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Total Hip Replacement

Using a Direct Superior Approach

A Patient's Guide



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Common Causes of Hip Pain

Your joints are involved in almost every activity you do. Movements such as walking, bending and turning require the use of your hip and knee joints. When your hip becomes diseased or injured, the resulting pain can severely limit your ability to move and work.

Each patient is unique, and can experience hip pain for different reasons. One common cause of hip pain is Osteoarthritis (OA). OA is sometimes called degenerative arthritis because it is a “wearing out” condition involving the breakdown of cartilage and bones. With osteoarthritis, the cushioning cartilage at the end of the femur may have worn down, making walking painful as bone rubs against bone.

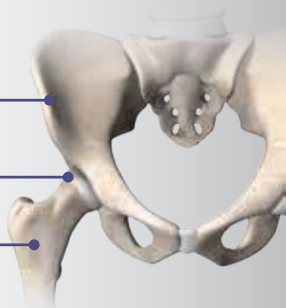
Depending on your specific diagnosis, your doctor may recommend conservative treatment options like medication, joint fluid supplements or physical therapy. However, if you haven’t experienced adequate relief with these conservative treatment options, your doctor may recommend total hip replacement which may provide relief from your arthritis pain and may enable you to return to your favorite activities.

A Normal Hip

Pelvic Bone

Healthy Cartilage

Femur (thigh bone)

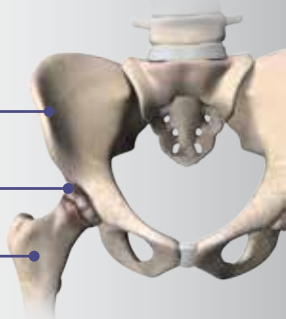


An Arthritic Hip

Pelvic Bone

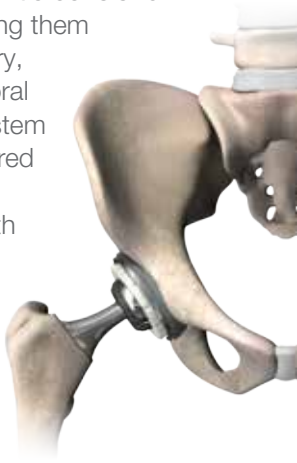
Diseased Cartilage

Femur (thigh bone)



What is Hip Replacement Surgery?

Total hip replacement is a surgical procedure that involves the removal of arthritic bone and damaged cartilage, and replacing them with hip implants. During surgery, the end of the thigh bone (femoral head) is replaced with a metal stem and an artificial ball that is secured to the top of the stem. The hip socket (acetabulum) is fitted with a metal cup that is lined with a durable plastic (polyethylene). The femoral and acetabular components work together to form the artificial hip implant that is designed to replicate the hip joint.



Surgeons use different approaches when performing total hip replacement. In this booklet you will learn about the Direct Superior Approach (DSA), an evolution in Minimally Invasive Surgery (MIS) that may help get you back to the everyday activities you enjoy.

DID YOU KNOW?

Most patients who undergo TOTAL HIP REPLACEMENT are between the ages of

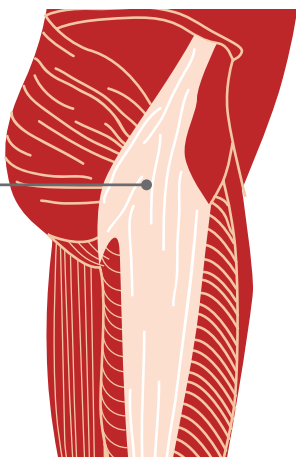
50 to 80¹

Direct Superior Approach

The Direct Superior Approach is a minimally invasive technique used in total hip replacement surgery. This muscle sparing approach for total hip replacement was developed to minimize damage to the soft tissues and muscles that are critical to the proper function of your hip and leg.² The Direct Superior Approach was developed to allow the surgeon to avoid cutting key muscle groups, the most important being the Iliotibial (IT) band and muscles referred to as external rotators.²

Did you know that these muscles play an important role in your ability to perform everyday activities? For example, the IT band is a large muscle that extends down the outside of your leg from the pelvis to the knee. Activities such as walking and bending may be affected when this muscle is injured.

**Iliotibial Band
(IT Band)**

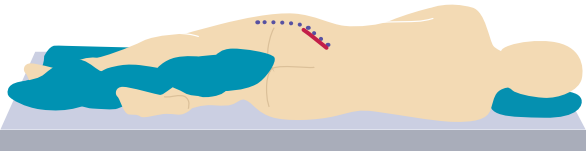


**The Direct Superior Approach
allows your surgeon to
minimize damage
to the IT band & other key muscles.²**

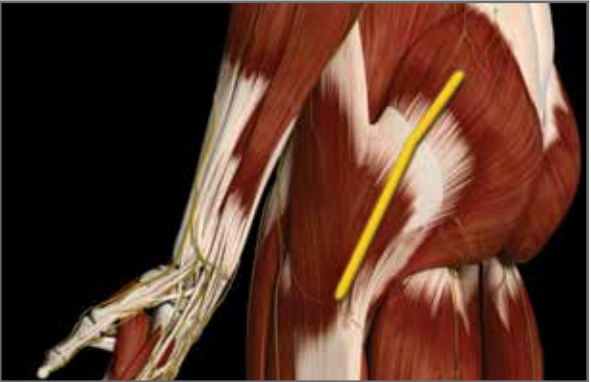
Incision Location & Length

Surgery is performed with the patient lying on his or her side, with an incision on the back of the hip joint.²

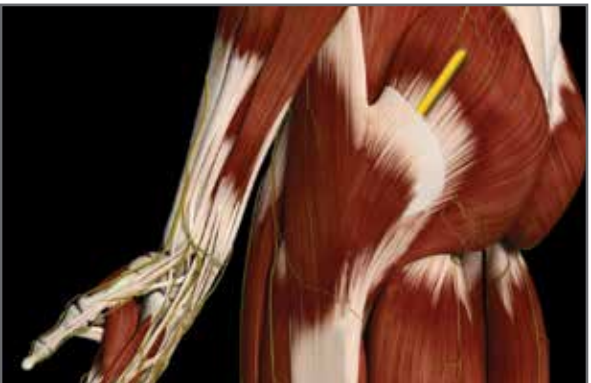
•••• Traditional
— DSA



This DSA incision is smaller and higher up (superior) compared to a traditional posterior approach to hip replacement.²



Traditional Hip Replacement



Direct Superior Approach

She Made Her Move.



