

Dr Andreas Loeffler

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Dr Andreas Loeffler
Joint Replacement & Spine Surgery

The Posterior Approach for Total Hip Replacement

Andreas Loeffler

Hip, Knee, Spine Surgeon



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ORTHOPÄDISCHES KLINIKUM V. SÜDN. NIEDERÖ.

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Joint Replacement & Spine Surgery

Total Hip Replacement

- Interposition - fascia, rubber
- Replacement – ivory, acrylic
- Low friction arthroplasty
 - Charnley 1960s
 - Improved materials, instruments
 - Larger heads – 22mm to 36mm



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Approaches to the Hip

- Posterior
 - Langenbeck 1867, modified by Kocher
 - Southern, Moore's
- DAA
 - Hueter 1881, Smith Petersen 1917
 - Not new, but smaller
- Lateral
 - Charnley – trochanteric osteotomy
 - Hardinge 1982 – split gluteus maximus and medius

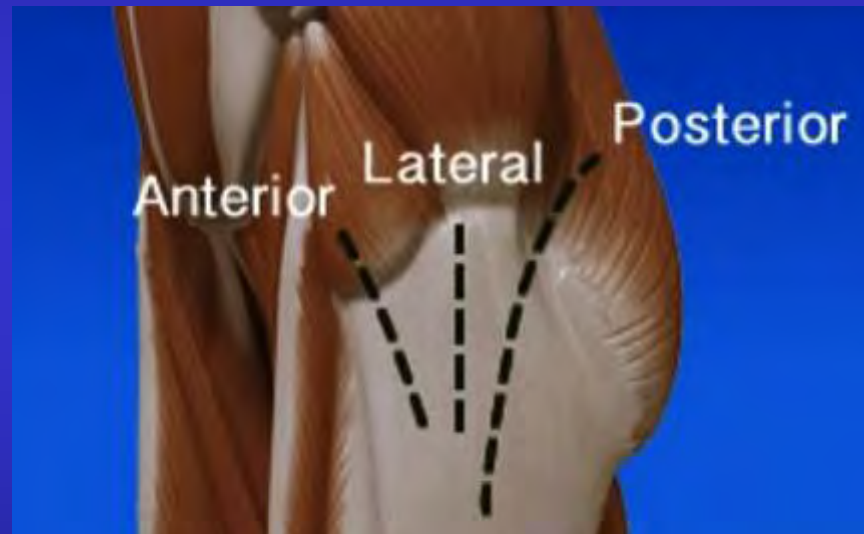


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Approaches to the Hip



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Ideal Approach

- Reliable –for all cases
- Inter-muscular and inter-nervous
- Good exposure, but preserving function
- Versatile for acetabular and femoral pathology
- Extensile, should the need arise
- Cosmetically acceptable



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Safe - few complication

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Difficult Patients

- Obese
- Short stature
- Osteoporotic
- Dysplastic
- Abnormal bone
- Revisions



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Posterior Approach

- Most common world wide
- Good visualization of acetabulum and femur
- Versatile and extensible
- Little blood loss
- No need for intra-operative x-rays
- No need for special operating tables



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Incision

- The only thing seen
- Cosmetics are very subjective
- Rarely raised
- Length by size of patients
- Typically 8 to 12cm



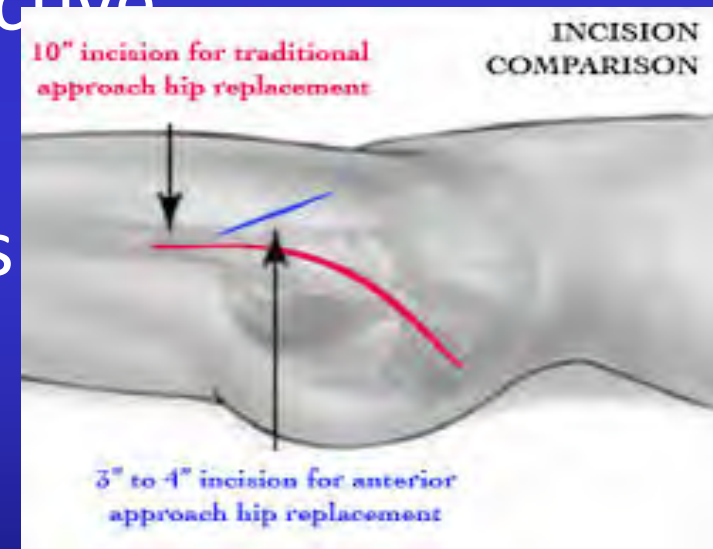
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Dislocation

- A problem, but less common
- Surgical technique
 - Cup angle – version and inclination
 - Capsular repair
- Materials
 - Thinner poly – larger heads
- Published data



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– Similar incidence for all approaches 1-1.5%

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“No Muscles Cut”

- Posterior
 - Gluteus maximus split
 - Short external rotators cut and repaired
- DAA
 - Inter-muscular split?
 - Rectus femoris “lifted off”
 - Trochanteric fossa “cleared”
 - Retraction and distraction



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Meralgia Paraesthetica



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Meralgia Paraesthetica

- Burning, hyperaesthesia, pain
- Lateral cutaneous nerve
- Reported - between 1 and 67%
- Usually temporary - weeks



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Complications

- The learning curve?
 - Cup placement with x-ray
 - Trochanteric fractures
 - Femoral perforation
 - Calcaneal fractures
 - Nerve injury
 - Blood loss



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Clinical Outcome

- To date few studies
- Beware of power and bias
- Blinding not possible
- Benefits - short term
- Balance benefits vs complications



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Difficult Case Tumor



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Difficult Case

Dysplasia with previous Fracture



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Difficult Case Revision



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My Practice

- Posterior approach
 - No new learning curve
 - Reliable
 - Versatile
 - Safe
- By far the most common approach



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Thank you



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