

Superior Approach

Orthopaedica Belgica Instructional Course
Saturday 19 November 2022
Back to Basics - The Lower Extremity
Dr Postlethwaite D.

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Evolution: Surgical Approach

- ▶ Trochanterotomy
- ▶ Posterior
- ▶ Harding
- ▶ Mini-Post
- ▶ Ant: Hueter (D.A.A), Röttinger
- ▶ Superior Approach

Invasive
Instability
Lameness
Instability
Femur and LFCN
The future ?

Reconstructive REVIEW

SuperPATH® Minimally Invasive Total Hip Arthroplasty - An Australian Experience

David P. Charnley, J. Robert P. Arlett

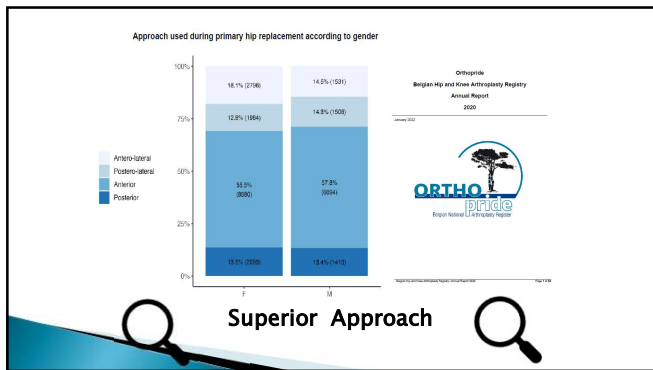
The Direct Superior Approach A Less Invasive Surgical Technique for Total Hip Arthroplasty

Douglas Roger, MD, AAOS 2015

Modified micro-superior percutaneously-assisted total hip: early experiences & case reports

James Owen, MD, AAOS 2015

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Effect of Surgical Approach on Length of Stay, Cost, and Early Complication Rate in Total Hip Arthroplasty

Julius C. Conzatti, MD, Scott S. Rajan, MD, Andrew A. Paterson, MD, Derek J. Mee, MD, Charles Hales, MD, Carl Parsons, MD, Paul Trethewey, MD

Background: Total hip arthroplasty (THA) is a historically popular and successful operation. While many steps of the operation are consistent between practitioners, discussion around which approach constitutes the "best" approach for routine primary THA remains an open question.

Objective: The purpose of this study was to determine the effects of the surgical approach on hospital length of stay (LOS), hospital costs, and complication rates. A multicenter review of a single hospital was conducted to evaluate three surgical approaches: **Anterior (SA)**, **Posterior (PA)**, and **Direct anterior (DA)**.

Methods: All THAs performed between 2/1/2013 and 7/31/2015 were reviewed in an administrative database. Two surgeons performed SA, three surgeons performed PA, and two surgeons performed DA. A total of 1,799 arthroplasties were analyzed: 580 (SA), 685 (PA), and 144 (DA). Multivariate logistic, Poisson, and linear regression models were used to calculate the effects of each approach on LOS, cost, and percent discharge home while adjusting for age, severity of illness score, obesity, and smoking.

Results: After adjusting for patient characteristics, mean LOS for SA (1.8 days) was lower than both PA (2.4, $p < 0.001$) and DA (2.9, $p < 0.001$), and PA (2.4) was lower than DA (2.9, $p < 0.001$). Mean hospital costs were lower for SA than PA (1,738 difference, $p < 0.001$) and DA (1,222 difference, $p < 0.001$), and PA was lower than DA (1,420 difference, $p < 0.001$). Both SA (88.7%) and PA (86.1%) were associated with a higher rate of discharge to home than DA (78.4%, $p = 0.002$, $p < 0.001$, respectively). SA and PA were associated with a lower 30-day readmission (1.3%)

Conclusions: When controlling for patient factors, the SA was associated with a decreased LOS, decreased costs, and increased likelihood of discharge home compared with both the PA and DA with no increase in 30-day readmission.

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Superior Approach

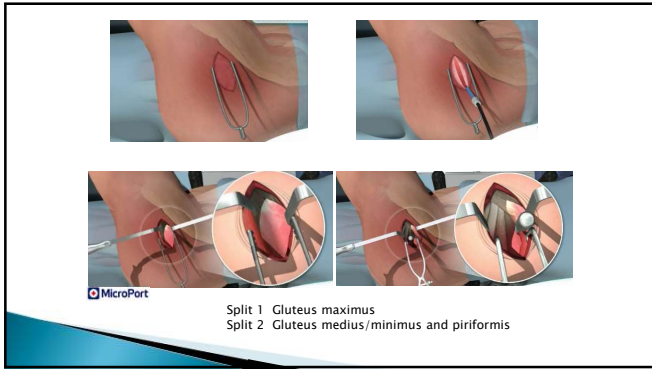
- ▶ Direct superior
- ▶ Supercap
- ▶ PATH
- ▶ Super PATH

Same way from skin to capsula...after 4 options

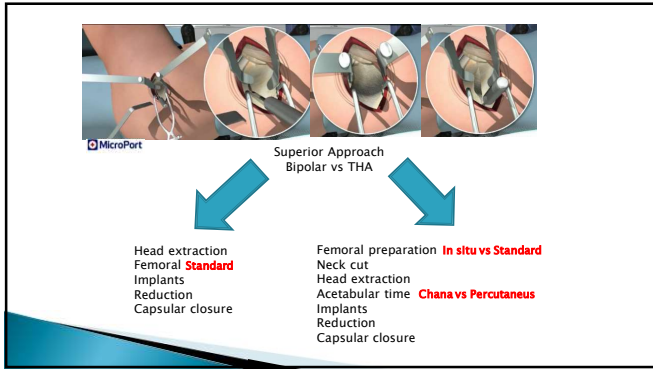
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Surgical procedure

