#### Joint at the Hip: Understanding your treatment options

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Managing hip pain
Advancements in surgery
Deciding the best approach for you
Plus, LIVE Q&A with the expert



## Managing Hip Pain



## Nonsurgical Treatment Degenerative Joint Disease

 The disease does not have a cure, but it can be controlled through: diet physical exercise use of braces / assistive device activity modification administration of medications viscosupplementation.



### Nonsurgical Treatment

#### Address:

- ► Inflammation
- Pain
- Instability / Deformity
- Slow progression



#### Tylenol / Acetaminophen

#### Pain killer

- No anti-inflammatory action
- ► Safe
- ► Liver function



### Activity Modification

- Low Impact Exercise
- Diet / Weight reduction
- Stretching and strengthening
- Avoidance of aggravators









#### Inflammation

Glucosamine and Chondroitin
NSAIDS
Cortisone injections
Viscosupplementation



#### Glucosamine and Chondroitin

#### Glucosamine

Major studies of Glucosamine for osteoarthritis have had conflicting results.

- In general, research on Chondroitin has not shown it to be helpful for pain from hip osteoarthritis.
- Both may interact with the anticoagulant (bloodthinning) drug warfarin (Coumadin).
- Glucosamine might affect the way your body handles sugar

#### NSAIDS

- Advil, Motrin, Ibuprophen, Aleve, Naprosyn, Daypro, Mobic etc. all work on similar mechanisms to decrease inflammation and pain, COX 1 inhibitor
- Celebrex similar mechanism but a COX 2 inhibitor
   Can use with most blood thinners



#### NSAIDS

GI effects
Liver function
Kidney function
Fluid retention







#### **Cortisone Injections**

Potent anti-inflammatory given directly in the joint

Good short term pain relief

Can accelerate cartilage wear



#### Viscosupplementation

- Hyaluronic Acid Injection
- high-viscosity polysaccharide
- restore the "rheological" properties of the synovial fluid, thereby producing mechanical, analgesic, antiinflammatory and chondroprotective effects.







#### When to choose Surgery

- Pain is not controlled
- Instability is a problem
- You are changing your lifestyle to cope with the arthritis
- Worsening deformityTrouble sleeping due to pain





#### Surgery – Total Hip Replacement

- With your total hip replacement surgery, the damaged parts of your joint that need repair will be removed and replaced with metal and plastic implants.
- During surgery, an implant, especially selected to match your needs, will be affixed to the underlying bones.



## Advancements in Total Hip Arthroplasty

- Regional blocks for better post op pain control
- Multimodal pain control Less opioid usage
- Shorter length of stay
- Same day surgery
- Improved implant wear better longevity
- Robotics and computer navigation
- Efficient care teams and Navigators



#### Treatment for Hip Arthritis

Standard THR: cemented or noncemented Bearing options: metal – metal polyethylene – metal polyethylene – ceramic ceramic- ceramic









### Total Hip Surgery / How it is Done "Approaches"

Posterior - most commonly performed in USA

Lateral/Anterolateral

Anterior or Direct Anterior (DAA)
 becoming more common

"avante garde" "media driven" "early benefits"



It's estimated that only **15-20%** of hip replacement surgeries employ the anterior approach to hip Posterior

Anterior Lateral

#### Posterior Approach



- Separate muscles in buttocks
- Take down and repair small muscle tendons
- Posterior capsule is opened
- Sciatic nerve
- Posterior hip precautions +/-



## Anterolateral / Lateral

- > Supine in anatomic position
- Posterior capsule left intact
- Cut through abductors may result in a limp





#### Anterior Approach

#### Supine

- Avoid cutaneous sensory nerve
- Internervous plane
- Muscle sparing
- Posterior capsule left intact





#### Anterior Approach

- Lateral femoral cutaneous nerve palsy
- Femoral nerve palsy
- Wound healing
- Special table



- Not indicated in obese patients
- Trochanteric fractures
- Femoral perforations



# Recent Comparisons of the three Approaches

- Direct Anterior muscle sparing but data showed similar markers for muscle damage to posterior approach
- DAA greater improvement in gait at one month compared to posterior but no difference at 4 months post op
- Patient reported outcomes (PROs) dramatically improved regardless of approach (best to leave to surgeon's discretion)

- DAA possible early stem loosening
- DAA and Posterior had superior pain scores compared to the anterolateral approach
- DAA is slightly longer in operative time than the posterior approach





#### Recent Comparisons of the three Approaches

After 90 days post op:

No difference in DVT rate No difference in dislocation rates No difference in readmission rate No difference in infection rate No difference in hematoma / bleeding

#### Deciding the best approach for you

Current evidence comparing outcomes following anterior versus posterior THA does not demonstrate clear superiority of anterior or posterior approaches!

# Recent Comparisons of the three Approaches

Ultimately, the choice of surgical approach in primary total hip arthroplasty should consider preference and experience of the surgeon as well as preference and anatomy of the patient.

The doctor – patient relationship can not be underestimated



