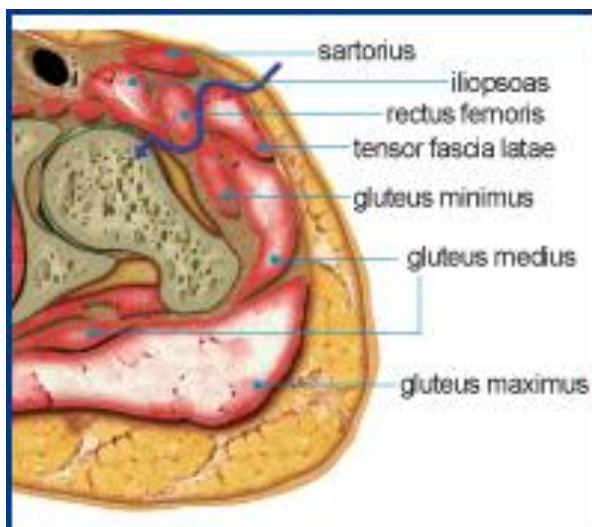
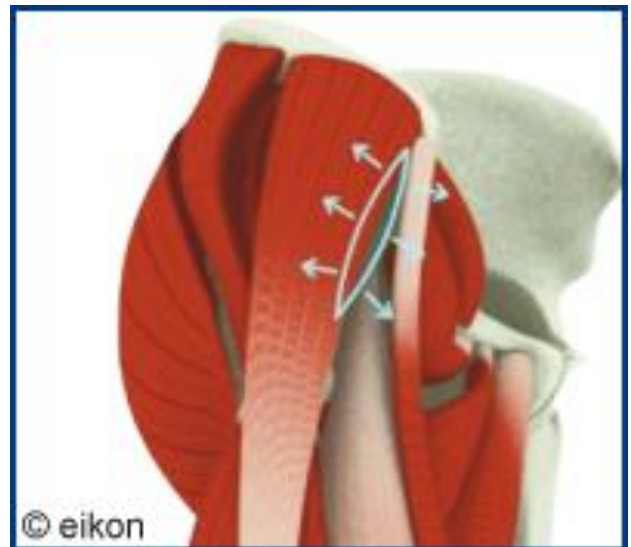


Anterior Hip Replacement

(AMIS : Anteriorly Minimally Invasive Surgery)

The AMIS technique is a major advance, using the same hip replacement components as conventional procedures, but inserting them in a way that does not require the cutting of any muscle. As a result, patients are in the hospital for a shorter time, their pain is significantly less intense and their overall hip function returns earlier than those who undergo a traditional hip replacement.

The anterior approach, proven by several years of clinical experience, is the only technique which follows a path both intermuscular and internervous and therefore reduces considerably the risk of damage to periarticular structures such as muscles, tendons, vessels and nerves.



For this reason the AMIS approach is the ideal approach for atraumatic surgery which is fundamental for a fast recovery. The incision is placed on the front outer part of the thigh, just below the hip bone. It is usually less than 10 cm in length and heals well with excellent cosmesis. Occasionally a small area of numbness may occur on the outside of the incision but this usually resolves within several months. As no muscles or tendons are divided in this approach to the hip the post operative recovery is usually quite rapid., ambulation is possible on the first post operative day and is usually rapidly increased so that discharge is usually possible between days 4 and 5.

Owing to the avoidance of division of muscles and tendons around the hip joint the risk of dislocation is very low so minimal precautions are needed in the immediate post operative period, unlike with the lateral and posterior approaches. Patients are allowed to lie on the side from day 1 and an abduction (or Charnley) pillow is not required. Hip flexion and abduction i.e. moving the leg outwards is encouraged as soon as comfortable but placing the operated leg across the other one, as in crossing the legs is not advisable for the first 4 weeks. There is no requirement for height extensions on toilet seats or avoidance of deep chairs as in the other approaches. Activities such as riding an exercise bike and swimming may be commenced after 2 weeks once the wound is well healed and dry.

Walking without crutches is usually possible after 2 to 3 weeks although sometimes, particularly with older patients a walking stick may be advisable from weeks 2 to 4. Driving a motor vehicle is dependent upon the operated side and the nature of the motor vehicle, as a rule if the vehicle is automatic and the left side is the affected one, then driving may be commenced after the first 2 weeks; if the vehicle is manual then a further 2 weeks should be allowed. Driving with the right leg affected should be able to be commenced between weeks 2 and 4.

The Anterior approach for Total Hip Replacement Surgery, with the avoidance of muscle and tendon division, offers an excellent alternative to the posterior and lateral approaches [muscle and tendon cutting] providing a more stable and rapid early phase recovery.

Raymond Crowe

Why an AMIS Total Hip Replacement

The AMIS technique will cause less surgical trauma than other techniques because NO MUSCLES ARE CUT, which aids rapid recovery.

AMIS may provide the following benefits:

- **Small Skin Scar:** with AMIS the skin incision is often shorter than with “conventional” surgery and therefore scar tissue is reduced.
- **Prevention of Limping:** AMIS is characterised by a surgical technique that protects the various muscles, blood vessels and nerves encountered during exposure of the hip joint. Minimising muscle and nerve damage reduces the chances of limping.
- **Decreased Post-Operative Pain:** in comparison with “conventional” surgical techniques the AMIS approach can reduce the post-operative pain because muscles are not cut.
- **Reduced Risk of Dislocation:** (separation of the hip ball and socket) : Thanks to the AMIS technique the preservation of the muscles improves the stability of the hip significantly. The risk of dislocation is minimal and the post-operative limitation of movements, usually prescribed in other techniques, is not necessary. Furthermore the risk of dislocation is reduced because the AMS technique is performed from the front of your body and dislocation is mainly related to posterior body structure damage.
- **Shorter Hospital Stay.**
- **Less Blood Loss:** Preservation of muscles and vessels potentially reduces blood loss. Transfusions are rare; blood clots in the legs (deep venous thrombosis) are potentially less likely.
- **Quicker Rehabilitation:** Rehabilitation can usually start even the day of the operation, with the agreement of your doctor. Standing up and walking with arm-crutches or a walker can begin immediately (if allowed by your doctor).
- **Faster Return to Daily Activities:** With the AMIS technique return to daily activities is faster. You may drive when able to get in and out of the car comfortably, have good control of your leg and are not taking narcotic pain medications. Depending on your general condition and approval from your surgeon, you may only wait 8 to 10 day before driving.