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ALMIS anterolateral hip approach using a different table and legs position during femoral exposure; New surgical technique

Two of best MIS hip approaches at least theoretically are the Röttinger muscles sparing Watson-Jones anterolateral approach in decubitus lateralis and the Pflüger at al MIS anterolateral approach in supine position but in our hands difficulties were present, especially during learning curve, to mobilize the femur without excessive superomedial capsule and external rotators e.g. piriformis and/or obturator internus release. External rotators release increases hip laxity and longer arthroplasty necks are usually used resulting to leg lengthening. In this new approach, only the gluteus minimus insertion tendon is temporary elevated and no branches of serious arteries e.g. of lateral circumflex artery are injured. The operating leg is not placed in extension but in 20° flexion, to avoid stress on abductors, as also in adduction and external rotation. The opposite leg is stabilized at the posterior leg support and the anterior is removed. The opposite leg in slight abduction and extension facilitates even more the femoral access. This approach may be used systematically in all primary or secondary osteoarthritis even in obese patients. In these cases, the skin incision may easily be extended without e.g. lateral cutaneous nerve of the thigh or deep femoral artery branches limitations of the anterior MIS approaches. The main restrictions are the severe posterior acetabular wall insufficiency or some high congenital dislocation cases. Gluteus minimus is strongly resutured at the end of the surgery at its normal place without consequences, the gait is immediate, hospitalization stay is normally 1-2 days and blood transfusion is very rare. Course in 725 patients operated with this new technique, in 342 of them using a short curved antirotation uncemented stem and a new generation threaded cup, is spectacular compared to the classic approaches and is more successful than our previously published less invasive and bloodless lateral MIS hip approach.



Figure 1: Leg position in slight flexion, adduction, external rotation at the region of the removed anterior leg support during femoral exposure and reaming



Figure 2: Final arthroplasty stem and head implants just before reduction. Intact gluteus medius muscle.

Recent Publications

1. Christodoulou N (2017) ALMIS Anterolateral Hip Approach Using a Different Table and Legs Position during Femoral Exposure; New Surgical Technique. *MOJ Orthop Rheumatol* 7(4):00282.
2. Christodoulou N, Dialetis K and Christodoulou A (2010) High hip center technique using a biconical threaded Zweymuller cup in osteoarthritis secondary to congenital hip disease. *Clinical Orthopaedics and Related Research* 468(7):1912-1919.
3. Christodoulou N, Dialetis K, Gouzias G, Georgas T and Stavrianou A (2012) Modified less invasive and bloodless lateral hip approach for total arthroplasty. *European Journal of Orthopaedic Surgery & Traumatology* 22(2):167-174.
4. Hansen B J, Hallows R K and Kelley S S (2011) The Rottinger approach for total hip arthroplasty: technique and review of

the literature. Current Reviews in Musculoskeletal Medicine 4(3):132-138.

5. Pflüger G, Junk-Jantsch S and Schöll V (2007) Minimally invasive total hip replacement via the anterolateral approach in the supine position. International Orthopaedics 31(1):7-11.

Biography

Nikolaos Christodoulou is Chairman of Orthopedic Surgical Department in Iatriko Psychikou Clinic - Athens Medical Group, Greece. He has studied medicine in the University of Athens having succeeded the Greek National Scholarship IKY. He is specialized in Orthopedic Surgery at Asclepeion Orthopedic Hospital of Hellenic Red Cross. He has been Consultant Orthopedic Surgeon in Asclepeion Orthopedic Hospital at Athens in 1983-1985 and received his PhD from University of Athens in 1985.

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