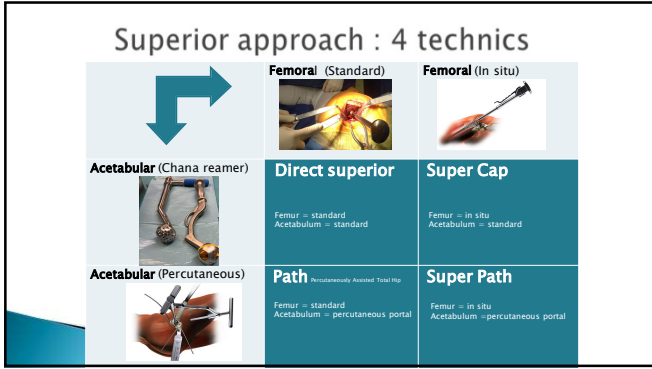
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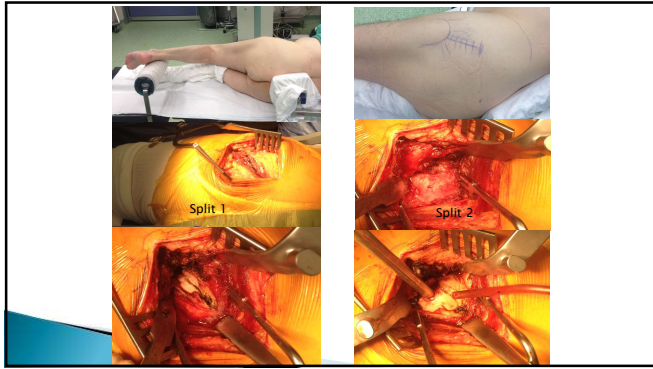
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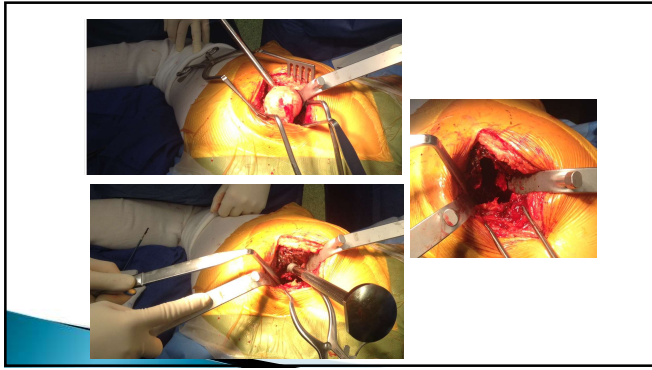
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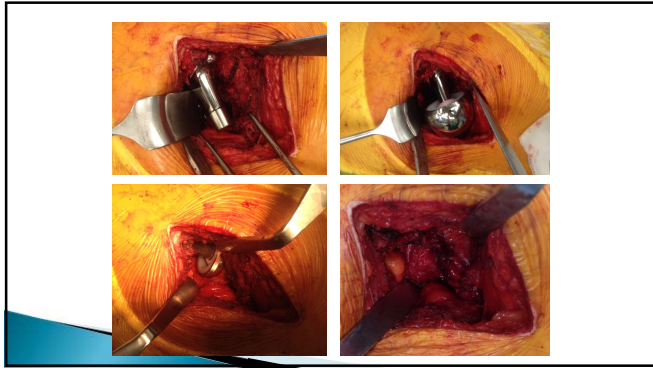
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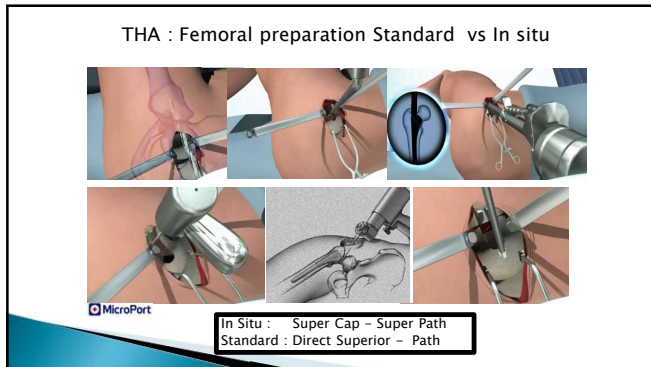
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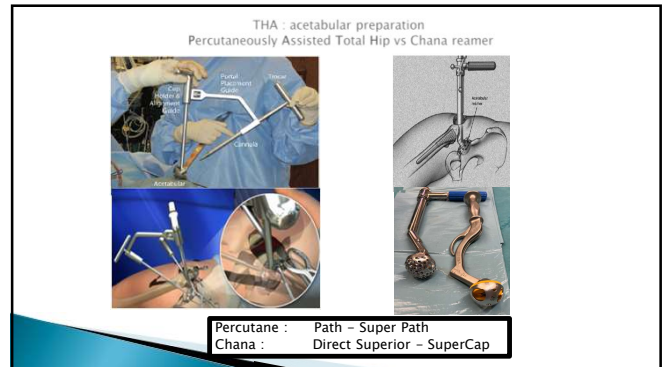
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