

1

Interest of DAA in THA

- Less Pain
- Less Blood Loss
- Faster and easier recovery**
- Earlier hospital discharge
- Fewer Restrictions on activity
- Lower risk of dislocation

Effect of minimal invasive technique

- Technically demanding
- Know how solving **femoral exposition** difficulties to avoid complications
- Learning curve** start with easy patients

2

Ideal Patient to start with DAA

- Thin Patient
- Woman
- Coxa valga/ Long femoral Neck
- Few articular destruction
- « Open Iliac Crest » morphotype
- Not to muscular patient

3

More difficult case

- Coxa vara
- Short Neck
- « Overlapping » Iliac crest
- Protrusio
- Ankylosis
- Previous surgery
- Implant deformity

BMI >40 !

Muscular patient

4

Dedicate Surgical Equipment

PURIST

5

OR installation & skin landmark

Femoral Support

Supine position
Abduction
Rot 0°
Flexion 10°-20°

Femoral Support

- Relax TFL
- Relax RF
- Femoral Elevation

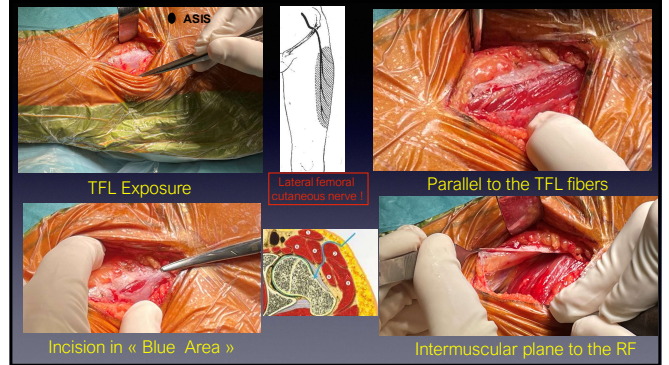
X-Ray

6

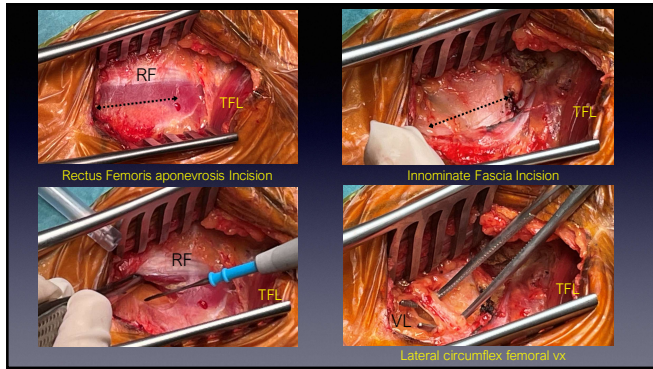
OR installation



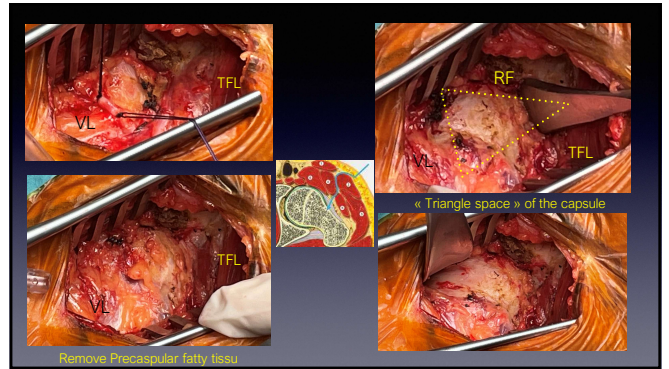
7



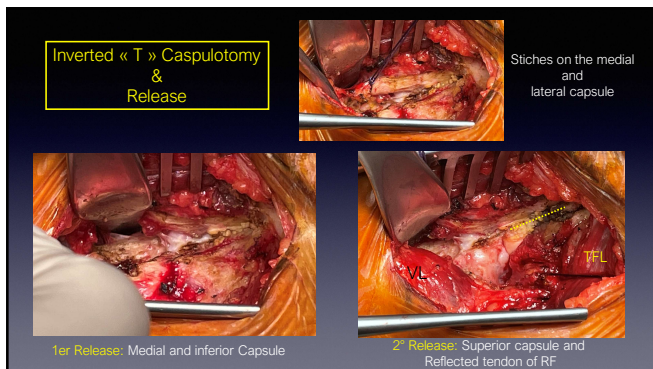
8



