

## Minimally Invasive Approaches – Total Hip Replacement

### What are minimally invasive approaches?

These include the Direct Anterior Approach (DAA) and Direct Superior Approach (DSA) total hip replacements.

### What is a Direct Anterior Approach (DAA) or Direct Superior Approach (DSA) total hip replacement?

This is when the entire hip joint is taken out and replaced with new parts. The incision is made on the **front** of your hip (for direct anterior) or at the **back** of your hip (for direct superior).

Whether you are having one of these types of surgery for a hip replacement or hip fracture, the information is the same.

For hip fracture patients, go to the end of the document for the page numbers in the “After Your Hip Fracture” book.

### Key points that are the same from the “When You’re Having a Hip Replacement” book:

- The same hip joint parts are used.
- The same “before” and “after” surgery exercises should be done (see pages 13-17).
- The same ways to control your pain after surgery are used (see page 21).
- You need to bring the same things to hospital on the day of surgery (e.g. supportive shoes with enclosed heels, loose clothes, crutches, cane, and any brace or support used for your “good” leg). The full list is on page 18.

### Key points that are different from the “When You’re Having a Hip Replacement” book:

- You’ll need to get crutches to use after your surgery. You may progress sooner to using a cane on your non-surgical side.
- The other equipment on page 11 is recommended and can be used for comfort as needed.
- Your incision will be on the **front** (for DAA) or **back** (for DSA) of your hip.
- Make sure you move the hip that was operated on *gently* as you try new exercises and activities.
- You will likely be discharged on the day of your surgery or the morning after.

**On the day of your surgery**, a physical therapist will come to your room about 4 hours after your surgery has finished. At this visit, you’ll practice:

- moving in bed, and getting in and out of bed
- standing with support
- walking with a walker or crutches in your room or in the hallway (if you’re able)
- Phase 1 exercises on pages 13-17

**On the evening of your surgery**, you may be able to get up and walk by yourself with a walker or crutches. Nursing staff and family can help you if needed. You will continue to use the walker and crutches when you're discharged.

- You will practice stairs before you're discharged home.
- If you have any concerns about getting dressed, using the toilet, or using the bathtub/shower at home, tell your physical therapist. If needed, an occupational therapist will see you to go over your everyday activities.
- Your healthcare team may suggest you begin outpatient physiotherapy sooner than what the book recommends. You may get a note from your physical therapist to give to your community physical therapist, with information about your type of hip replacement.
- You're encouraged to progress to your Phase 2 exercises (pages 38-42) as soon as you're able to after your surgery (usually in the first 1 to 2 weeks). You **do not** need to follow up with your surgeon before starting these exercises.
- Your surgeon will let you know if you have any restrictions (things that you can't do).
- **Check with your surgeon before you start driving again.** After your surgery, the rules may be different, but it usually takes around 4 to 6 weeks before you're allowed to drive again.

**If you have had this surgery to fix your hip fracture:**

- Pain control is outlined on page 9 of your hip fracture book.
- Phase 1 exercises are on pages 25-27 of your hip fracture book.
- Phase 2 exercises are on pages 28-30 of your hip fracture book.

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