MAKING THE DECISION · NO. 5

Anterior or posterior hip replacement?

What the approach actually changes, what it doesn't, and how Dr. Seem chooses for each patient.

THE ONE-MINUTE VERSION

If you only read one page, read this.

- The approach is the route to the joint, not the operation itself.
- Anterior: muscle-sparing, often a quicker first few weeks, fewer precautions — Dr. Seem's choice for most primaries.
- Posterior: wider, extendable exposure — his choice for revisions, conversions, and complex cases.
- By six to twelve months, well-performed hips are essentially indistinguishable.
- Accuracy — cup position, leg length, stability — matters more than the incision's location; navigation verifies it on every case.

DR. SEEM'S PERSPECTIVE

I do most of my primary hips through the front, because for most patients it earns its early advantages. I do my revisions through the back, because that's what serious reconstruction demands. The approach serves the operation — never the reverse.

What “approach” means

The approach is the path the surgeon takes to reach your hip joint — from the front (anterior), or from the back (posterior). Both lead to the same operation: the worn ball and socket are replaced with the same kinds of implants. The approach is the route, not the destination.

> *“The anterior approach is one technique — not the goal. The goal is a hip done accurately, safely, and built to last.”*

The honest comparison

	ANTERIOR	POSTERIOR
Path to the joint	Between muscles at the front — generally separated rather than detached	Through the back, releasing small muscles that are then repaired
Early recovery	Often somewhat quicker in the first weeks, with fewer movement precautions	Typically catches up within weeks to months
Long-term result	By six to twelve months, well-performed hips are essentially indistinguishable — comfort, function, and durability are driven by implant position and fixation, not the incision's location	
Best suited for	Most primary (first-time) replacements	Revisions, conversions of prior surgery, and certain complex or unusual anatomies, where its wider, extendable exposure is a genuine advantage

Why the marketing wars miss the point

You will find surgeons online declaring one approach categorically superior. The fair reading of the evidence is narrower: anterior offers real but modest early-recovery advantages for many patients; posterior offers exposure that certain cases genuinely need; and by the second half of the first year the curves converge. What separates results isn't the approach — it's the accuracy of the reconstruction: cup position, leg length, stability, fixation. That's why Dr. Seem pairs every hip, whichever approach, with computer navigation.

How Dr. Seem actually practices

- **Most primary hip replacements: anterior** — muscle-sparing, typically fewer early precautions, with navigation on every case for implant positioning and leg length.
- **Revisions, conversions, and select complex cases: posterior** — when prior implants must come out or the reconstruction demands more exposure, the posterior approach's extensibility is the responsible choice.

Fluency in both approaches means the operation is chosen to fit your problem — never the other way around. A surgeon who offers only one approach has already decided yours before meeting you.

Questions worth asking any hip surgeon

01 "Which approach do you recommend for me, and why for *my* anatomy?"

02 "Do you use navigation or other tools to verify cup position and leg length?"

03 "If my case turned out to be more complex than expected, what's your plan?"

04 "What movement precautions will I actually have, and for how long?"

> **THE BOTTOM LINE**
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> Choose accuracy over ideology. The approach that fits your case, executed precisely and verified objectively, beats any approach chosen because it was the one on the billboard.

RELATED GUIDES IN THIS LIBRARY

• Why joint replacements fail • Questions to ask any surgeon

What happens next

If you decide to be seen, the consultation starts with listening — your story, your goals, and what the joint is taking from you. Then an examination, and a review of your imaging together on the screen, so you can see what we see. You'll leave with an honest recommendation and every reasonable option explained — including the option of waiting. Nothing is decided without you.

To schedule: call (540) 667-8975 — Winchester Orthopaedic Associates, 128 Medical Circle, Winchester, VA 22601.

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