

Anterior Hip Surgery Offered at AV Hospital

October 11, 2008
Antelope Valley Press

LANCASTER - Dr. Alon Antebi, an orthopedic surgeon, is now offering the latest technique in hip surgery at Antelope Valley Hospital.

The anterior, or front, approach hip replacement surgery allows the surgeon to access the hip joint from the front of the hip, where there is a more direct approach and less muscle and tendon to dissect through, Antebi said.

“In order to get access to the hip joint to insert the prosthesis, a highly specialized operating table only available at AV Hospital is required. This specialized table allows me to raise and lower the operative leg while the patient is lying flat on their back,” the surgeon said.

For the anterior approach surgery, both legs are put into stirrups on the table’s two long “arms.” A specially trained nurse moves the operative leg into the correct position to provide the best exposure for the surgeon while he inserts the femoral and acetabular prosthesis. After placing the prosthesis, the surgeon then checks the leg lengths to be sure they are even.

The table enables the surgeon to replace the hip



Ursula Houser

AT WORK -- Dr. Alon Antebi, left, an orthopedic surgeon, is now offering the latest technique in hip surgery at Antelope Valley Hospital. The anterior, or front, approach hip replacement surgery allows the surgeon to access the hip joint from the front of the hip, where there is a more direct approach and less muscle and tendon to dissect through, Antebi said. At right is Dr. Thomas Nasser.

through a single and minimally invasive 4-inch incision without detaching muscles or tendons from the pelvis or femur, the surgeon said.

The table allows hyperextension, adduction and external rotation of the hip for femoral component placement -- a positioning option not possible with conventional tables.



Dr. Antebi

The lack of disturbance to the lateral and posterior soft tissue provides immediate stability of the hip after surgery and minimizes the risks of post-operative dislocations and pain.

By performing the surgery from the front of the body, the hip can be replaced without detachment of muscle during surgery. The surgeon can

simply work through the natural interval between the muscles -- “spreading muscle, not cutting it.”

Antebi said that the most important muscles for hip function are the gluteal muscles (gluteus maximus, medius and minimus) which attach to the pelvis and femur and are left undisturbed in this new form of surgery, leading to a faster and less painful recovery.

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42135 10th Street West, Lancaster, CA 93534 • 661-726-5005 • <http://www.avorsmedgroup.com>
2080 Century Park East, Los Angeles, CA 90067, 310-553-0123 • 1111 North China Lake Blvd., Ridgecrest, CA 93555, 661-726-5005

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“Minimally invasive” surgery is a relative term, he said. The typical posterior approach may be performed through a small incision. However, underneath this incision is where the majority of the hip stabilizer muscles are detached, resulting in more pain and longer recovery.

In addition, the cup portion of the hip replacement is more difficult to position correctly, increasing the chances for hip dislocation.

Antebi said another benefit of doing the surgery at AV Hospital is that he can use fluoroscopy (live X-ray) to help identify the precise positioning of the prosthesis and to help determine if adjustments need to be made during the surgery.

“By using the real-time X-rays, I can put the prosthesis in position and make sure that everything is positioned perfectly before I close the wound,” he said.

Typically, traditional hip replacements are done with a patient lying on his or her side for surgeons to access the gluteal muscles. Spot X-rays are done during surgery, but because of the position of the patient, they are less reliable, Antebi said.

It is not until the patient is

in the recovery room and positioned on his or her back that the surgeon can get true hip X-rays to analyze if everything lines up correctly.

However, if anything is not correct, the patient would need to return to the operating room to correct the problem.

With the new anterior approach, the patient is lying on his or her back the whole time in surgery. This positioning enables the surgeon to use real-time X-ray, allowing for optimal visualization of implant placement before the patient leaves the operating room.

“The CEO was very enthusiastic when I explained to him that I wanted to offer this innovative approach in hip replacement surgery at AV Hospital,” Antebi said.

AV Hospital is the only hospital in northern Los Angeles County that is able to offer this surgery for its patients.

“We want to provide our Antelope Valley patients with the latest orthopedic procedures so that they don’t have to travel to Los Angeles for their orthopedic care. Surgery, recovery and therapy can all be provided right here at home,” hospital CEO Edward Mirzabegian said.

“When Dr. Antebi came to me requesting this table and showed me all of the benefits that it had for the patient, it was clear that it was a good investment in our future and for our patients.

“We are working towards becoming an orthopedic center of excellence,” Mirzabegian said. “By encouraging our physicians to learn and perform the latest techniques in orthopedic surgery, we’ll create a destination health care facility for our patients in the area, as well as other communities.”

Another advantage of the anterior hip replacement approach is that recovery time is typically cut in half and the pain is significantly less.

Patients are usually up and walking before they leave the hospital, as opposed to needing to use a walker for six to 12 weeks after posterior hip replacement surgery.

“My patients are up and walking the same day of surgery, hospital stay is two to three days rather than the usual five to six days, and patients use less pain medication, allowing them to return to their daily activities much faster,” Antebi said. “It is truly a thrill to see my patients walk into my office a few days

after surgery for their first post-operative checkup.”

“That makes the additional training necessary for this surgery, all worth it.”

For details, call Dr. Antebi at Antelope Valley Orthopaedic and Rehabilitation Specialists (661) 726-5005 or visit www.avorsmedgroup.com.

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