

ANTERIOR ADVANTAGE™ Hip Replacement Fact Sheet

[USE FACILITY LETTERHEAD]

About Hip Pain

Hip pain, and associated mobility challenges, is a chronic problem for many Americans and is most commonly caused by arthritis. Osteoarthritis (OA), the most common form of arthritis¹, is “wear and tear” of the joints and affects approximately 30 million Americans.¹ It is expected that by 2030, approximately 20% of Americans – 70 million people – will be at an increased risk for osteoarthritis².

People with hip pain may try conservative treatments like physical therapy or over-the-counter medications. But when hip pain becomes severe or begins interfering with daily activities, hip replacement may be an option.

Hip replacement surgery involves removing the diseased part of the joint and replacing it with an artificial implant, which may help improve joint function and relieve pain.³

Hip Replacement Surgery Fast Facts

- Hip replacement is recognized as one of the most common and successful surgical procedures.⁴
- More than 400,000 total hip replacements are performed in the United States annually,⁵ and according to research presented at the annual meeting of the American Academy of Orthopaedic Surgeons, between 2000 and 2014, the average age of patients for hip replacement surgery decreased in the U.S. from 66.3 to 64.9 years.⁶
- Orthopaedic surgeons help patients decide when hip replacement surgery is necessary, but delaying hip replacement for too long can lower patients’ quality of life before and up to two years after surgery.⁷
- Traditional hip replacement surgery involves making a 10- to 12-inch incision on the side of the hip to access the joint.⁸ The muscles around the hip are then split or separated from the joint, the damaged part of the joint is removed, and it is replaced with an artificial implant. The goal is to reduce hip pain and improve motion in the hip. Patients generally stay in the hospital one to four days⁹.

About ANTERIOR ADVANTAGE™ Hip Replacement

- ANTERIOR ADVANTAGE Hip Replacement is a leading solution in anterior approach hip replacement.
- The anterior approach to hip replacement is a minimally invasive surgical technique in which surgeons makes an incision at the front of the hip instead of through the buttocks or side of the hip and work between the muscles to keep them intact, rather than cutting through them, which is common with traditional hip replacement.
- An innovative way to perform the anterior approach is called ANTERIOR ADVANTAGE Hip Replacement and is now being performed by doctors at [\[INSERT NAME OF HOSPITAL\]](#).
- ANTERIOR ADVANTAGE Hip Replacement is associated with less pain^{9,10,11} faster recovery^{9,11,12} a reduced length of hospital stay^{9,12,13} and the need for fewer narcotics to relive pain after surgery^{10,13,14,15} – compared to patients who have undergone traditional hip replacement surgery.
- ANTERIOR ADVANTAGE Hip Replacement is a strong option for patients who have avoided hip replacement because they feared a lengthy and painful recovery.

ANTERIOR ADVANTAGE Hip Replacement goes beyond the anterior approach technique and includes technologies that help optimize the surgical experience for patients. These include:

- KINCISE™ Surgical Automated System, an exclusive DePuy Synthes technology, which enables surgeons to automate and improve the precision of key steps during hip replacement surgery.
- VELYS™ Hip Navigation, also an exclusive DePuy Synthes technology, which aids in accurate implant placement.
- Hana® table (and other orthopaedic tables), which allows surgeons better access to the hip joint and gives them the ability to better align and position implants.
- Clinically successful hip replacement implants that are designed to act much like a natural hip, enabling smooth movement, increasing joint stability and reducing pain.

These technologies, along with a world class ANTERIOR ADVANTAGE Hip Replacement training curriculum for surgeons, help facilitate a successful surgery.

Learn More

To learn more about ANTERIOR ADVANTAGE Hip Replacement provided at [FACILITY NAME], visit [FACILITY WEBSITE] or MyAnteriorAdvantageHip.com.

Safety Information

The performance of hip replacements depends on age, weight, activity level and other factors. There are potential risks, and recovery takes time. People with conditions limiting rehabilitation should not have hip replacement surgery. Only an orthopaedic surgeon can determine if hip replacement is required based on each individual patient's condition.

References

1. Center for Disease Control and Prevention. Osteoarthritis. <http://www.cdc.gov/arthritis/basics/osteoarthritis.htm>; accessed May 2019.
2. <https://report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=55>; accessed May 2019.
3. National Institute of Arthritis and Musculoskeletal and Skin Diseases. (2013). Hip Replacement. accessed May 2019 from http://www.niams.nih.gov/Health_Info/Hip_Replacement/.
4. National Joint Registry for England, Wales, Northern Ireland and the Isle of Man, 15th Annual Report, 2018. Table 3.7. Available from www.njrreports.org.uk.
5. 2019 GlobalData Medical Intelligence Center (190219): 39-Country Hip Reconstruction Market Model Dataset. <https://medical.globaldata.com/Medtrics/OrthopedicMedtrics>.
6. <https://www.aarp.org/health/conditions-treatments/info-2018/knee-hip-replacements-fd.html>. accessed May 2019.
7. Fortin PR, Penrod JR, Clarke AE, St-Pierre Y, Joseph L, Bélisle P, et al. Timing of total joint replacement affects clinical outcomes among patients with osteoarthritis of the hip or knee. *Arthritis & Rheumatism*. 2002;46(12):3327-3330.
8. Ortho Info. Minimally Invasive Total Hip Replacement. <http://orthoinfo.aaos.org/topic.cfm?topic=A00404>; accessed May 2019. <https://orthoinfo.aaos.org/en/recovery/activities-after-hip-replacement>.
9. Barrett WP, et al. "Prospective Randomized Study of Direct Anterior vs Postero-Lateral Approach for Total Hip Arthroplasty." *The Journal of Arthroplasty* 2013; (28): 1634-1638.
10. 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.
11. Bourne MH, Mariani EM. A Comparison Between Direct Anterior Surgery of the Hip (DASH) and

Anterolateral (AL) Surgical Approaches to Total Hip Arthroplasty: Post-Operative Outcomes. Poster Presentation #014, AAOS, New Orleans, LA, March 9-13, 2010. Comparison of functional outcomes after Anterior Approach (211 patients) with Anterolateral/Traditional (259 patients).

12. Kamath A, Chitnis A, Holy C, et al. Medical resource utilization and costs for total hip arthroplasty: benchmarking an anterior approach technique in the Medicare population. *J Med Econ.* 2017; 1-7.
13. Petis SM, et al. "In Hospital Cost Analysis of THA: Does Surgical Approach Matter?" *The Journal of Arthroplasty* 2016; (31) 53-58.
14. Miller LE, Gondusky JS, Bhattacharyya S, Kamath AK, Boettner F, Wright J. Does Surgical Approach Affect Outcomes in Total Hip Arthroplasty Through 90 Days of Follow-Up? A Systematic Review With MetaAnalysis. *J Arthroplasty.* 2017; 33(4); 1296-1302.
15. Schweppe et al. Does Surgical Approach in Total Hip Arthroplasty Affect Rehabilitation, Discharge Disposition, and Readmission Rate? *Surgical Technology International XXIII.* 2013.

[\[ADD CONTACT INFORMATION\]](#)

© DePuy Synthes 2019–2020. All rights reserved.
116064-200519 DSUS

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