



Anterior Path[®]

PORTAL ASSISTED ANTERIOR APPROACH FOR TOTAL HIP ARTHROPLASTY

Direct anterior approach matches outcomes with modern surgeon and patient demands

Advantages of the Direct Anterior(DA) approach

Surgeon	Patient
True intramuscular, internervous interval	Less postoperative pain ²⁻⁴
More reliable pelvic position	Shorter length of stay ²⁻⁴
Improved acetabular component position ¹	No movement precautions
Ease of intraoperative imaging with fluoroscopy	Improved early function ²⁻⁴
	Shorter use of walker/cane ²⁻⁴

But, there are challenges...

The Direct Anterior Approach for total hip arthroplasty (THA) is effective; however, it still provides many challenges for physicians.

- Steep learning curve—increased operative time, increased blood loss, higher complication rate⁵
- Creating access to the femur is challenging, leading to femoral complications such as peri-prosthetic fracture⁶
- Increased rate of wound complications⁷
- Limitations in choice of femoral stem type



And challenges have led to compromises

Because of some of the challenges associated with the Direct Anterior approach, compromises must be made to achieve adequate femoral visualization & accurate, reproducible component placement.

Some of these compromises include:

- Additional assistants and technology
 - Intra-operative fluoroscopy
 - Specialized operative tables
- Offset instrumentation
- Extensive soft tissue releases
- New short femoral stems





These compromises impact
your patients and productivity
more than you think...

NEVER COMPROMISE

AnteriorPath®

Anterior Path[®] approach for total hip arthroplasty

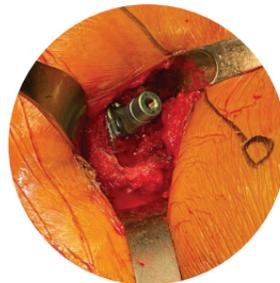
Anterior Path[®] is an anterior, portal-assisted approach for hip replacement that utilizes a cannula to gain direct access to the acetabulum, offering direct visualization and in-line preparation of the acetabulum and femur.

The use of the cannula allows for a transverse incision to be made more superior and lateral, minimizing many challenges related to the femur and wound healing.



A transverse, femoral-based incision is made more superior and lateral.

The use of a portal to prepare the acetabulum allows direct visualization and in-line reaming and cup impaction.



The placement and orientation of the incision create excellent femoral exposure, alleviate challenges related to femoral preparation, and allow the use of any stem philosophy.

Never compromise on the incision

The incidence of wound complications is 7 times higher with the use of the Direct Anterior approach, and does not improve with surgeon experience.⁸

Utilizing a Direct Anterior approach

- Skin incision is not in line with Langer's lines, which correspond to the natural orientation of collagen fibers in the dermis
- Wound is under constant tension
- Poor wound perfusion

The Anterior Path[®] incision is made in line with Langer's lines and in the hip crease, providing a number of benefits⁹:

IMPROVED WOUND COSMESIS
IMPROVED WOUND HEALING¹⁰
FEWER WOUND COMPLICATIONS

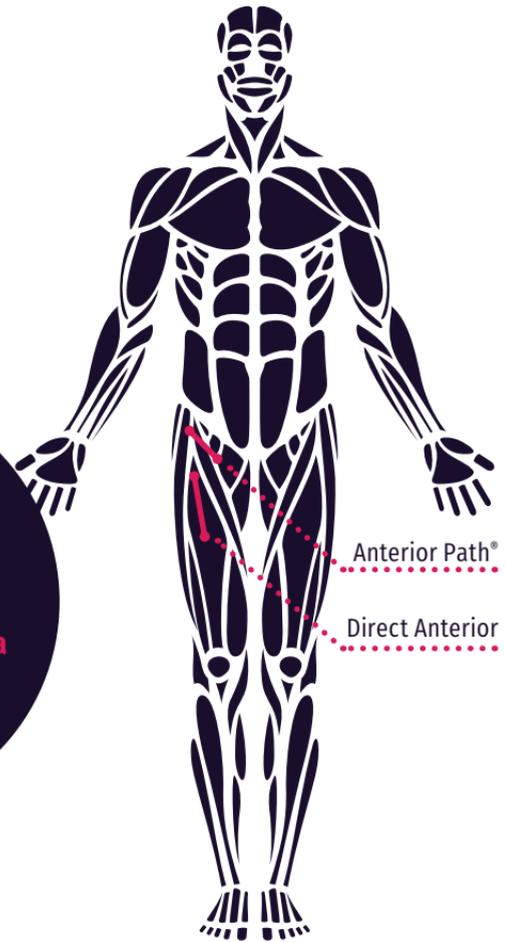


Never compromise on the LFCN

Retraction required by the Direct Anterior approach to gain access to the hip has led to injury of the LFCN, which results in tingling, numbness and burning pain in the patient's thigh.

