



# Choose Your *PATH*®

*GET YOUR PATIENTS HOME FASTER*

**Anterior Path**  
PORTAL ASSISTED ANTERIOR TOTAL HIP APPROACH

**Super Path**  
DIRECT SUPERIOR PORTAL ASSISTED TOTAL HIP APPROACH

# Choose Your PATH<sup>®</sup>



SuperPath<sup>®</sup> is a portal assisted total hip approach that accesses the capsule superiorly through the interval between the gluteus medius and piriformis without requiring the cutting of any muscles or tendons.

The femur is prepared with the head and neck intact reducing the chance of fracture. The acetabulum is prepared under direct visualization and a cannula facilitates the use of inline instrumentation.

A growing number of experienced surgeons across the world have embraced SuperPath<sup>®</sup> as their preferred total hip technique to deliver faster recovery to patients – all without the typical post-operative hip restrictions associated with traditional THA techniques.<sup>1</sup>



AnteriorPath<sup>®</sup> is an anterior, portal-assisted approach for hip replacement that utilizes a cannula to gain direct access to the acetabulum, offering direct visualization and in-line preparation of the acetabulum and femur.

The use of the cannula allows for a transverse incision to be made more superior and lateral, minimizing many challenges related to the femur and wound healing.

## Get hip replacement patients home faster



**1.6 vs 3.2 days**<sup>2,3</sup>

Shorter length of stay



**91.5% vs 27.3%**<sup>1,4</sup>

Discharged home



**2.3% vs 4.2%**<sup>1,4</sup>

30 day readmission rate

## Never Compromise...



### on the incision

The AnteriorPath<sup>®</sup> incision is made in line with Langer's lines and in the hip crease.



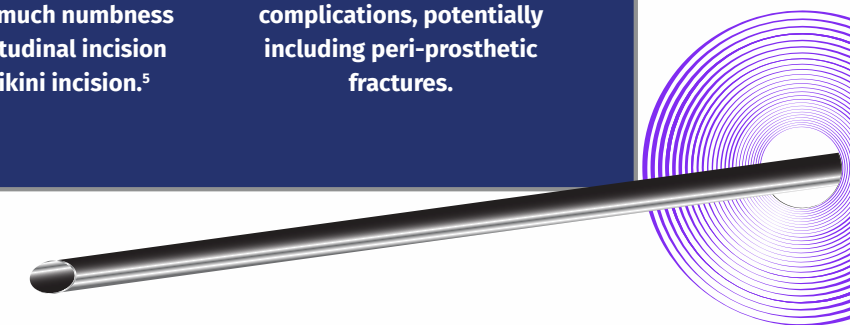
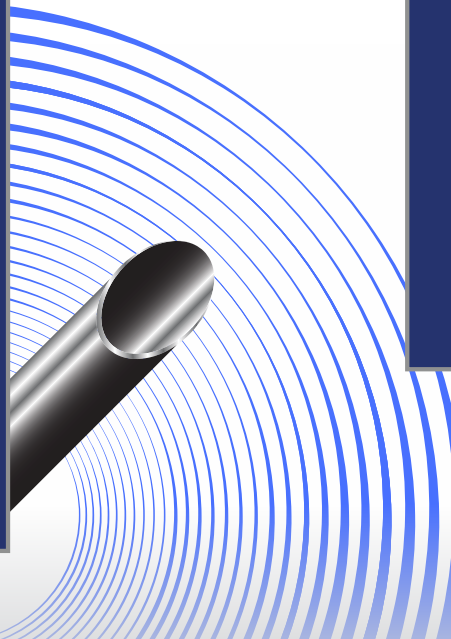
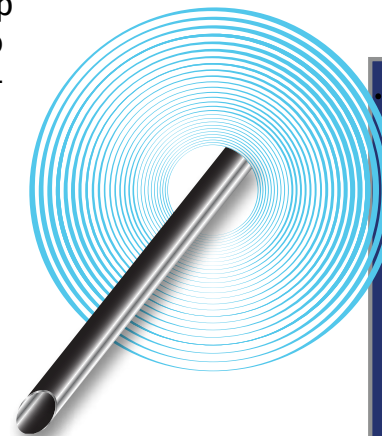
### on the LFCN

A comparative study shows that there was approximately 1.9 times as much numbness with a longitudinal incision versus a bikini incision.<sup>5</sup>



### on the femur

Easier femoral preparation minimizing femoral complications, potentially including peri-prosthetic fractures.



*Individual results and activity levels after surgery vary and depend on many factors including age, weight and prior activity level. There are risks and recovery times associated with surgery and there are certain individuals who should not undergo surgery. Each surgeon must evaluate the appropriateness of the procedures based on his or her personal medical training and experience as well as patient condition.*

*Prior to use of the system, the surgeon should refer to the product package insert for additional warnings, precautions, indications, contraindications and adverse effects.*

## **References**

1. As compared to traditional surgery. Chow, J; Penenberg, B; Murphy, S; “Modified Micro-Superior Percutaneously-Assisted Total Hip: Early Experiences & Case Reports.” *Current Reviews in Musculoskeletal Medicine* (2011) 4:146–155.
2. As compared to traditional surgery. Gofton, W; Chow, J; Olsen, KD; Fitch, DA. Thirty-day readmission rate and discharge status following hip arthroplasty using supercapsular percutaneously-assisted total hip surgical technique. *Int Orthop*. 2015; 39:847-851.
3. AHRQ HCUPnet (2012) Agency for Healthcare Research and Quality H-CUPnet Database, ICD-9-CM Code 81.51 for United States in 2011. <http://hcupnet.ahrq.gov/HCUPnet.jsp>. Accessed 4 Sept 2014
4. Pugely, AJ; Callaghan, JJ; Martin, CT; Cram, P; Gao, Y; (2013) Incidence of and risk factors for 30-day readmission following elective primary total joint arthroplasty: analysis from the ACS-NSQIP. *J Arthroplast* 28(9):1499-1504. Doi:10.1016/j.arth.2013.06.032.
5. Leunig et al. Skin crease ‘bikini’ incision for the direct anterior approach in total hip arthroplasty. *The Bone & Joint Journal* Vol. 100-B, No. 7. 28 Jun 2018