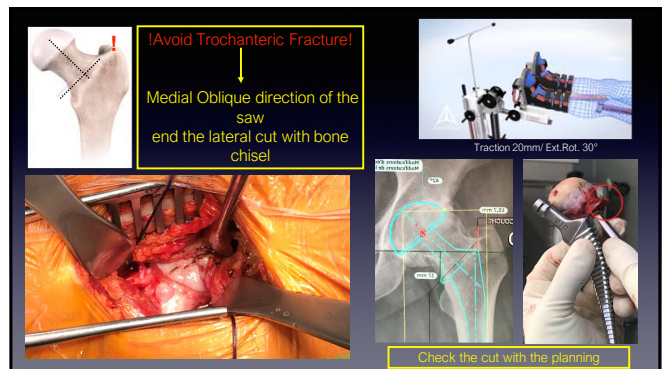
9



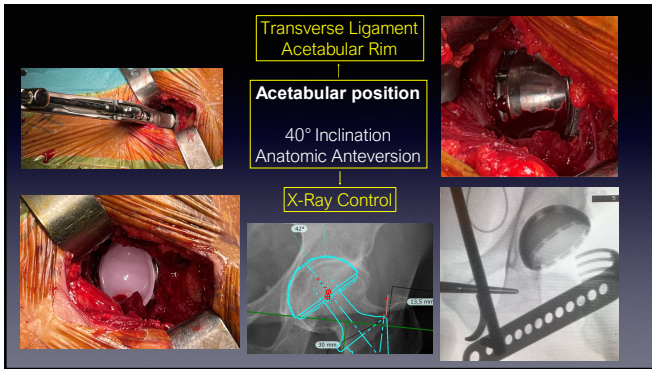
10



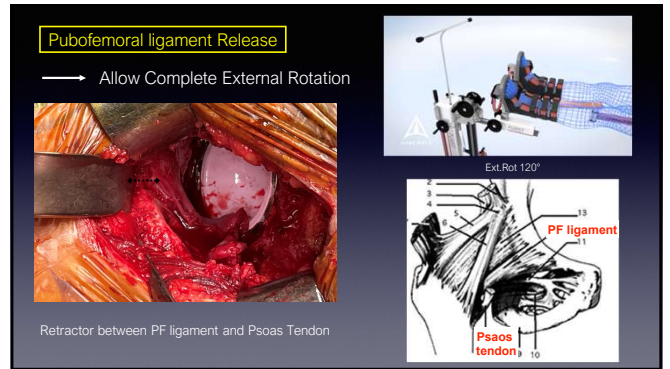
11



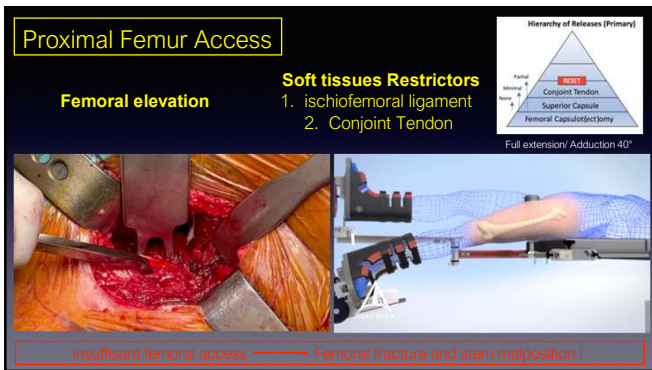
12



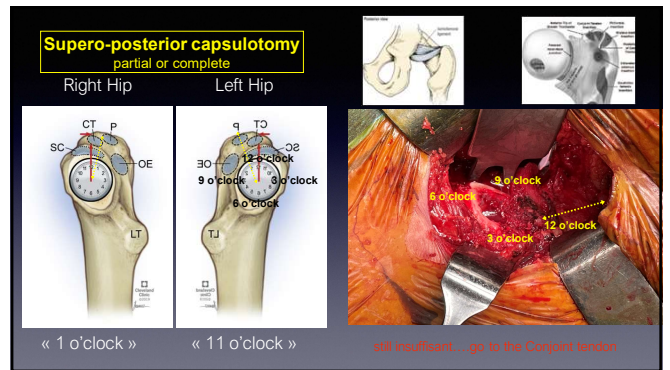
13



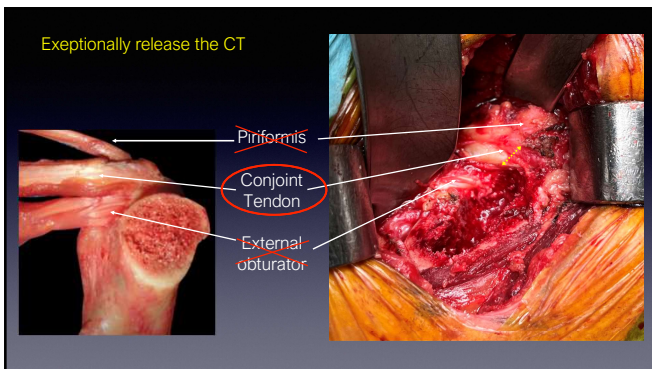
14



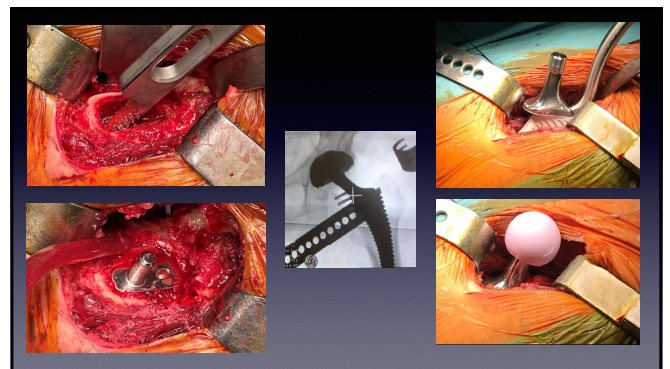
15



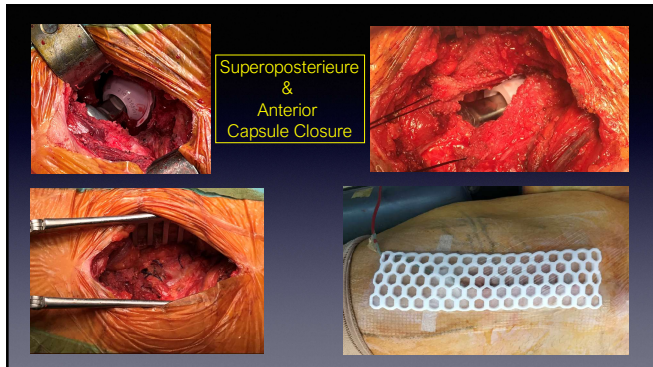
16



17



18



19

Postop - RAC

- Walking Day 0
- Stairs Day1 or Day2
- Hospital discharge Day 0, D1 or **D2**
- 1 Crutch 3 weeks
- No Physio for most of patients
- Appointment 6 week + X Ray

20