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How much better is anterior hip approach in the hands of a senior Orthopaedic-trauma surgeon?

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Abstract

Background

Anterior hip approach became very popular in the last years among orthopaedic surgeons. The approach is minimally invasive and there are many articles which confirm that postoperative rehabilitation period is shorter and less painful when we perform a planned total hip arthroplasty. In theory should be the anterior approach advantages especially beneficial for treating elderly patients with femoral neck fractures. Is it really so much better than anterolateral approach when we perform a hip hemiarthroplasty?

Objectives

We did a clinical trial to check if the anterior approach is really a better tool in the hands of orthopaedic-trauma surgeons who used anterolateral approach before.

Study Design & Methods

Inclusion criteria for our study were patients over 75 years of age with femoral neck fractures which were treated with hip hemiarthroplasty. All stems were cemented. In group A there were 34 patients with mean age 80 years. The prosthesis was inserted through anterolateral hip approach. In group B there were 31 patients with mean age 78 years. The prosthesis was inserted through anterior hip approach. We compared operation times, blood loss during operation, need for transfusion, postoperative pain, hospitalisation period and functional recovery between the two groups.

Results

Group A: mean operation time 90 minutes. Blood loss during operation: 320 ml. Transfusion post OP: 1.1 unit. Pain on day 1 post OP: VAS 6, on day 7: VAS 4. Hospitalisation period 19 days. Functional recovery: none of the patients could walk without support upon dismissal from hospital.

Group B: mean operation time 75 minutes. Blood loss during operation: 290 ml. Transfusion post OP: 0.25 unit. Pain on day 1 post OP: VAS 3, on day 7: VAS 1. Hospitalisation period 19 days. Functional recovery: 28% of patients could walk without support upon dismissal from hospital.

Conclusions

Anterior hip approach proved to be a slightly better tool for treating elderly with femoral neck fractures in comparison to anterolateral hip approach. Its main advantages are lesser blood loss and minor postoperative pain which allows quicker start of physiotherapy. Minimal need for transfusion can be an important economic factor, as well.



Biography:

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