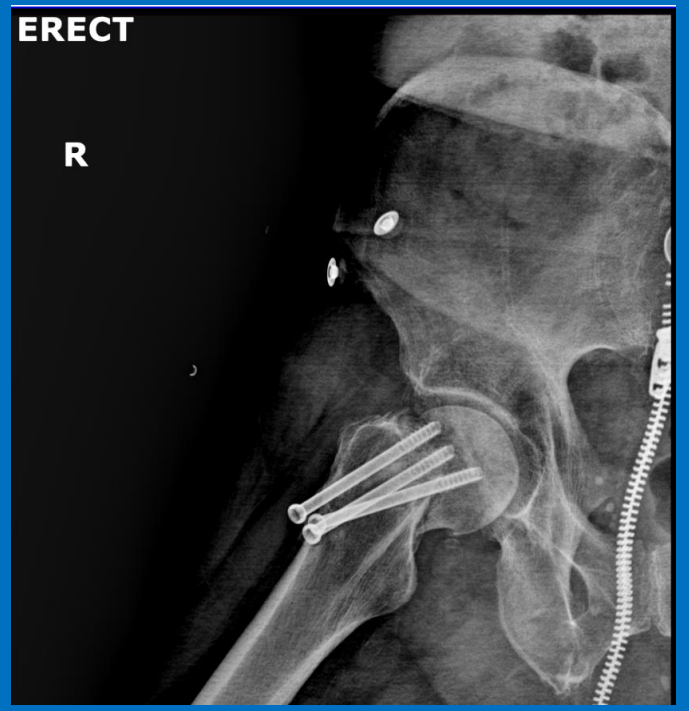
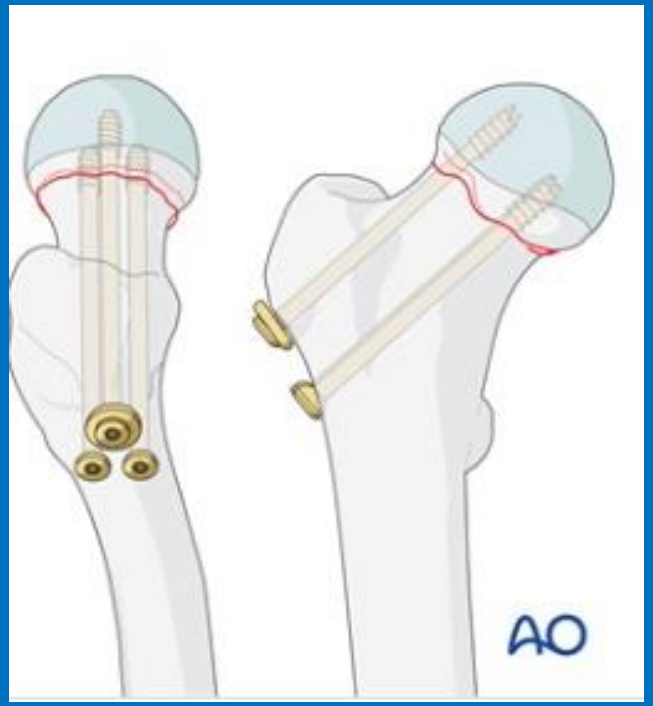
Wisdom: Possible VS Routine



- 82 M baseline community ambulator with cane s/p remote R BKA
- R femoral neck fracture malunion with cannulated screws





