

ANTERIOR ADVANTAGE™ Hip Replacement

Help your patients get back sooner with the Anterior Approach

Total hip arthroplasty (THA) is a clinically successful and cost effective procedure with patients typically experiencing meaningful improvements in function and pain relief. The shift towards value-based healthcare and the need to deliver more in a financially constrained environment means healthcare providers are increasingly looking for ways to improve outcomes and the cost effectiveness of procedures.

The Anterior Approach is a surgical approach which allows surgeons to work between the muscles and tissues without the need to release any muscles or tendons from the pelvis or femur. An increasing body of evidence suggests the Anterior Approach supports faster recovery,^{1,2} improvements in short term outcomes^{1,3} and reductions in the total cost of care;^{4,5,8} while also showing equivalent mid-term survivorship.^{6,7}

ANTERIOR ADVANTAGE™ Hip Replacement is a differentiated solution for Anterior Approach, inclusive of DePuy Synthes hip implant products, instrumentation, enabling technologies, and world class professional education. These resources are designed to help decrease the learning curve, increase OR efficiencies and surgical reproducibility, with the goal of better patient outcomes. As a defined solution for the Anterior Approach, ANTERIOR ADVANTAGE Hip Replacement delivers the clinical benefits of Anterior Approach¹⁻³ with measurable reductions in narcotics consumption and pain compared to traditional approaches.¹⁰

Delivering Value to Patients, Surgeons and Hospitals

Improved Short-Term Outcomes And Faster Recovery

ANTERIOR ADVANTAGE Hip Replacement Clinical Results

Several studies showed that compared to the posterior approach, ANTERIOR ADVANTAGE Hip Replacement is associated with:

27%

reduction in hospital LOS (70 ± 3.3 vs. 97 ± 5.5 hours, p < 0.001)¹⁰

58%

lower pain score at 2-week follow-up (2.2 vs 5.2 p<0.0001)⁹

30%

lower narcotic usage on post-operative days 1-3. (101 ± 12 vs. 146 ± 12 morphine equivalent dose, p = 0.010)¹⁰

Reduced Total Cost Of Care

Anterior Approach Clinical Results

Anterior Approach decreases in-hospital and post acute care costs compared to other approaches^{5,8}

Equivalent 5-Year Survivorship

Registry Data

Registry data from Australia and Norway demonstrate no statistical difference in survivorship rates between Anterior Approach and posterior approach at 3 and 5-year follow-up respectively.^{6,7}

Lower Risk Profile

Anterior Approach Meta Analyses Findings

Meta analysis findings showed that compared to posterior approach, Anterior Approach is associated with:

35%

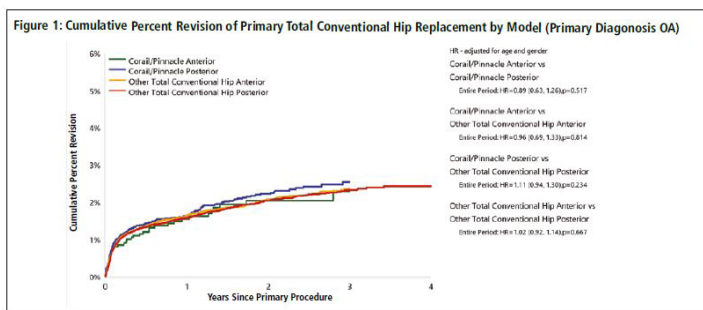
Lower risk of dislocation (RR=0.65, p=0.03)³

16%

Lower risk of reoperation (RR=0.84, p<0.001)³

References

1. Miller LE, Gondusky JS, Bhattacharyya S, Kamath AF, Boettner F, Wright J. Does Surgical Approach Affect Outcomes in Total Hip Arthroplasty Through 90 Days Follow-up? A Systematic Review with Meta-analysis. *The Journal of arthroplasty*. 2017 Nov 14.
2. Miller LE, Kamath AF, Boettner F, Bhattacharyya SK. In-hospital outcomes with anterior versus posterior approaches in total hip arthroplasty: meta-analysis of randomized controlled trials. *Journal of Pain Research*. 2018 Jan 1;11:1327-34.
3. Miller LE, Gondusky JS, Kamath AF, Boettner F, Wright J, Bhattacharyya S. Influence of surgical approach on complication risk in primary total hip arthroplasty: Systematic review and meta-analysis. *Acta orthopaedica*. 2018 May 4;89(3):289-94.
4. Petis SM, Howard JL, Lanting BA, Marsh JD, Vasarhelyi EM. In-hospital cost analysis of total hip arthroplasty: does surgical approach matter?. *The Journal of arthroplasty*. 2016 Jan 1;31(1):53-8.
5. Kamath AF, Chitnis AS, Holy C, Lerner J, Curtin B, Lochow S, DeCook C, Matta JM. Medical resource utilization and costs for total hip arthroplasty: benchmarking an anterior approach technique in the Medicare population. *Journal of medical economics*. 2018 Feb 1;21(2):218-24.
6. Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR), Ad hoc Report, ID No.2595 for Johnson & Johnson Medical, Corail Pinnacle Prosthesis Total Conventional Hip, (Procedures from 1 September 1999 – 27 September 2018), Accessed 28 September 2018, AOA, Adelaide: 1-13.



7. Mjaaland KE, Svenningsen S, Fenstad AM, Havelin LI, Furnes O, Nordstle. Implant survival after minimally invasive anterior or anterolateral vs. conventional posterior or direct lateral approach: an analysis of 21,860 total hip arthroplasties from the Norwegian Arthroplasty Register (2008 to 2013). *JBJS*. 2017 May 17;99(10):840-7.
8. Miller LE, Martinson MS, Gondusky JS, Kamath AF, Boettner F, Bhattacharyya SK. Ninety-day postoperative cost in primary total hip arthroplasty: an economic model comparing surgical approaches. *ClinicoEconomics and Outcomes Research*. 2019; 11: 145-149.
9. Zawadsky MW, et al. "Early Outcome Comparison Between the Direct Anterior Approach and the Mini-Incision Posterior Approach for Primary Total Hip Arthroplasty: 150 Consecutive Cases." *The Journal of Arthroplasty* 2014; (29): 1256-1260. (Ant Adv)
10. Schweppe et al. Does Surgical Approach in Total Hip Arthroplasty Affect Rehabilitation, Discharge Disposition, and Readmission Rate? *Surgical Technology International XXIII*. 2013. *Orthopedic Surgery*, 219-227. (Ant Adv)



DePuy Orthopaedics, Inc.
700 Orthopaedic Drive
Warsaw, IN 46582
USA
Tel: +1 (800) 366-8143
Fax: +1 (800) 669-2530
ijnjmedicaldevices.com

DePuy International Ltd
St Anthony's Road
Leeds LS11 8DT
England
Tel: +44 (0)113 270 0461

DePuy (Ireland)
Loughbeg
Ringaskiddy
Co. Cork
Ireland
Tel: +353 21 4914 000
Fax: +353 21 4914 199

The third party trademarks used herein are trademarks of their respective owners.

© DePuy Synthes 2019–2021. All Rights Reserved

Please refer to the instructions for use for a complete list of indications, contraindications, warnings and precautions.
109502-210310 DSUS/EMEA