Direct anterior approach for bipolar hemiarthroplasty of geriatric femur neck fracture

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Geriatric femur neck fracture is an intracapsular fracture which lacks the ability of osteointegration with early nonunion. An appropriate treatment option is hip arthroplasty in older patients. Patients who are not suitable for long-term surgery and have restricted life expectancy, impaired cognition and are less active, bipolar hemiarthroplasty is done. Conventionally, this was done by a posterior or lateral approach with the patient in the lateral position. Direct anterior approach offers the advantage of a muscle-sparing approach, early rehabilitation and faster recovery than the conventional posterior approach. The aim of early rehabilitation in these geriatric trauma patients is to prevent the complications associated with prolonged immobilisation, such as lung atelectasis, pneumonia, deep vein thrombosis, and pulmonary thromboembolism. Increased mortality has been seen in patients with hip fractures and delayed treatment and rehabilitation. Earlier mobilisation will help these patients return to pre-injury status and improve overall prognosis. The direct anterior approach has been associated with a lower rate of hip dislocation and limited blood loss. Use of intraoperative fluoroscopy helps in avoiding limb length discrepancy and future gait imbalance, resulting in improved functional outcome. The direct anterior approach is becoming an established approach for addressing femoral neck fractures.