Supine Anterolateral THA Experience as a Bridge to the Direct Anterior Approach

A Narrative Review and Technical Perspective

Mr Ilker Ganal, MD

Aktif International Hospital, Yalova, Turkey

EAHM 2026 | 2–3 July 2026 | Church House, Westminster, London | Paper No. 29

Introduction / Purpose

- **Background**: The Direct Anterior Approach (DAA) is increasingly adopted in total hip arthroplasty (THA) for its intermuscular plane, early functional recovery and low dislocation rates.
- **The transition challenge**: Surgeons trained in the lateral-position posterolateral approach (PLA) face a steep adaptation when switching to DAA.
- The difficulty extends beyond the anterior interval itself to:
  - Supine patient positioning and altered pelvic orientation
  - Intraoperative fluoroscopic workflow
  - Intraoperative leg-length and offset assessment
- **Purpose**: To explore whether the supine anterolateral approach (ALA) can serve as a practical bridge from lateral-position PLA to DAA.

Method

Study design

- Narrative review of published literature on the transition to DAA in THA, supplemented by the senior author's early personal experience.

Review focus areas

- DAA learning curve
- Patient positioning
- Acetabular orientation
- Fluoroscopic guidance
- Approach-related transition in THA

Author's early experience

68

consecutive supine
anterolateral (ALA) THA cases

4

first
direct anterior (DAA) THA cases

Results

Published evidence

- A clear DAA learning curve is consistently described, with increased operative time and acetabular positioning difficulties during early experience.
- For surgeons trained in lateral-position PLA, adapting to a supine pelvic reference frame appears to be a specific transition challenge.
- Transition difficulty reflects not just a new interval, but a different positional and spatial framework.

Reported DAA learning curve

50-100

cases commonly described as the early **DAA transition period**

Author's early experience

Prior supine ALA practice made the first DAA cases more familiar in:

- ✓ **Positioning** – supine setup already familiar
- ✓ **Pelvic orientation** – same supine reference frame
- ✓ **Image-intensifier use** – established fluoroscopic workflow
- ✓ **Limb assessment** – leg-length / offset routines retained

Based on very limited DAA experience (n=4); interpret cautiously.

Conclusion

Key conclusions

- Supine ALA experience may offer a practical bridge for surgeons transitioning from lateral-position PLA to DAA.
- The proposed benefit lies in reduced positional and spatial reorientation during the early DAA learning curve, rather than in the anterior interval itself.
- The concept is preliminary and requires prospective comparative study with structured outcome and learning-curve metrics.

Training implications

- DAA training may benefit from considering each surgeon's index approach and positioning background, rather than a single uniform pathway.
- A staged ALA-to-DAA pathway could provide a more intuitive transition than direct conversion from lateral-position PLA.

Take-home message

For PLA-trained surgeons, supine ALA may be the missing positional rehearsal that makes early DAA cases more reproducible.

Contact Details

Presenter: Mr Ilker Ganal, MD

Institution: Aktif International Hospital, Yalova, Turkey

Email: ilkerganal@gmail.com

Paper No.: 29 • **Theme**: Training

ePoster session • Thursday, 2 July 2026 • 09:00–14:00
Church House Conference Centre, Westminster, London

Disclosure: The author declares no conflicts of interest.