For patients who need a hip replacement in order to return to active living, St. Mary’s now offers an innovative technique that can speed recovery and allow for more complete range of motion: anterior hip replacement surgery.

In a traditional hip replacement, the surgeon reaches the diseased joint through a long incision in the side or back of the hip. In anterior hip replacement, the surgeon accesses the diseased joint through a shorter incision in the front of the hip.

“The anterior approach allows the surgeon to replace the hip joint without detaching muscle from the pelvis or femur,” explains Beth Ricketson, RN, St. Mary’s Orthopedic Services Liaison. “As a result, patients may recover faster, experience less pain, and have fewer restrictions on activity and leg position. Many can even cross their legs after the recovery period is over, something that isn’t possible with the posterior approach.”

In addition, because the procedure uses shorter incisions – 4-5 inches instead of 10-12 inches – and doesn’t require separating muscle from bone, patients usually leave the hospital a few days sooner than those receiving traditional replacement surgery.

**When good joints wear out**

Hip replacement works like this: the hip is a "ball and socket" joint. The top of the upper leg bone, the femur, is rounded and fits into a socket in the pelvic bone, which supports the body’s weight. The ball and socket formation allows a wide range of leg motion. Tendons and muscle add to the strength of the joint.

In a healthy joint, tough, smooth tissue called cartilage lines the surfaces of the ball and socket, allowing the bones to move easily. But with the wear-and-tear of aging or the trauma of injury, the cartilage grows thin or tears. When that happens, bone rubs against bone, producing severe pain and limiting movement. Even ordinary activities such as walking or getting up from a chair can become intolerably painful.

Hip replacement is a life-changing procedure that helps some 200,000 Americans each year return to active living. In most cases, surgery is performed after non-invasive treatments such as medication and physical therapy lose their effectiveness. When replacing a hip, the orthopedic surgeon removes the diseased bone and implants a state-of-the-art artificial joint of the correct size for the patient. These high-tech implants can now last 20 years or more if patients follow simple instructions to prevent damage.

**A New Approach to Hip Replacement**

![A normal hip x-ray (top) and an arthritic hip x-ray (bottom). Top image shows how cartilage keeps the head of the femur (ball-shaped object) from rubbing against the pelvic bone in a healthy hip. In the bottom image, showing the arthritic hip, the femur head grinds directly against the pelvis, resulting in intense pain and limited movement. Courtesy Stryker Orthopaedics.](image)
Complex work in small spaces

“The anterior approach is not new – it was first developed in the 1980s – but until recently it was very difficult for the surgeon to perform,” Ricketson says. “It’s hard to remove the diseased bone and implant the replacement ball and socket by going between bands of muscle. There’s just not a lot of space that way, so the technique wasn’t used much until recently.”

What changed is the development of new technologies and techniques that allow the surgeon to do more complex work in smaller spaces. The “learning curve” is fairly steep, Ricketson notes, so the anterior approach is still not common in most U.S. hospitals.

“We’re really fortunate that we have two orthopedic surgeons in Athens who are proficient with the technique,” she says. “Plus, our surgical team here at St. Mary’s has now performed more than 600 anterior hips, so we’ve become quite good at it.”

Ricketson noted that anterior hip replacement is not appropriate for all patients. Surgeons must weigh factors such as the individual patient’s age, general health, muscle mass and thickness, obesity, goals for activity after surgery, and other conditions that might create complications.

“As a result [of the anterior approach], Patients may recover faster, experience less pain, and have fewer restrictions on activity and leg position.”

- Beth Ricketson, RN

“Traditional hip replacement remains an excellent option for many patients, and for many patients it remains the best option,” she says. “But in cases where the anterior approach is appropriate, we are seeing excellent outcomes. Our anterior patients love their ability to recover quickly and get on with their lives with little or no pain and no restrictions on their activities and leg positions.”

St. Mary’s this spring received the Joint Commission Gold Seal of Approval in the specialty of total hip replacement. St. Mary’s also is rated by Healthgrades as one of America’s 100 Best Hospitals for total joint replacement, and has achieved Healthgrades’ 5-star rating – the highest possible – in hip replacement for seven years in a row.

To find surgeons who perform anterior approach hip replacement at St. Mary’s, please call our Find a Physician line at 706.389.3892.