

## The Direct Anterior Approach (DAA) Of Hip: An Esteemed Surgical Approach

Kathiravan.M<sup>1</sup>; Khairil Anwar A.H<sup>1</sup>; Siti Munira S.M<sup>1</sup>;; Fahrudin C.H<sup>1</sup>

<sup>1</sup> Arthroplasty Unit, Hospital Sultan Abdul Aziz Shah,Universiti Putra Malaysia

### INTRODUCTION:

The optimal goal for active elderly individuals suffering from hip fracture should be a swift return to their pre-morbid level of function with lesser surgical complication. Compared to posterior and lateral approach, direct anterior approach (DAA) allows a rapid recovery and attain speedy pre-morbid hip range of motion.

### REPORT:

We report a case of a 74-year-old male employed as factory supervisor presented with neck of femur fracture following workplace fall. Patient underwent cementless bipolar hemiarthroplasty via DAA using standard operating table. At day 2 post-surgery, patient was able to demonstrate active hip flexion up to 90 degree and ambulate with walking frame. At 2 weeks follow up, patient achieved his premorbid hip range of motion. At 6-weeks, he was comfortably walking unaided and ready to resume work.



**Figure 1:** X-ray showing pre operative fracture of left neck of femur (Left) and post operative X-ray (Right)



**Figure 2:** Post operative Day 2 post surgery patient able to flex up to 90 degree (Left), 2 weeks post operative patient able to achieve pre-morbid ROM (Middle) and 6 week post operative able to single stand on operative leg (Right).

### DISCUSSION:

The advantages of DAA includes tissue-sparing surgery achieved via neuro-muscular interface, significant reduction in blood loss and post-operative pain, faster functional recovery in terms of muscle strength, range of motion, gait and early return to weight-bearing activities, and reduced dislocation rate<sup>1</sup>. Avoidance of traction table allow surgeons to assess limb length comfortably and confidently. However, surgeons face a notable learning curve in the initial 20 to 50 cases of the DAA, potentially leading to prolonged surgical time, elevated revision, and complication rates such as aseptic loosening, periprosthetic fractures, and periprosthetic joint infections<sup>2</sup>.

### CONCLUSION:

Patient underwent hip arthroplasty via DAA approach able to achieve earlier full hip range of and return to work. With appropriate patient selection and surgical instruments, the rate of complication from DAA can be minimized.

### REFERENCES:

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