

## New approach to Hip Replacement Minimal Invasive Surgery (MIS)

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Minimal Invasive surgery of spine is well established since, last couple of years, but hip replacement either partial or total with very small incision or minimal invasive technique is still an upcoming procedure in Joint surgery all over the world.

In Europe and USA, MIS has gained popularity because it reduces cost of surgery as patients are discharged on 1<sup>st</sup> or 2<sup>nd</sup> day itself, as compared to 10-12 days required in conventional procedure.

Recently a select few doctors were invited to Bangkok to learn this new procedure of MIS for Hip replacement. After learning the advantages of this procedure I was keen on implementing the same and I was fortunate to get an opportunity to do this procedure recently.

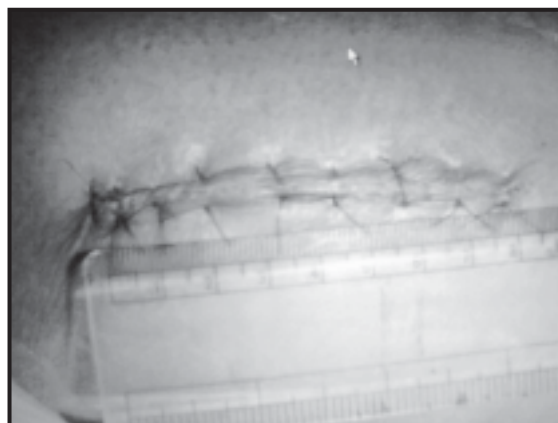
The procedure is so far the best option as it reduces morbidity. Recovery is fast, as patient has less pain and so responds better to physiotherapy as compared to conventional bigger incision surgeries. Also cosmetically smaller scars are always better than large and ugly scars.

Hip joint replacement for arthritis or partial hip replacement for fractures of hip are common procedures performed all over the world.

In our country 80% orthopedic surgeons use the posterior approach to hip, which is conventional big incision, where a posterior structure of hip are cut and the hip is approached from behind. Remaining 20% like me prefer the anterolateral approach where anterolateral tissues are released and hip is approached anteriorly (Modified Hardings).

Recently I have learnt minimal invasive approach to hip, which in my opinion is better than anterolateral approach.

I did a bipolar hip replacement using this approach that was introduced by Dr. Michel, from Switzerland. The incision is hardly 7cm-8cm between greater trochanter and Anterior Superior Iliac Spine (ASIS). Hip is approached directly on femoral neck. The surgeon stands in front of the patient & assistant stands behind with patient in lateral position. Only gluteus muscle is split and capsule is cut in "T" shape manner. Leg is externally rotated and extended behind the patient and the prosthesis is hammered in.



**Fig. 1 : 8 cms incision**

The advantages are in terms of (1) the time span of surgery, (2) orientation of acetabulum and femur, (3) soft tissue dissections, (4) no neurovascular complications, (5) less blood loss, (6) small size of incision, (7) stability of joint, (8) Faster post surgery recovery, (9) less chances of dislocation and range of movements, (10) less hospital stay and

Cost of procedure. In short this approach is better than conventional posterior and modified Hardings (anteroateral Approach).

*There is a lot on the learning curve for this procedure as this is newly introduced and is the FIRST one to be done in Maharashtra and probably in India. I am confident to bring down the incision to 6cms after a couple of surgeries.*

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