



Why Choose Erlanger?

Erlanger Orthopaedics offers services that no other area hospital provides.

• Nurse Navigators

Erlanger Orthopaedics has nurse navigators who are dedicated to helping guide patients through their perioperative phase. They act as a single resource for patients to call when they have questions or concerns, and they coordinate transitions between the doctor's office and the hospital.

• CareSense

Erlanger Orthopaedics is excited to be using a new digital tool for our total hip, knee, and ankle replacement patients called CareSense. Through automated phone calls, text messages, and emails, you will receive reminders and educational material regarding your surgery, including:



- Preparation for surgery
- Exercise and rehabilitation information
- Post discharge material



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For more information or to schedule an appointment, please call our office or visit our website.

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Minimally Invasive Hip Replacement



What is a total hip replacement?

The hip joint is a type of joint called a “ball and socket” joint. It is called this because the top of the thigh bone is ball-shaped and fits into part of the pelvic bones. Normally, a person’s hip joint can move smoothly in many directions.

When people have problems with their hip joint, it can cause the hip to be painful, stiff, and cause problems moving normally.

An orthopedic surgeon performs hip replacement surgery to replace a damaged hip joint. The surgery also eases pain and helps improve movement. During the surgery, the surgeon will replace parts of your hip joint with artificial parts.

Erlanger Orthopaedics offers revolutionary approaches to hip replacement surgery through minimally invasive, direct anterior, and posterior approaches.

How is a minimally invasive, direct anterior, and posterior hip replacement different from a traditional hip replacement?

Minimally Invasive Hip Replacement:

Minimally invasive hip replacement surgeries have been of increased interest to patients. Using minimally invasive techniques for hip replacement, the incision may be reduced to 4 inches or less, where the incision in a standard approach has traditionally been approximately 6-12 inches in length. The minimally invasive surgical approach used will be determined by the surgeon and is typically a single incision along the anterior (front), lateral (side), or posterior (rear) of the hip.

Direct Anterior Hip Replacement:

During direct anterior hip replacement, the incision is made at the front of the hip and the surgeon works between a natural separation in the muscles that allows access to the hip joint.

This type of approach is also referred to as muscle sparing surgery because no muscles are cut to access the hip joint.

Posterior Hip Replacement:

The posterior approach is traditionally the most common approach used to perform total hip replacement. In posterior hip replacement, the surgeon makes the hip incision at the back of the hip close to the buttocks.

Minimally invasive, direct anterior, and posterior hip replacement benefits

Using the minimally invasive, direct anterior, or posterior approaches allows your surgeon to do the surgery through a smaller surgical cut (incision). Having your surgery done this way has several advantages.

Less muscle damage. These approaches involve minimal or no muscle cutting (anterior approach), which provides greater hip stability after surgery.

Smaller incision. The proposed advantages of using a smaller incision are the potential for decreased blood loss, decreased surgical time, less surgical trauma, less postoperative pain, quicker rehabilitation, and shorter hospital stay.



Faster recovery. After surgery, a patient can bend at the hip and bear weight as soon as it is comfortable. Most patients can use a walker or cane sooner than patients who have had a traditional hip surgery.

Decreased risk of hip dislocation. A major post-surgical worry for most hip replacement patients is that the new hip’s ball and socket will dislocate. However, these approaches minimally disturb the muscles and soft tissue structures that naturally prevent the hip from dislocating, therefore patients are less likely for a hip dislocation.

