

Having a hip replacement using SuperPath® keyhole surgery

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Produced: November 2021

Review: November 2024

Information for Patients

Leaflet number: 387 Version: 2

What is SuperPath® hip replacement?

There are various ways of doing a hip replacement. Currently we use standard ways, called either posterior or direct lateral approach. Both of these are very successful ways of doing a hip replacement. SuperPath® hip replacement is a newer method and has been used since 2019 at Leicester's Hospitals.

SuperPath® hip replacement uses minimally invasive (keyhole) surgery. It is done through a smaller cut in the skin and by spreading muscles and tendons apart rather than dividing them as far as possible. The metalwork used is similar to a standard hip replacement except that it is fitted in a precisely prepared slot into your bone without cement.

What is so different with SuperPath® technique?

In a keyhole (SuperPath®) hip replacement, muscles and tendons are mostly spread apart and carefully moved away during the procedure. It is done with little damage to normal soft tissues outside of the hip joint. This is possible because this procedure is done with the hip staying in its own place and not dislocated.

Dislocation is the usual method used in other types of hip replacement. To dislocate the hip joint, the soft tissues are released from either the front or the back of the hip joint. When this is repaired at the end of the procedure, it needs time to heal, but even with healing there is often weakness because it can never be as strong as the original structure. It is because of this weakness that there can often be restrictions preventing excess or extreme movements after this type of hip surgery.

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or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

In the SuperPath[®] technique the capsule of the hip is divided along the hip at the top and not divided on the front or back - so it remains normal with normal strength. **This means there are no restrictions after surgery.** Because there is so little soft tissue damage, there is less bleeding/ bruising and pain after surgery, and a shorter hospital stay. This allows for a safer and quicker return to mobility.

What are the possible advantages of SuperPath[®] hip replacement?

- Smaller scar and less damage to normal soft tissue.
- Quicker recovery and able to move around sooner.
- No restrictions to any movement after hip replacement.
- Earlier return to work.
- Shorter hospital stay.

What are the possible risks or complications of SuperPath[®]?

- It is a newer technique so the metalwork that goes into you is newer. It is based on successful models and so far it has proven to be good in the short term. The stem (metal going in thigh bone) that you will have, has good results at 5 years and the socket has good results at 10 years according to the National Joint Registry.
- There is however always some uncertainty about how it may behave in 20 or 30 years. If it fails you may need another procedure. This will be discussed this with you.
- In some cases where the surgeon cannot access the hip for any reason, the approach may have to be changed to the normal or standard (posterior) approach.
- There is a small risk of the metalwork not sitting perfectly in the bone.
- The metalwork is not cemented into the bone. Like other uncemented hips, there is a small possibility that it can move in the bone after surgery.
- The standard risks of a hip replacement are also possible with the SuperPath[®] approach, such as infection, bleeding, injury to nerves/ blood vessels, fracture, blood clots, medical complications, fatal complications, dislocation, leg-length difference, long term pain and scar pain.
- Due to this being a keyhole procedure, the risks of bleeding, dislocation and leg-length difference are less with SuperPath[®] than in a standard posterior approach. You will also be given a leaflet for the standard hip replacement procedure.

Where can I get further information about SuperPath[®]?

Further details can be found at <https://www.microportortho.com/patients/hip-replacement-solutions/why-surgeons-choose-superpath>

Will I be suitable for this approach?

After you are seen in the clinic, you will be assessed to check your suitability for this method for a hip replacement. The surgeon will talk to you about this including the possible risks, benefits and advantages of this and other approaches. Not everyone is suitable for a hip replacement using SuperPath[®] keyhole surgery.

You will be seen by in the Pre-operative Assessment Clinic, where you will have some assessments and tests to see if you are suitable for surgery. If something is highlighted as a risk which can be improved before surgery, we will talk to you about this and appropriate arrangements will be made for treatment.

What can I expect before/ after surgery?

On the day of your surgery you will arrive early in the morning. You will be seen by the doctor who gives anaesthetics to patients (anaesthetist) and the consultant surgeon. They will explain and discuss the procedure with you again.

After surgery, you will spend a short time in recovery and then return to a ward. A nurse will monitor your progress and recovery. A physiotherapist will see you after a few hours, and as long as the anaesthetic has worn off, they will start exercises with you to get you moving.

You will initially just stand, then walk with a frame, then with crutches. You will then be assisted to practice the stairs. Once you are safe, you will have a check X-ray. If you have completed the inpatient physiotherapy and it is safe, you will usually be discharged home 1 or 2 days after surgery. Before you go home you will be given a number to call if there is a problem, an appointment for removing stitches, an appointment with physiotherapy and a follow-up clinic appointment to come back and see the surgeon. You will also be included to have a long term follow-up.

What kind of anaesthetic will I have?

An anaesthetist will talk to you about what is best for you. Most people have an injection in the back (spinal anaesthetic) with sedation.

What pain relief will I need?

Most patients have a combination of different painkillers to control pain, and is decided on an individual basis. Pain relief is often adjusted to your needs.

As this procedure causes less tissue damage the need for pain relief is a lot less for most patients. However, this is still an operation and it will cause some pain and bruising, particularly for the first 6 weeks or so. You will be given enough pain relief medication to control your pain, with appropriate advice to reduce it as you go.

Contact details

The Service Co-ordinator can be contacted on 0116 258 3873 (Monday to Friday, 9am to 5pm).

If you have any questions, write them down here to remind you what to ask when you speak to your nurse/ doctor/ consultant:

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