Direct anterior approach (DAA) of total hip arthroplasty. -K- tech of DAA without traction table in obese patient-

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Direct anterior approach (DAA) was introduced have many benefits including improved pain relief, shorter faster rehabilitation and shorter hospital stay and lower dislocation rate than posterior approach. Some criticized long learning curve and intraoperative fluoroscopy. We studies a DAA without traction table from 2016. We performed 649 hips from Oct 2016 to June 2024. We excluded patients who were more than 80 yrs old and patients with mental illness or other medical complications. This study includes 515 hips in 510 patients We used cementless cup and stem Minima (in 273 hips) and Master stem (in 237 hips), Udine, Lima Co.

Results are very reasonable as an implant position: cup inclination 39.41°(30.27-49.86°), anteversion 16.74° (14.78-21.70). All cups of implants are located in range of Lewinnek's safe zone. Postoperative walking, Koval grade 4.08 (±0.35) at 2weeks (discharge date)

Clinically, preop VAS 5.03(±0.48) to 2.54 (±0.58) at 2 weeks and Harris Hip Score improved preoperatively 68.77(±7.74) to postoperative score 93.16 at 3 months, 96.70 at 6 months, 98.05 at 1 year.

DAA provides postop immediate walking ability, decreased admission day, allows precise component alignment and easy leg length assessment (under 15 mm). The steep learning curve and complications unique to this approach (periprosthetic fracture and nerve damages) have been well described. However, the incidence of these complications decreases with surgeons' experience.

This video presents a 63 yrs-old woman who suffered from AVN and have an Obesity (BMI 31.29). We performed DAA without traction table. Unfortunately, we found periprosthetic fracture at base of the greater trochanter during operation. We managed it quickly. It will also show the leg length adjustment by unique technique (K-tech) and intraoperative fracture managed with wiring .