

# Total hip replacement anterior versus lateral approach.

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Pending
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON28688

### Source

Nationaal Trial Register

### Health condition

Total hip arthroplasty  
anterior supine intermuscular approach  
anterior superior intermuscular (ASI)  
transgluteal approach

Totale heupprothese  
voorste benadering  
transgluteale benadering

## Sponsors and support

**Primary sponsor:** Westfriesgasthuis Hoorn

**Source(s) of monetary or material Support:** fonds=verrichter=sponsor

## Intervention

## Outcome measures

### Primary outcome

Level of function (Harris hip score).

## **Secondary outcome**

1. Dutch WOMAC-score;
2. SUSHI-score;
3. VAS complications;
4. Surgery-time;
5. Blood loss;
6. Length incision;
7. Days of hospital stay;
8. Range of motion.

## **Study description**

### **Background summary**

The anterior supine intermuscular approach is a truly muscle-sparing approach to total hip arthroplasty with a low complication rate. The advantages include improved early recovery and return to everyday activities. Study-aim is to compare the level of function of primary total hip arthroplasties performed through an anterior and a transgluteal approach. Primary outcome is level of function (Harris hip score). Secondary outcomes are: Dutch WOMAC-score, SUSHI-score, VAS, complications, surgery-time, blood loss, length incision, days of hospital stay and range of motion.

### **Study objective**

We expect a higher functional level (Harris hip score) 6 weeks and one year after total hip replacement.

### **Study design**

After 3 days, 6 weeks, 3 and 6 months and 1 year

### **Intervention**

Total hip arthroplasty through an anterior superior intermuscular approach or a transgluteal approach. In each procedure, the same prosthesis is placed. The benefits of the anterior

superior approach are that a smaller incision will be made, patients will experience less pain, there will be a smaller amount of blood loss and less damage is done to the soft tissue so that patients will recover faster. Negative point is the risk of nerve damage. Benefit of the lateral approach is that the experience is high.

## Contacts

### **Public**

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## Eligibility criteria

### **Inclusion criteria**

1. Indication for total hip arthroplasty;
2. BMI < 30 kg/m<sup>2</sup>;
3. Candidates for both approaches;
4. Candidates for uncemented prosthesis (age < 70 year).

### **Exclusion criteria**

1. Previous surgery on the affected hip prosthesis of the ipsilateral hip;
2. Inflammatory polyarthritis;
3. Candidates for cemented prosthesis (>70 year).

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

### Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-09-2011
Enrollment:	120
Type:	Anticipated

## Ethics review

Positive opinion	
Date:	02-05-2011
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL2744
NTR-old	NTR2882
Other	METC Westfriesgasthuis : M010-072
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Study results

### Summary results

N/A