Trish Vogel

Hip Replacement Patient

“My Direct Superior hip replacement surgery allowed me to get back to the things I love!”

A passion for writing and performing has taken Trish, a Midwest girl, from New York City to Los Angeles. Currently, Trish is a TV Producer in LA where she has long but rewarding days. One day on set Trish started to feel pain in her hip but she kept working through it. The pain became so severe that she decided to get an MRI done between filming shows. She didn't expect to be diagnosed with osteoarthritis (OA) of the hip.

Trish tried different treatment options in an attempt to relieve the hip pain. From changing the type of shoes she wore to physical therapy, the pain wouldn't go away. Finally, Trish's doctor recommended that she get a total hip replacement. "I kept putting it off. I thought that I was too young to have a hip replacement." Slowly she started to come to terms with her diagnosis. "I had been making too many deals with my body and it was time for me to treat my body with respect. I decided to get a hip replacement."

Now that the surgery is over, Trish is partnering closely with her doctor and physical therapist to continue to strengthen her hip and core muscles. She's walking, practicing yoga and using the elliptical at the gym. "I love that I can wear low high heels to work and when I'm out with my friends." Trish admitted that the entire process was emotional for her. She appreciated how her surgeon supported her mentally and was open to answering questions. "After surgery, my friend gave me a Birthday card to celebrate my new hip. It really is a celebration...my Direct Superior hip replacement surgery allowed me to get back to the things I love!"

Individual results vary. Not all patients will have the same post-operative recovery and activity level. See your orthopaedic surgeon to discuss your potential benefits and risks.

Below are some of the potential benefits to having a total hip replacement done through the Direct Superior Approach.

Muscle-sparing

- The Direct Superior Approach was developed to minimize damage to soft tissue, muscle, and tendons that are critical to the functionality of the hip. For example, this approach avoids cutting the IT band and other key muscles around the hip.²

Smaller Incision

- The Direct Superior Approach was developed to be performed through a smaller incision compared to a traditional posterior approach.²
- Traditional hip replacements often require an incision that is approximately **10-12 inches long**.³ In comparison, the Direct Superior Approach requires an incision that may be **3-6 inches in length**.² As a result, your scar may be smaller than traditional total hip replacement procedures.

Direct Superior Approach: 3-6 in

Traditional Hip Replacement: 10-12 in



Recovery

- The Direct Superior Approach offers the potential for enhanced hip stability and post-operative recovery.^{2,4,5}

General Surgical Complications

Like any surgery, joint replacement surgery has serious risks. You should talk with your doctor to better understand the risks and complications before making the decision to undergo total hip replacement. Complications that may arise in the Director Superior Approach are comparable to those for other total hip replacement surgeries. Please read the Important Information located on the back page of this pamphlet.

IMPORTANT INFORMATION

Hip Replacements

Hip joint replacement is intended for use in individuals with joint disease resulting from degenerative and rheumatoid arthritis, avascular necrosis, fracture of the neck of the femur or functional deformity of the hip.

Joint replacement surgery is not appropriate for patients with certain types of infections, any mental or neuromuscular disorder which would create an unacceptable risk of prosthesis instability, prosthesis fixation failure or complications in postoperative care, compromised bone stock, skeletal immaturity, severe instability of the joint, or excessive body weight.

Like any surgery, joint replacement surgery has serious risks which include, but are not limited to, pain, bone fracture, change in the treated leg length (hip), joint stiffness, hip joint fusion, amputation, peripheral neuropathies (nerve damage), circulatory compromise (including deep vein thrombosis (blood clots in the legs)), genitourinary disorders (including kidney failure), gastrointestinal disorders (including paralytic ileus (loss of intestinal digestive movement)), vascular disorders (including thrombus (blood clots), blood loss, or changes in blood pressure or heart rhythm), bronchopulmonary disorders (including emboli, stroke or pneumonia), heart attack, and death.

Implant related risks which may lead to a revision of the implant include dislocation, loosening, fracture, nerve damage, heterotopic bone formation (abnormal bone growth in tissue), wear of the implant, metal sensitivity, soft tissue imbalance, osteolysis (localized progressive bone loss), audible sounds during motion, and reaction to particle debris.

The information presented is for educational purposes only. Speak to your doctor to decide if joint replacement surgery is appropriate for you. Individual results vary and not all patients will return to the same activity level. The lifetime of any joint replacement is limited and depends on several factors like patient weight and activity level. Your doctor will counsel you about strategies to potentially prolong the lifetime of the device, including avoiding high-impact activities, such as running, as well as maintaining a healthy weight. It is important to closely follow your physician's instructions regarding post-surgery activity, treatment and follow-up care. Ask your doctor if a joint replacement is right for you.

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Individual results vary. Not all patients will have the same post-operative recovery and activity level. See your orthopaedic surgeon to discuss your potential benefits and risks.

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