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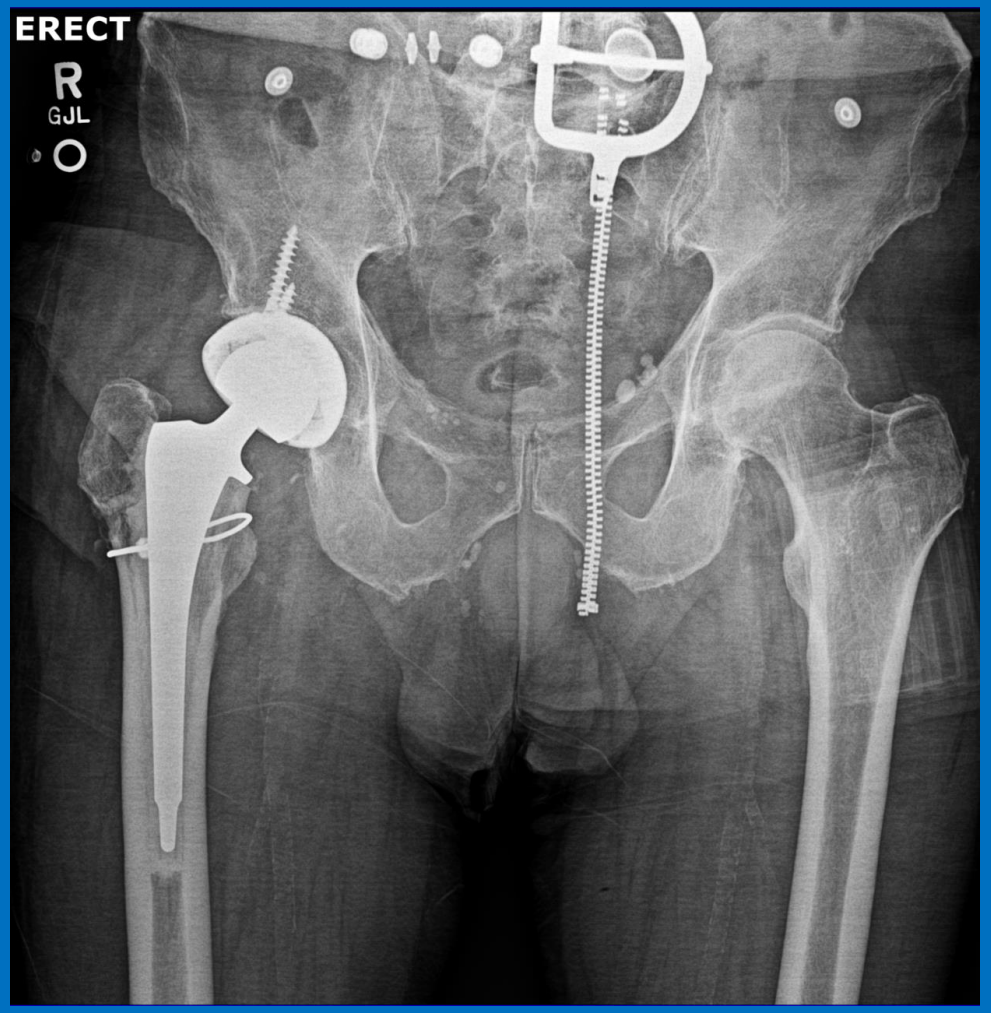
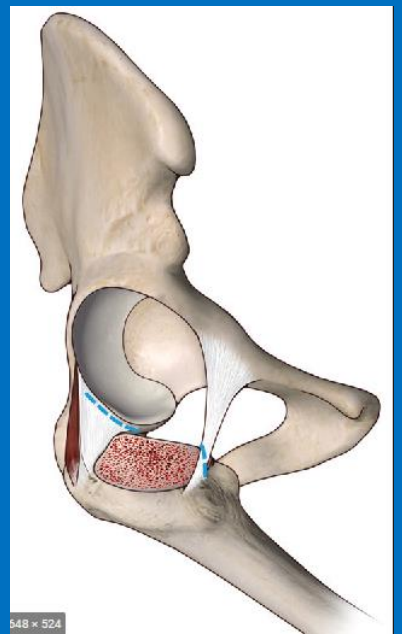
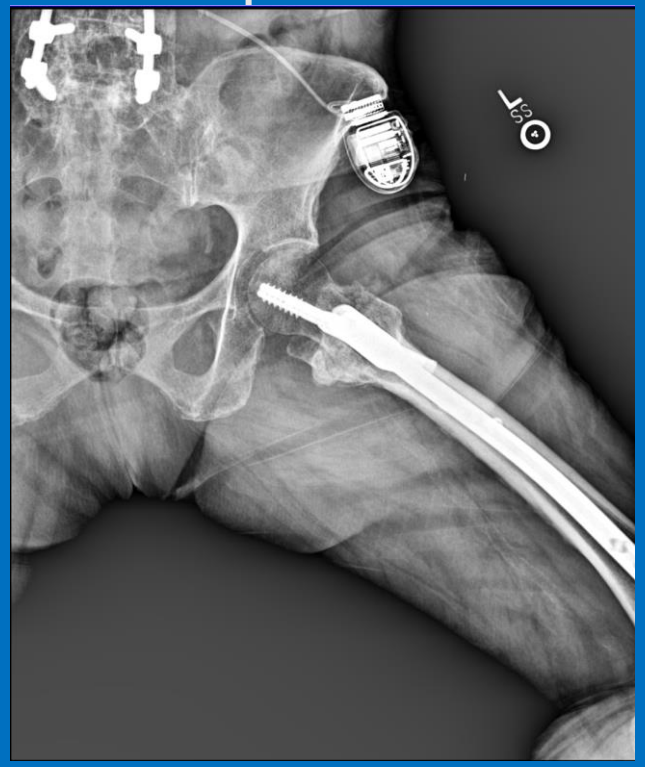


