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.

Innomed, a manufacturer of surgical instruments, does not practice medicine and does not recommend this or any other surgical technique for use on a specific patient. The surgeon who performs any procedure is responsible for determining and utilizing the appropriate techniques for such procedure for each individual patient. Innomed is not responsible for the selection of the appropriate surgical technique to be used for an individual patient.
**Unger Anterior Total Hip Instruments**

Universal instrument system specifically designed for Direct Anterior approach THR

**Designed by Anthony Unger, MD**

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**Hannum Tissue Grasper**

Used for dissection (to preserve)/or removal of the anterior capsule, removal of the labrum, or other soft tissue around the acetabulum prior to cup implantation. Also used to release the capsule to expose the femur for placement of the femoral stem. Long, low profile helps facilitate working through a small incision without disrupting vision.

**Product No:**

1775-03 [Long Jaw]

3mm Jaw Width

Overall Length: 9.25”

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**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.

**Product No:**

6235 [Medium]

Overall Length: 10.75”

Blade Depth: 4.5”

Blade Width: 25mm

6240 [Standard]

Overall Length: 8.75”

Blade Depth: 3”

Blade Width: 25mm

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**Lombardi Bone Hooks**

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

**Product No:**

5935 [Large]

Curve Diameter: 55mm

Overall Length: 10”

**Designed by Adolph V. Lombardi, MD**

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**Femoral Head Removal Pin**

Partial threaded pin used to help remove a femoral head.

**Product No:**

1310 [Pin]

Overall Length: 9”

Diameter: 4mm (5/32)”

**Lit. Number:** IN-11-01, v6

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