

Direct Anterior Approach Revision for Recurrent Instability After Primary Posterior Approach THA

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INTRODUCTION

- Recurrent instability may complicate THA from any approach.
- Limited data exist regarding outcomes for DAA revision hip arthroplasty.
- Some studies have suggested a decreased dislocation risk for revisions performed anteriorly.
- We sought to evaluate the success of utilizing DAA for revision arthroplasty in cases of recurrent instability.

METHODS

- A retrospective review was performed for 3 fellowship-trained arthroplasty surgeons in a large private practice
- Each surgeon possessed extensive experience with DAA primary and revision hip arthroplasty, with DAA as their preferred technique for most cases.
- Practice billing records were utilized to identify all revision hip arthroplasty cases from 2014-present performed through the direct anterior approach

RESULTS

- 16 hips in 15 cases of anterior approach revision for recurrent instability following a previous lateral or posterior approach were included
- All patients had a minimum of 2 years follow-up
- Average duration of follow up was 68 months
- Common technique among the three surgeons included use of a specialized orthopedic table and use of fluoroscopic guidance for component positioning.



Fig 1: Post-op radiograph of right THA revised anteriorly for instability

RESULTS

- 5 (31%) patients experienced a recurrent dislocation [Figure 1]
 - all patients underwent further revision surgery for instability
- 4 (25%) patients experienced non-dislocation related complications
 - 2 patients required surgery for superficial wound infections
 - 1 patient experienced a PE
 - 1 patient sustained a sacral fracture after a fall

CONCLUSION

- Our results suggest that outcomes from DAA revision arthroplasty are consistent with and non-inferior to many historical controls.
- Surgeons using the direct anterior approach may use this data to counsel their patients considering anterior approach revision surgery for recurrent instability.