- Direct visualization of the lateral greater trochanter
  - Easy screw removal through single continuous incision
  - Easy control of cement through holes
  - Easy use of cemented collared stem



Wisdom: Possible VS Routine

- 74 F chronic left foot drop s/p L4-S1 fusion
- Symptomatic non-union of IT fracture
- Prior open anterior approach for reduction



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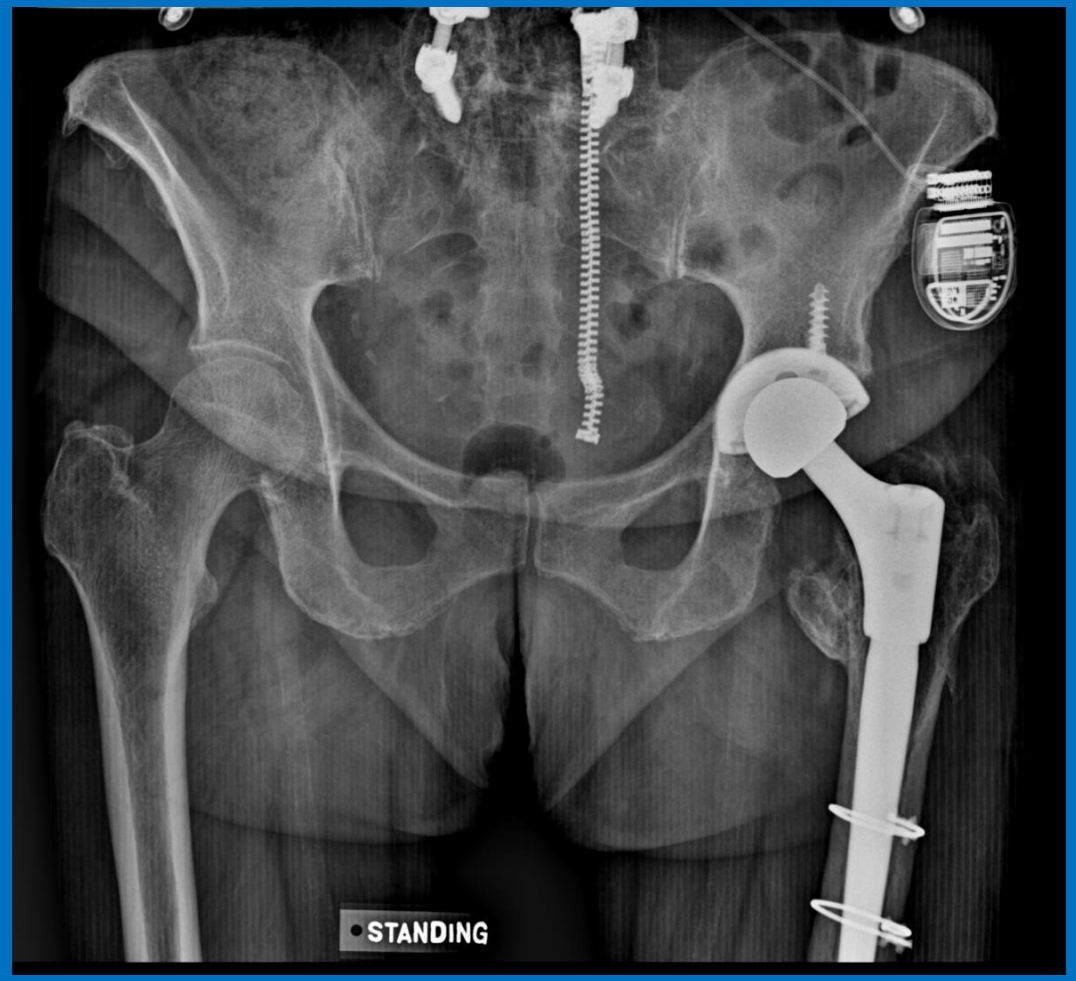
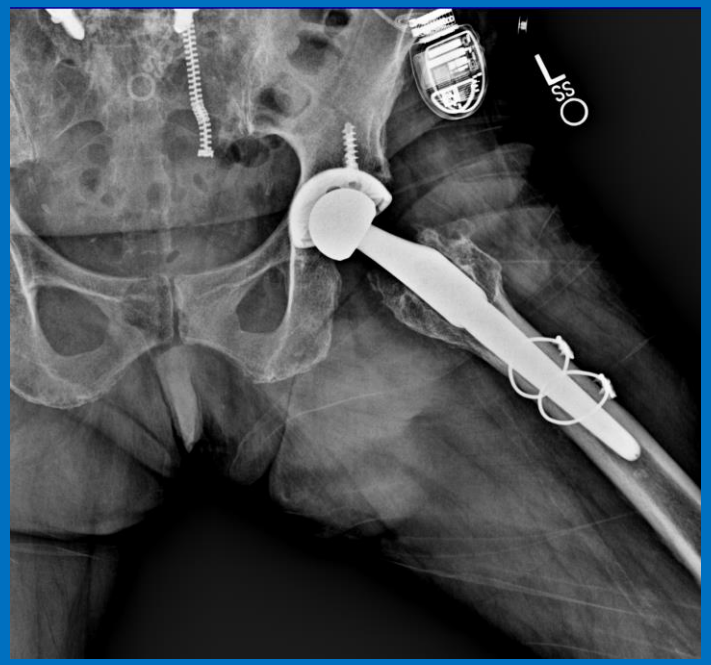
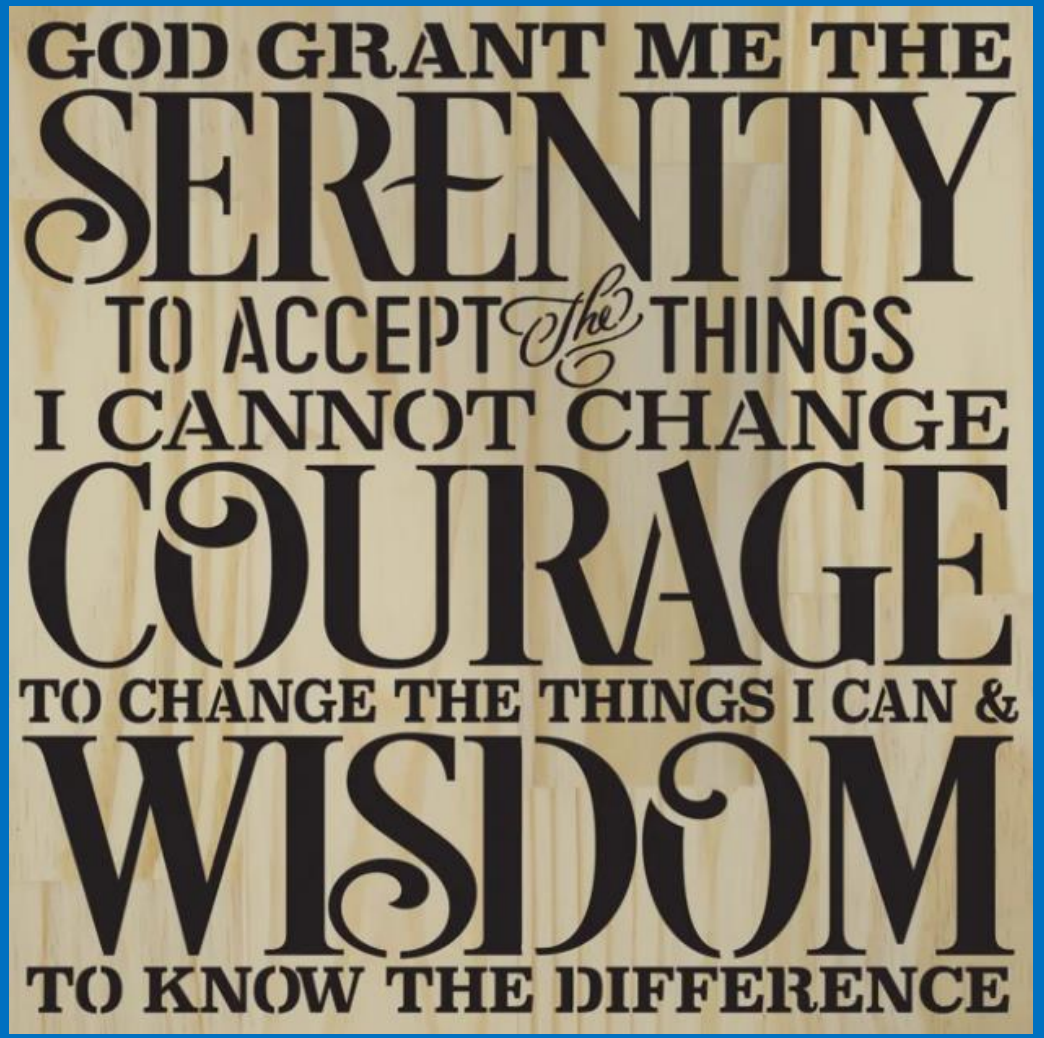


