



## **Posterior MIT Approach to Hip Resurfacing**

The approach is the most commonly used throughout the world for Hip Surface Replacement. Other approaches have also been used: Anterolateral (Watson-Jones), Direct lateral (Hardinge), Sliding Transtrochanteric (Ganz), and direct anterior (Smith-Peterson). I have done at least 40 via the AL and only one via the STT approaches. I find these much more difficult. Although most resurfacing experts find the posterior approach superior, this is an issue of surgeon preference. No approach has clearly been shown to achieve better results or fewer complications.

I prefer the posterior approach because I find it is easier to reproducibly perform the operation. In over 1200 cases I have had to abandon the operation only once to convert intraoperatively to a THR. This was because I underestimated the amount of dead femoral head in a case of AVN on the preop XR; not because of difficulty in gaining exposure. Also I prefer a posterior approach because there is little damage to the abductors, allowing a rapid return to full weight bearing and resolution of postoperative limping.

Minimally invasive Technique (MIT) helps decrease postoperative pain and helps speed up the recovery process. Patients prefer the smaller skin incision. The incision can easily be extended at any time during the operation if the surgeon needs better exposure. Clearly, what is done on the inside is by far the most important. The small incision can only be considered icing on the cake!

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