

MINIMALLY INVASIVE HIP REPLACEMENT



**Knox
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Group**

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Introduction

In the last 5 years there has been significant interest as well as a degree of market hype regarding minimally invasive hip replacement surgery. This has largely come out of the USA where several enthusiastic surgeons have proposed that minimally invasive surgery would dramatically reduce the length of stay, and allow patients to walk unaided on the same day of surgery. However, several independent well controlled studies have been performed comparing patients having the standard incisions with MIS incisions and have found that the rate of recovery has not been as dramatically different as first proposed.

History of AMIS

I first became exposed to the anterior minimally invasive approach (AMIS) when I worked with Prof Emile LeTournel in Paris in 1986. I was quite impressed with the results of hip replacements done via this method, but it did require the use of a special operating table which was not available in Australia until recently.

The AMIS Approach

Medacta, a European orthopaedic company, has been working with European surgeons to develop a special operating table to allow the use of the anterior minimal incision. Although there are several other so called minimal approaches, the anterior approach is the only one that does not involve cutting any tendons or muscles. The technique does involve a different approach to what most surgeons are accustomed to. I have attended a learning centre in France to familiarise myself with the technique. Although there are only a small number of orthopaedic surgeons performing this procedure in Australia it is gaining wide popularity in France, Germany and Switzerland.

Advantages of AMIS

- o No muscle or tendons are cut
- o Better cosmesis
- o Potential shortened length of stay in hospital
- o No need for special precautions postoperatively
- o Very low dislocation rate

Type of Prosthesis for AMIS

The acetabular and femoral components are made of titanium which has been shown to have excellent long term results. The surfaces are coated with hydroxyapatite which further stimulates early bone growth into the prosthesis. Neither prosthesis requires bone cement. There is a choice of articulation, either being cobalt chrome on high cross linked polyethylene or ceramic on ceramic. Both have their advantages and disadvantages and choice of bearing can be discussed at the time of the consultation. Generally, ceramic on ceramic is used for younger, more active patients.

Mr Anthony Dunin

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*Specialising in hip & knee
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Indications for AMIS

The vast majority of patients with osteoarthritis of the hip are suitable for this technique. It is not indicated in patients who are markedly obese, or those patients have had previous hip surgery, or in patients who have complex anatomical problems, such as congenital dislocation of the hip.

If you have any further questions please do not hesitate to contact Mr Dunin or a member of his staff.



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