

Spire Leicester Hospital
Gartree Road
Leicester
LE2 2FF

Spire Secretary Gemma Winters
Tel. 0116 272 9027
Fax 0116 2720666
email gemma.winters@spireheathcare.com

Nuffield Health Leicester Hospital
Scraptoft Lane
Leicester
LE5 4HW

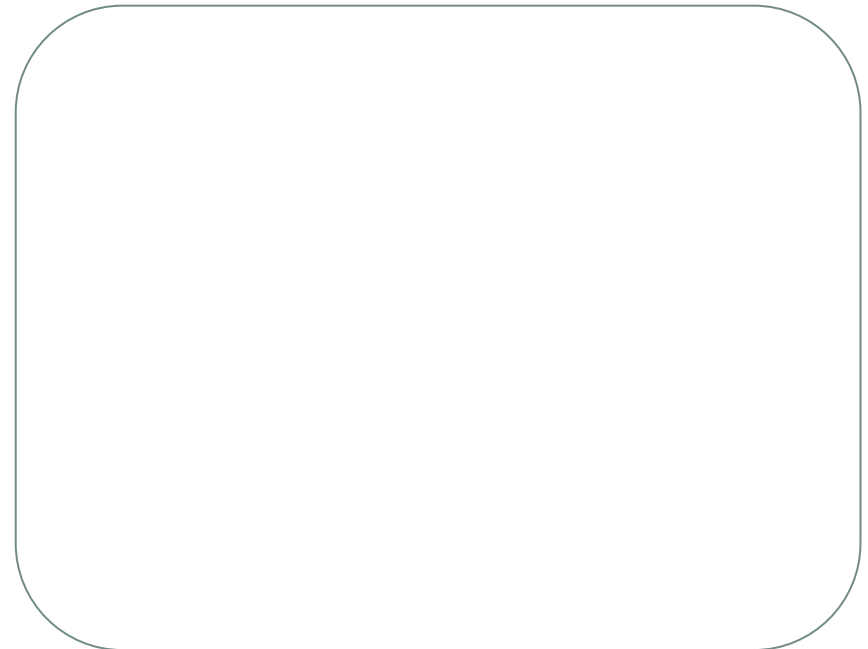
Nuffield Secretary Anne Bailey
Tel 0116 274 3718
Fax 0116 274 3739
email anne.bailey@nuffieldheath.com

NHS Secretary Antoinette Chandler
Tel. 0116 258 4993
Fax
email antoilette.garner@uhl-tr.nhs.uk

Ashwin Kulkarni

Consultant Orthopaedic Surgeon
Leicester

Information for Patients Undergoing a SuperPath Minimally Invasive Hip Replacement



What is SuperPath?

This is a new technique of doing minimally invasive hip replacement. It is through a smaller cut and with spreading muscles and tendons apart rather than dividing them. Super**Path** is also described as a micro-posterior approach. Standard approach to the hip is called posterior approach and Super**Path** is smaller version of it.

What is so different with SuperPath technique?

In this technique muscles and tendons are spread part and procedure is done with minimal damage to normal soft tissues outside the hip joint. It is possible to do so because the hip is never dislocated from the joint. To dislocate the hip joint one has to remove soft tissues from either the front or back of the hip joint. When this is repaired at the end of the procedure, it needs time to heal and despite healing, there is weakness because it can never be as strong as original structure. It is because of this weakness that there are restrictions after the hip surgery, such as you cannot cross your legs, you cannot sleep on your side, do not bend too much, do not rotate hip too much etc. In Super**Path** technique this tissue is not divided hence it remains normal with normal strength. Therefore, there are no restrictions after surgery. Because there is so little soft tissue damage, there is less bleeding and hence less pain and a shorter hospital stay. Less damage to normal soft tissues is also the reason that patients have near normal feedback from their tissues - called proprioception. This allows for safer and quicker mobility. For example patients are looking forward rather than to the ground when they are walking.

Is this different from other minimally invasive hip surgery?

Other minimally invasive approach that is practiced frequently is anterior approach. Hip dislocation is part of this approach. Anterior approach also needs a special table and traction device. When things are not so easily seen with this approach, it is much harder to extend the incision and make it bigger or extensive. The learning curve for anterior approach is much bigger.

