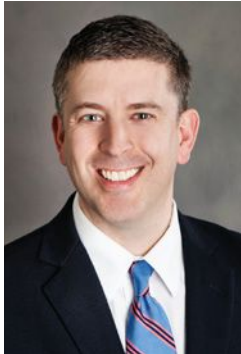


by Christopher Blackman, MD,  
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**Christopher Blackman, MD,** is a board-certified orthopedic surgeon who joined Piedmont Orthopedics in 2005. He performs all types of orthopedic surgery, but has a special interest in knee and hip replacement surgery. He also sees patients with general orthopedic problems, including sports injuries and pediatric fractures.

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Do you have a question related to this column or a general orthopedic question you would like to have answered in a future issue? Send an e-mail to [AskPiedmont-Ortho@sosbonedocs.com](mailto:AskPiedmont-Ortho@sosbonedocs.com).

**Q.** I have developed groin pain that is making it hard for me to do my usual neighborhood walk. It's frustrating because I start limping after walking just a short distance. Sometimes the pain shoots down my leg toward my knee. It's also difficult to get in and out of bed or the car, and it hurts to put on my shoes. What could be causing this?

**A.** There are a number of conditions that could be causing your pain, but the symptoms you describe are especially common in people who have osteoarthritis of the hip joint. Your first step should be to see an orthopedist. We will examine you and ask questions about your pain to determine if it is coming from your hip joint or from another condition, such as bursitis, tendonitis or a back problem. We also will do an x-ray of your hip joint. It will show signs of wear, such as bone spurs or a narrowing of the joint space, if you do have arthritis in the joint. Osteoarthritis causes the cartilage that serves as a pad in the hip joint to wear away, leaving the bone exposed.

Initial treatment for osteoarthritis in the hip joint is typically anti-inflammatory medications. We also may suggest use of assistive devices, such as a cane, a walker or an elongated shoehorn, to ease pain and make daily activities easier to perform.

If these conservative treatments don't help or if your pain is affecting your quality of life, we may recommend hip replacement surgery.

**Q.** I've heard there's a new type of hip replacement surgery that is less invasive and has a much shorter recovery time than traditional hip replacement surgery. Do you perform this surgery? And how is it different?

**A.** Yes, I do perform this newer type of surgery, called direct anterior approach hip replacement surgery. It is a minimally invasive alternative to traditional hip replacement surgery. Instead of making an incision in the patient's back or side, we perform the replacement from what is called an anterior position – going through the hip from the front. That enables us to insert the hip replacement without cutting through muscles or tendons, as is necessary in traditional hip replacement surgery. The incision is also much smaller – just 3 to 4 inches long compared to 8 to 10 inches in traditional surgery.

Patients generally have less pain and a faster recovery with this newer technique. In addition, there are fewer post-op requirements for assistive devices and fewer post-op restrictions on activities.

To perform this less invasive type of hip replacement surgery, surgeons need special training. The more they perform the technique, the more adept they become. I was the first surgeon locally to perform this surgery on a regular basis after receiving advanced training in Chicago through the American Academy of Orthopaedic Surgeons. I scrubbed in and performed surgeries alongside experts across the country before performing my first direct anterior approach hip replacement surgery in Greensboro in February 2011. Since then, I have performed more than 350 anterior approach hip replacements. I recently have begun teaching this technique to other local surgeons.

Patients who have had both traditional and anterior approach surgery tell me the difference is like night and day. With direct anterior approach hip replacement surgery, most patients are back to an active lifestyle in 4 to 6 weeks, with no restrictions on activities.