

On the Fast Track

New 'direct anterior' approach to hip replacement procedure offers patients speedy recovery

by Susan Bloom

Toms River, NJ resident Jerry Balestro was never one to sit around – the active 78-year old, a retired cook and army veteran, loved to garden and was a regular fixture at the gym, where he worked out on the treadmill four mornings a week. Until late 2011, that is, when a growing pain in his left hip began to impair his routine. “I would get up from a chair and I couldn’t walk – I had to wait 2-3 minutes to take a step,” Balestro shared of his declining condition. “It felt like a knot in my left hip and I couldn’t find a comfortable position to sleep.” Several months and a variety of unsuccessful chiropractic and steroid treatments later, the pain continued to worsen and Balestro’s activity level became increasingly restricted. “Eventually, I couldn’t garden or go to the gym at all,” he said, nor could he keep up with the part-time cooking job he enjoyed in nearby Seaside Park. “It really started affecting my life and I realized that I couldn’t keep going on like this.”

When he was told to pursue a hip replacement by his doctor, Robert Closkey, M.D., a specialist in joint replacement and revision surgery at Ocean Orthopedic Associates in Toms River, Balestro was happy to comply. “I try to take a lot of things in stride, so I wasn’t nervous,” said Balestro, who proceeded to undergo a successful hip replacement on his left side in May 2012. And after a disciplined regimen of physical therapy and a standard recovery period, “it felt good,” Balestro confirmed. Until the same condition began affecting his right side, necessitating the need for another hip replacement in October 2013.

The difference this time? Closkey was able to offer his patient a choice of options for his



Robert Closkey, M.D.,
a specialist in joint replacement
and revision surgery at Ocean
Orthopedic Associates in Toms River

he said of the condition, which typically affects individuals between the ages of 60 and 80 and causes a progressive loss of mobility and tremendous pain. “The pain can be anywhere from annoying and nagging – requiring you to stop, sit down, and rest often – to excruciating,” he confirmed. “At its end stage, the hip is in a complete frozen state and is extremely stiff. Through the hip replacement procedure, however, an implant resurfaces the ball attached to the stem on the femur side and mimics the outer coating of the ball and socket so that they’re brand new.”

second hip replacement surgery – either the standard ‘posterior approach’ to surgery, which was the method used on his left hip 18 months earlier, or a new ‘direct anterior approach,’ which would significantly reduce his recovery time. Balestro was game.

Cause and Effect

“Over time, many people experience a degeneration of the ball and socket within the hip joint, which can be exacerbated by trauma but is most often the result of osteoarthritis caused by the aging process,” Closkey said. “This wearing out of the cartilage, or the lower protective bone of the ball and socket in the hip joint, can cause pain in the groin while walking, a grinding sensation, or a sense of stiffness, and can greatly limit activity, making it hard to bend at the hip to put your socks on or tie your shoes,”

The History on Hip Replacements

According to Closkey, “hip replacements first began in the 1960s and hit their ‘modern era’ in the late 1970s and early 1980s, when patients started enjoying long-term success rates.” Back then, he explained, the procedure involved fixation of the prosthesis to the bone, with doctors cementing both the socket and stem side of the hip joint; in time, that procedure evolved to cementing of just the stem side and press-fitting of the socket, while today it’s become standard to press-fit both the stem and the socket on the implant side. Such advances in technique, along with improvements in the design of and materials used to make implants, have increased the lifespan of implants from 10-20 years back in the 1970s to over 30 years

today “and have resulted in many fewer revision surgeries than ever before,” Closkey said.

But the evolution has continued beyond that. “Up to now, a ‘posterior approach’ to hip replacement surgery, which involves the positioning of the patient on his side with the affected hip up, has been the proven gold standard,” said Closkey, who has performed hundreds of successful posterior procedures in his decade-plus in the field. However, a relatively new ‘direct anterior approach’ – in which the patient undergoes the procedure lying on his back – has proven to be a viable alternative and is gaining ground in the U.S. based on its range of demonstrated benefits.

“Both approaches involve a small incision about four inches in length, which minimizes trauma to the tissue, though in a posterior approach the incision is made on the lower backside, while in the anterior approach it’s located down from the pelvis,” Closkey said of the procedure he’s specialized in at Ocean Orthopedic Associates since June 2013. “While both approaches are excellent, we’ve found that the anterior approach limits complications on the surgical side because it goes around the muscle rather than through it, allowing patients to experience fewer restrictions in the post-operative period.” For example, he said, “patients can drive as soon as they feel safe, they don’t require the extended use of a pillow between their legs to help their muscles heal, and they typically need only four weeks of rehab instead of the standard eight associated with the posterior approach.”

True Believers

While Balestro enjoyed a successful outcome from the posterior approach used during his hip replacement surgery in 2012, he was sur-



Toms River resident **Jerry Balestro** is all smiles as he demonstrates his pain-free mobility to **Dr. Robert Closkey**, who performed Balestro’s successful hip replacement surgeries in 2012 and 2013



Robert Closkey, M.D., a specialist in joint replacement and revision surgery at Ocean Orthopedic Associates in Toms River, checks the mobility of patient **Jerry Balestro**’s hip following his hip replacement surgeries in 2012 and 2013

prised and delighted by the results of the new anterior approach used in his hip replacement surgery the following year. “It was an easier surgery and I was amazed by the difference in recovery from one hip to the other,” Balestro said. “After the first day, I didn’t even need pain pills; it was unbelievable. I can walk without a walker now.”

Currently seeing Balestro annually, Closkey is thrilled by his patient’s success and says that Balestro’s experience with the anterior procedure has been typical. “He was very comfortable in the hospital after the surgery and was done with his physical therapy in four weeks.” As for his prognosis, “Jerry has no limitations,” Closkey said.

Following his two procedures, Balestro, too, believes the sky’s the limit. “The way I felt, I could hardly walk, but I would definitely recommend the procedure to others,” he said. “People in pain should go for a hip replacement, especially one involving the anterior method, which had a much shorter recovery. Now I can kneel down and get up and it’s 100% better,” the 54-year married father of two children and grandfather of four shared. “I feel great and I look forward to doing all my favorite things again.”

“There’s help out there for people who are challenged by hip pain, and the new anterior method is a great option,” Closkey concluded. “It’s a quick recovery and a return to a better life faster, more comfortably, and with fewer restrictions.”

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