

CHIRURGISCHE KLINIK

Abteilung Orthopädie 2

Leitender Arzt Dr. med. Christoph Konermann
Facharzt für Chirurgie, Orthopädie und Unfallchirurgie
Spezielle Unfallchirurgie, Chirotherapie, Physikalische Therapie

Tel: 05631 569-437 oder 412
Fax: 05631 569-289
E-Mail: orthopaedie@krankenhaus-korbach.de

Ihr Zeichen: | Unser Zeichen: |

Datum: | |



zertifiziertes regionales
TRAUMAZENTRUM
TraumaNetzwerk DGU® TZ-00295
TraumaNetzwerk
Göttingen - Kassel



Dr. Christoph Konermann M.D.
Orthopedic Surgeon

Endoprothetic Center of Excellence

Our hospital performs total hip replacement surgery using the Anterior Minimally Invasive Surgery (“AMIS”) approach. The AMIS approach spawned from the “Hueter” approach, which was developed in the 1870’s by a German surgeon from Leipzig named Dr. Hueter. However, the Hueter approach was disregarded for many years because, in the 1900th century, the materials necessary to create and permanently install a sturdy hip replacement implant did not exist.

Then, in the late 1950’s, advancements in metal technologies and the development of bone cement made hip replacement feasible. The first widespread hip replacement surgery known as the “Lateral” approach was pioneered by the British surgeon, Dr. John Charnley. Despite Dr. Charnley’s success, the Heuter approach would prove to be a superior hip replacement alternative.

Finally, in 2004, the Hueter approach was rediscovered and improved by the French surgeon, Dr. Frederick Laude, who used special tools for installing implants and a special implant design. This approach employs an incision length of about 6 to 7 centimeters (2.5 to 3 inches), and is the only way to completely preserve the muscle tissue surrounding the hip, mainly the gluteus muscles, which act like the hip’s motor. Unlike the AMIS approach, other modern hip surgery methods damage surrounding muscle tissue and commonly result in limping and discomfort.

AMIS patients are carefully studied preoperatively, using standard x-rays, a reference ball, and a sophisticated computer planning program. This process allows surgeons to accurately estimate the

optimal size of the hip replacement implant based on leg length, potential leg length correction due to arthritis, ideal hip offset length necessary to generate natural muscle tension, and any other factors which may impact the ideal implant size. The day following an AMIS operation, patients are able to walk naturally, demonstrating normal balance of the pelvic region. This is the result of muscle tissue preservation inherent in the AMIS approach, which in turn retains the patient's normal muscle strength. Post operation limping is never observed.

In addition to the small incision described above, the AMIS approach allows for maximum soft tissue preservation, minimal bleeding (it is rare for a patient to require a blood transfusion post operation), low possibility of infection (ten times less than the Lateral approach), no luxation of the hip (i.e. dislocation of the hip), and a quick recovery to everyday normal life. In fact, a patient can expect to be discharged from the hospital within three to five days following surgery. Lastly, the surgical wound is glued shut, thus eliminating the need for post operation structural removal, as is seen in other modern hip replacement methods.

I have performed countless hip replacement surgeries over the past 26 years using various modern methods. However, since adopting the AMIS approach some years ago, I have used it exclusively, even in existing hip replacement repairs, and I will continue to do so because I think that's the best method ever developed.

Dr. med. Christoph Konermann

Facharzt für Chirurgie, Orthopädie,
Unfallchirurgie, Spezielle Unfallchirurgie,
Chirotherapie, physikalische Therapie
Leitender Arzt der Orthopädie 2