



Hip Hip Hurray- A New Approach to Hip Replacement Direct Anterior Intermuscular

Dr. Edward Humbert is among a very exclusive group of surgeons nationwide offering the anterior approach to hip replacement. He is the first and currently only surgeon in Lee County who is performing this exciting new approach.

The anterior supine approach, done with patients on their back, uses a small incision in the front of the hip and **avoids cutting any muscles or tendons**. Other more customary approaches such as the posterior exposure split through the large gluteus maximus muscle and cut 4 other muscles from the back of the hip which take time to heal and can extend recovery.

The anterior approach cuts no muscles or tendons and should naturally allow a more rapid recovery process and therefore quicker return to normal activity. Other advantages are minimal post-op restrictions and more accurate leg length intra-operative. Since the patient is on his/her back, the surgeon could exactly examine leg lengths during the procedure with the pelvis level. Other approaches with the patient lateral (on their side), the pelvis may not be level and leg length is more difficult to assess.

Dr. Humbert's goal is to reduce the debilitating pain from arthritis and improve the quality of life for his patients. He feels utilizing this approach gives his patients a more rapid recovery and less restrictions. "This approach is truly the least invasive to the tissues around the hip, and although no surgery is non-invasive this comes close with hip replacement." -Dr Humbert . Patients interested in learning more about hip replacement through the anterior approach should call Dr. Humbert's office at (239) 337-2003 to schedule an appointment or sign up for his monthly seminar on hip and knee.

As this approach becomes more widely used in the US Dr. Humbert believes it will become the preferred method for primary hip replacement.

Anterior Hip Replacement; Frequently asked questions by Dr. Humbert

1. What approaches are usually used in hip replacements?

Most surgeons have been trained the posterior approach, and less commonly the anterior lateral approach. Over the last several years all hip incision sizes have decreased but the approach under the skin has essentially stayed the same. Both standard incisions split and cut muscle and tendon tissue under the skin, which may extend the recovery and increase pain. The patient is positioned on their side

2. What activities could I return to after hip replacement?

Most patient can resume all activities they feel safe- whether it involves dancing, sporting activities, exercising, golf, tennis, or just the simple things like shopping.

3. How can you get to the hip without cutting any muscle or tendons

After the skin incision this approach is totally different. The hip joint is an anterior joint and actually has very minimal musculature. The muscles that are in the front of the hip have a natural interval, these muscles can be pushed aside and the surgeon works between the muscles. After the surgery there is no muscle or tendons to repair.

4. What are the advantages of Anterior Hip replacement in a nutshell

No muscles or tendons cut

Leg lengths easy to check for the surgeon-

Anterior incision does not interfere with sitting or lying on that side

Minimal hip precautions and full weight bearing

Decreased hospital time (1-2 days)

No muscle weakness

Cane/walker limited usually to 2 weeks

Drive 2-4 weeks if off narcotics

Fast return to normal gait

Less pain/ faster recovery because muscles are not traumatized

Minimizes muscle atrophy seen with other approaches which necessitates splitting of the Gluteus Maximus and cutting some of the external rotator muscles

5. Is there any special equipment needed to perform this approach?

Yes, we have special instruments, which allow us to access the hip more easily. There are surgeons which need a special table to perform this surgery but Dr. Humbert prefers not to use the table for several reasons; the table does not allow for leg lengths to be checked exactly on the table without special x-rays and has been shown to cause fractures of the ankle and/or femur.

6. If this is so great, why aren't all orthopedic surgeons performing anterior hip replacement?

That is a good question and there are many reasons. Most orthopedic surgeons were trained to do hip replacement through a posterior approach in the US, as I was in my residency. This approach works, has excellent results and it's very difficult to change. But being open to change has allowed me to explore the anterior-lateral and anterior approach to the hip, which I feel give advantages to my patients. I truly think the anterior approach will be the preferred exposure of the future once more new up and coming surgeons learn the approach.



Dr. Edward Humbert is a Board Certified Orthopedic Surgeon and has advanced fellowship training in Hip and Knee replacement. He currently performs more than 900 replacements a year. Please call his office today if interested in this exciting new approach to hip replacement.

(239) 337-2003