In the Super**Path** approach, there is no need to dislocate; it is same as the posterior approach hence there is no need for a special table or traction device. When there is need, extension of incision allows conversion to normal posterior approach. Because the dissection is so similar to the posterior approach, learning curve is much smaller, with less risk of complications or less than satisfactory surgery.

What pain control will I need?

Generally most patients have combination of different pain-killers and it is decided on individual basis. Pain control is often titration to your needs. This procedure is smaller with less tissue damage and therefore pain needs are a lot less for most patients. However this is still an operation and it will cause pain and bruising particularly for first 6 weeks or so. You will have enough pain control medication with appropriate advise to reduce it as you go.

Recovery

Typical hip replacement surgery has 2-3 night stay in hospital with slow progress to regain mobility and independence to be allowed home safely. Super**Path** hip replacement has the ability to allow much quicker recovery, you can be walking within hours of your operation and stay 1 night in hospital in most cases rapid recovery and early mobility has advantages all around in reducing risk of thrombosis/embolism, maintaining good chest and bowel/bladder function.

Where can I get further information about SuperPath hip replacement on the internet?

Further details can be found at superpathhiptechnique.com

Patient journey

After you are seen in the clinic, date for surgery will be fixed in discussion with you. We try to perform your procedure as close to your desired time as possible.

You will be seen in pre-operative assessment clinic, where you will have clinical assessments and tests. If there is something highlighted as a risk, which can be improved before surgery it will be discussed with you and appropriate arrangements will be made for treatment.

You will arrive for the surgery early in the morning on the day of your surgery. You will be seen by the anaesthetist and myself. We will discuss and explain about the procedure again.

After the surgery, you will spend a short time in recovery and then return to your room. The nurses will monitor your progress and recovery. The physiotherapist will see you after a few hours and as long as the anaesthetic has worn off, they will start exercises and mobilisation.

You will initially just stand, walk with frame, then with crutches and then learn to climb stairs. Once you are safe, you will have a check x-ray. If you have completed the in-patient physiotherapy and it is safe you will be discharged home. Before you go home you will have a number to call if there is a problem, appointment for removing sutures, appointment with physiotherapy and appointment to come back to see me in clinic.

What anaesthetic will I have?

The anaesthetist will have a discussion with you regarding what anaesthetic you will have. I cannot promise anything on their behalf. They will, however listen and take in to account everything you have to say and your preferences. Generally, most people have spinal anaesthetic (injection in the back) with sedation. I prefer it - when it is safe and possible to have it for my patients, because it is safer anaesthetic - you are likely to bleed less, pain control is much better after surgery and you are not feeling sick because of pain killers as soon as operation is over. It is however not my specialty and the anaesthetist need to see you and decide with you what is best for you.

What are the advantages of SuperPath hip replacement?

Smaller scar and minimal damage to normal soft tissue
Less bleeding
Less pain
Early mobility
Short hospital stay
No standard restrictions after hip replacement
Near normal proprioception
Quicker recovery
Early return to work
Less risk of thrombosis and embolism because of early mobility

What are the disadvantages and risks/complications of SuperPath hip replacement surgery?

It is a newer technique so the metalwork that goes in is newer. It does not have a long-term follow up. It is based on successful models and so far it has proven to be good in short term, there is always some uncertainty about how it may behave in longer term.

In some cases where visualisation is not adequate for any reason, the approach may have to be converted to the normal posterior approach.

The metalwork that goes in patients is un-cemented or jammed in to the bone. There is a small possibility that it can subside in the bone after implantation.

There is a small risk of malposition of implants or in other words metal work not sitting perfectly in the bone.

The standard risks of hip replacement are applicable to the Super**Path** approach (in varying degree) such as infection, bleeding, injury to nerves/blood vessel, fracture, thrombosis-embolism, medical complications, fatal complications, dislocation, leg-length difference, persistent pain, scar pain, etc.

As mentioned previously risks of bleeding, dislocation, leg-length difference in particular are much less with Super**Path** than in a standard posterior approach.