

Grounds crew leader back on his feet with anterior hip replacement

On a scale of one to 10, **Joe O'Hara**, Grounds Crew Leader, Plant Operations, rated his chronic hip pain a "12."

In fact, the energetic 32-year hospital veteran said hip pain was his constant companion for nearly eight years. It affected his ability to walk, sit, stand and golf.

"Honestly, it was hard to walk 20 feet," he remembers.

Initially, O'Hara was diagnosed with varicose veins and had vein stripping done in both legs – with little relief.

It wasn't until he made an appointment with his primary care doctor **Pramod Anand, M.D.**, that he was eventually diagnosed with arthritis in both hips.

"Dr. Anand ordered a simple X-ray, and there it was," O'Hara explains. "Bone on bone, both hips."

O'Hara was thrilled to finally have an answer and enthusiastically made an appointment to see **Daniel Weber, M.D.**, a board-certified orthopedic surgeon on staff at Ingalls.

Replacement surgery of both hips was recommended. O'Hara had his first hip replaced in August 2007 using traditional hip replacement surgery.

When it was time to replace his second hip nearly a year later, O'Hara asked Dr. Weber about the anterior approach to hip replacement.

"I walked into his office with a newspaper article about anterior hip replacement surgery," he remembers. "That was the way I wanted to go. I was so happy when I found out that I could have my second hip done that way."

How anterior hip replacement works

The anterior approach to hip replacement surgery (also known as the French Hip) allows the surgeon to reach the hip joint from the front of the hip as opposed to the side or back approach traditionally used in the United States. This approach allows



Daniel Weber, M.D.

surgeons to work between the muscles and tissues without detaching them from either the pelvic or thigh bones, minimizing trauma and a lengthy healing process. Keeping these muscles intact also helps prevent dislocation of the hip, a major benefit.

"By and large, most individuals with hip arthritis would be candidates for anterior hip replacement," Dr. Weber said. "Inarguably, one of the biggest advantages is that patients are able to be up and around much more quickly."

The anterior approach is made possible with the use of a high-tech operating table that places the leg and pelvis in a stable position. The specially engineered table includes leg supports that allow the surgeon to adjust the operative leg during surgery with a great degree of control and precision,

helping to achieve excellent alignment and positioning of the implant.

Rather than being positioned on the side or stomach (as is the case in traditional hip replacement surgery), the patient is laid flat on his/her back, minimizing tilting of the pelvis during surgery. X-rays taken during surgery ensure correct positioning,



O'Hara suffered with constant hip pain for eight years before his surgery.

sizing and fit of the artificial hip components, as well as correct leg length.

Dr. Weber said other benefits include less muscle trauma, which has the potential for less post-operative pain, and a more rapid return to normal activities.

"Conventional hip replacement surgery requires strict precautions for the patient, including limited hip motion for six to eight weeks," Dr. Weber added, complicating normal activities like sitting in a chair or on a toilet seat, putting on shoes, climbing the stairs or getting in a car.

That is not the case following anterior hip replacement. Patients are allowed to immediately bend their hip freely and bear full weight when comfortable, resulting in a more rapid return to normal function. And, in supervised physical therapy, patients go up and down stairs before their hospital release.

"I've had both types of hip replacement surgery, and the anterior hip replacement was much easier," O'Hara added. "Since I didn't have any restrictions, it made me more optimistic about rehabilitation and recovery. I noticed that I could master the exercises quicker, too. At home, I could walk around without a walker or cane in two weeks versus four weeks with my first surgery."

An avid golfer who ordinarily shoots around 80, O'Hara's hip pain and subsequent surgeries sidelined him for the last two years, but he looks forward to hitting the links again this summer.

"I can't wait," he said.

For more information on the anterior approach to hip replacement surgery at Ingalls, please call Ingalls Care Connection at **1.800.221.2199**, or visit our website at www.ingalls.org/AOI. ■



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