Kinder, gentler hip procedure

Surgery results in less trauma, more movement

By Gracie Bonds Staples

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By age 43, Bob Germon had run in 25 Peachtree Road Races and played more touch football and volleyball games than he could count.

They were some of his favorite pastimes, but an injury to his right hip in 2000 sidelined the Decatur father of two.

“It felt like a pulled muscle that just never seemed to heal,” Germon said the other day.

Eventually, he said, he was unable to play anything, his muscles weakened and the pain only worsened. Over the next five years, Germon said he was in such intense pain, he could barely walk, let alone run.

But Germon, now 56, has been able to resume most of his former activities because of a procedure called anterior approach total hip arthroplasty, an alternative to total hip replacement.

Anterior hip placement is one of several minimally invasive operations, resulting in shorter hospital stays, smaller incisions, less trauma to muscles, less pain, reduced risk of dislocation after surgery and a quicker return to normal activities.

“I had the surgery on Tuesday and was up that afternoon on crutches,” Germon said. “I went home on Wednesday, and on Saturday there was a physical therapist at my house. It was amazing.”

Dr. Tom Bradbury, an assistant professor of orthopedic surgery at Emory University, said the technique, which is gaining in popularity, was developed in France in the 1970s. U.S. surgeons, he said, first used it in California in the late 1990s and it soon spread across the states.

Unlike traditional hip replacement surgery, in which the entire hip joint is replaced, Bradbury said that the anterior approach allows the joint to be replaced without cutting the muscle from the bone. By sparing the muscle, he said, doctors are able to ensure greater stability. Because of the “muscle friendly” nature of the surgery, recovery is quicker.

“It used to be we had to restrict patients’ motions to prevent the ball dislocating from the socket,” Bradbury said. “You couldn’t sit in a low chair, cross your legs or tie your shoe. But because the muscles are still working with this [new] approach, patients can still do all those things.”

Nearly 200,000 hip replacements are performed each year in the U.S., and those numbers will continue to grow as the population ages. Bradbury, who has used the technique some 600 times since 2008, said there is no age limit for the elective surgery unless an underlying health problem makes the operation too risky.
“It’s for anybody with hip arthritis, a common problem among people who develop damage to the cartilage of the hip joint,” he said.

The procedure takes about 90 minutes, followed by no more than two days in the hospital, sometimes less. For some older patients, Bradbury said the hospital stay could last up to four days.

Full recovery for any replacement surgery requires that the bone grows into the implant, a process that takes eight to 10 weeks, Bradbury said.

He said full recovery after anterior approach is generally three months, but most people are better within four weeks after surgery even though they are still recovering. Though the recovery time was about the same with older procedures, it was a more painful recuperation.

The advantages, he said, are really in the early stages of recovery.

“It’s an exciting surgery that has tremendous potential for improving pain function and quality of life as it relates to the hip,” he said.

Bradbury said people generally have hip replacements as a result of osteoarthritis, rheumatoid arthritis and traumatic arthritis, all of which can cause pain and stiffness that limit mobility and lessen the ability to perform daily living activities.

Most patients such as Germon first try less-invasive measures such as anti-inflammatory drugs and cortisone shots before deciding that surgery is their best hope. Germon lived in pain for years before finally agreeing to surgery in February 2010 on his right hip, then on the left last May.

Asked about the pain, he said he barely remembers it.

“Before I was pretty much in constant pain,” he said. “All I think is it doesn’t hurt anymore.”

Not only is the pain finally gone, but Germon said he can walk, hike and even jog a little.

“For the first time in at least five, six, seven years, I can work out. I’ve lost weight and can exercise without the pain,” he said. “I still haven’t played touch football, but I feel like I got my life back.”

Possible benefits of anterior approach

- A quicker recovery time because key muscles are not detached during the operation.

- Fewer restrictions during recovery. Although each patient responds differently, the procedure seeks to allow patients to bend their hips more freely and bear full weight immediately or soon after surgery.

- Reduced scarring because the technique allows for one relatively small incision.

- Potential for stability in the hip sooner after the surgery, since key muscles and tissues are not disturbed during the operation.

Source: Dr. Tom Bradbury, assistant professor of orthopedic surgery at Emory University.