

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Direct Anterior Approach for Total Hip Arthroplasty: Guidelines

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Research Question

What are the evidence-based guidelines regarding the use of an anterior approach to total hip arthroplasty in patients with hip disorders?

Key Findings

No relevant evidence-based guidelines were identified regarding the use of an anterior approach to total hip arthroplasty in patients with hip disorders.

Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were hip arthroplasty and anterior approach. Search filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, network meta-analyses, or guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2010 and March 13, 2020. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	Any patient with a hip disorder requiring total hip arthroplasty (also known as hip replacement surgery)
Intervention	Direct anterior approach to total hip arthroplasty
Comparator	Posterior approach to total hip arthroplasty; No comparator
Outcomes	Recommendations regarding eligibility criteria for the direct anterior approach, direct anterior approach conducted in a non-hospital surgical facility (or outside the hospital operating room); Percentage of patients who would be able to receive this surgery outside the hospital operating room, or contraindications of the surgery
Study Designs	Health technology assessments, systematic reviews, and evidence-based guidelines



Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports and systematic reviews are presented first. These are followed by evidence-based guidelines.

No relevant health technology assessments, systematic reviews, or evidence-based guidelines were identified regarding the use of an anterior approach to total hip arthroplasty in patients with hip disorders.

References of potential interest are provided in the appendix.

Overall Summary of Findings

No relevant literature was found regarding the use of an anterior approach to total hip arthroplasty in patients with hip disorders, therefore no summary can be provided.

References Summarized

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-Analyses

No literature identified.

Guidelines and Recommendations

No literature identified.



Appendix — Further Information

Guidelines and Recommendations — Alternative Outcomes

 Wainwright TW, Gill M, McDonald DA, et al. Consensus statement for perioperative care in total hip replacement and total knee replacement surgery: Enhanced Recovery After Surgery (ERAS®) Society recommendations. *Acta Orthop*. 2020 Feb;91(1):3-19. https://www.tandfonline.com/doi/pdf/10.1080/17453674.2019.1683790?needAccess=true. Accessed 2020 March 17.

See: Preadmission patient optimization, page 5

 Total hip prosthesis (THP). Utrecht (NL): Federatie Medisch Specialisten; 2019: https://richtlijnendatabase.nl/en/richtlijn/total-hip-prosthesis_thp/startpage-total-hip-prosthesis_thp.html. Accessed 2020 March 17.
 See: Indications and contra-indications

Clinical Practice Guidelines — Unclear Methodology

 Balato G, Barbaric K, Bicanic G, et al. Hip and Knee Section, Prevention, Surgical Technique: Proceedings of International Consensus on Orthopedic Infections. J Arthroplasty. 2019 02;34(2S):S301-S307.
 PubMed: PM30348555