



Primary hip arthroplasty via the direct anterior approach

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Dear readers of *Operative Orthopädie und Traumatologie!*

The direct anterior approach (DAA) in hip joint replacement is attracting increasing international attention. And rightly so from our point of view. While it was initially developed for primary arthroplasty as a minimally invasive approach, we see growing advantages in the use of the anterior approach for nearly all types of revision surgery.

The idea of presenting the surgical technique from different perspectives arose for the first time after the ICJR (International Congress for Joint Reconstruction) DAA course in Innsbruck in 2019. In Europe, the Orthopedic University Department in Innsbruck was one of the pioneers that has not only consistently used this approach since 2003 but has also further refined and taught it. Many international colleagues have attended the courses or internships there and have adopted the technology. Since 2008, the DAA has also been used in Würzburg as the standard approach for hip arthroplasty. This approach with the use of the Smith–Petersen interval is particularly attractive for surgeons who operate on their patients in the supine position on a standard table. It is the only truly intermuscular and internerval approach to the hip joint for endoprosthetic replacement. In addition, of all approaches, it is fun for the surgeon, if one has learned it well.

Several years of experience have now been gathered, many surgical courses and congresses have been held and the technology has been further developed; thus, the time is ripe for a comprehensive presentation in *OOT*. The special issue “Primary hip prosthesis via the direct ante-

rior access” presents special features such as anterior access to hemi-prostheses or short-stem prostheses as well as the so-called bikini incision which can even be used in obese patients, and the anterior approach using a positioning table. The second special issue that will be available soon focuses on revision surgery via the direct anterior approach. We are pleased that interested readers now have the opportunity to read the subtleties and tips of the surgical techniques presented here.

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Conflict of interest. M. Rudert, M. Thaler and B.M. Holzapfel declare that they have no competing interests.

The German version of this article can be found under <https://doi.org/10.1007/s00064-021-00726-7>