Technique of
Direct Anterior Approach
Total Hip Replacement Surgery
Utilizing the Unger Anterior Total Hip Instruments

With the patient in the supine position, prep to above the ASIS Figure 1.

Begin the incision approximately three (3) finger-breadths below (posterior) to the ASIS, straight to below the greater trochanter (usually 6-8 cm) Figure 2.

Identify the fascia over the tensor fascia lata (TFL); make the incision into the fascia Figure 3.

Ligate the lateral circumflex vessels Figure 4.

Place the sharp pointed Narrow Hohmann Retractor (#3) in the “saddle” (between the superior neck and the abductor) Figure 5.

Place the blunt Narrow Cobra Retractor (#4) medial on the femoral neck Figure 6.

Lift up the rectus femoris; partially release the reflected head rectus.

Place the single or double-pronged Wide Hohmann Retractor (#1 or #2) on the anterior column where the reflected head attaches Figure 7.
Osteotomy the femur into two pieces and remove the head with a 4.0mm (#1310 or similar) Femoral Head Removal Pin Figure 8.

For acetabular retraction, use the pointed Offset Narrow Hohmann Retractor (#11 and #12) at the 9 o’clock and 5 o’clock positions, and a Wide Hohmann Retractor (either #1 or #2) on the anterior column Figure 9.

Ream the acetabulum 10-15 degrees anteversion Figure 10.

Impact the acetabular cup into position Figure 11.

Impact the acetabular cup liner into place Figure 12.

Do a superior capsular release, and use a bone hook (#5935 or similar) to pull up the femur. Place the Soft Tissue Protector (#10) over the TFL Figure 13.
Use the mueller type Femoral Neck Elevator (#9) to push up and hold the femur. Place the double-prong Wide Hohmann Retractor (#2) on the posterior medial neck, and use the sharp pointed Narrow Hohmann Retractor (#3) to pull back the abductor and TFL over the Greater Trochanter. Use the curved Canal Finder Rasp (#6) and the offset Box Osteotome (#8 or #9) to prepare the femoral shaft Figure 14.

Broach Figure 15.

Implant the stem Figure 16.

Assess leg lengths, stability and impingement Figure 17.

Attach the real femoral head Figure 18.

Close the TFL fascia with running suture Figure 19.

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Other instruments commonly used with this approach:

**Hibbs Retractors**

Used to retract the Tensor Fascia Lata and Rectus Femoris during the initial approach to the anterior hip capsule. Helps expose the Lateral Circumflex vessels.

**Femoral Head Removal Pin**

Partial threaded pin used to help remove a femoral head.

**Lombardi Bone Hooks**

Used to elevate the femur to allow adequate soft tissue release to aid in femoral exposure.