- Already has a foot drop & significant anterior scar tissue
  - Avoid placing femoral nerve at risk
- Does have several risk factors for dislocation that will have to be mitigated



Take Home Point Summary



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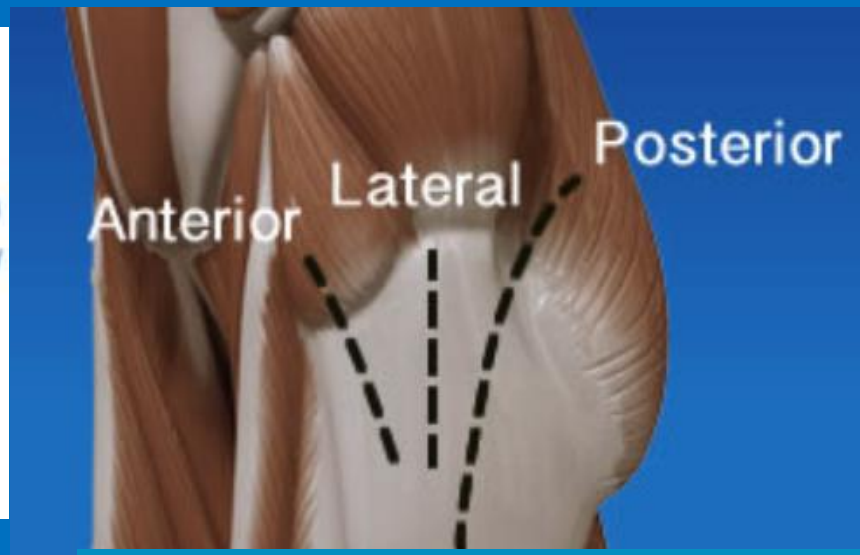

THANK YOU!