Due to the change in the location and orientation of the incision in Anterior Path®, the Lateral Femoral Cutaneous Nerve (LFCN) is more easily avoided. A study on DA showed that a transverse incision reduced subsequent anterior thigh numbness by nearly half.⁹

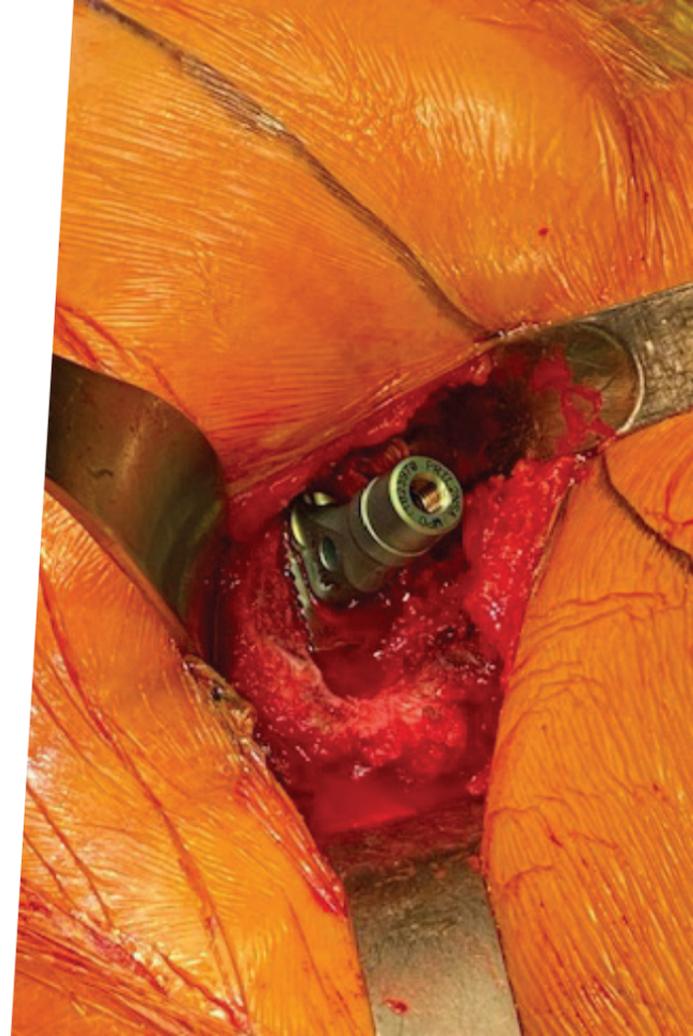
2x A comparative study of Direct Anterior shows that in 964 patients there was approximately **1.9 times as much numbness with a longitudinal incision versus a bikini incision.**⁹



Never compromise on the femur

With the Anterior Path® approach, the orientation of the incision is oblique v. longitudinal. Additionally, this oblique incision is made more superior and lateral. The nature and location of the incision has several benefits, including:

- Improved visualization and access for broaching & stem placement
- Eliminates the need for double offset broach handles
- Minimize femoral complications, potentially including peri-prosthetic fracture
- Easier femoral preparation
- Supports all stem philosophies



A close-up photograph of a surgical procedure. A hand in a brown surgical glove is operating a power drill on a patient's back. The patient's back is draped in orange sterile cloth. A metal surgical frame is visible at the top. The scene is brightly lit, typical of an operating room.

*Never
Compromise.*

Anterior Path[®]

Individual results and activity levels after surgery vary and depend on many factors including age, weight and prior activity level. There are risks and recovery times associated with surgery and there are certain individuals who should not undergo surgery. Each surgeon must evaluate the appropriateness of the procedures based on his or her personal medical training and experience as well as patient condition. Prior to use of the system, the surgeon should refer to the product package insert for additional warnings, precautions, indications, contraindications and adverse effects.

References

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Full Function, Faster[®]



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