Letters and comments

Contributors to this section are asked to make their comments brief and to the point. Letters should comply with the instructions to authors at <http://www.rcseng.ac.uk/publications/annals/authorinstructions.html>. Tables and figures should only be included if absolutely essential and no more than five references should be given. The editor reserves the right to shorten letters and subedit contributions to ensure clarity.

COMMENT ON

doi 10.1308/003588407X205431

C Gerrand, G McNulty, N Brewster, J Holland, A McCaskie. What do patients think about minimally invasive total hip arthroplasty? *Ann R Coll Surg Engl* 2007; **89**: 685–8

doi 10.1308/003588408X301253

Minimally invasive total hip arthroplasty

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Minimally invasive surgery (MIS) is no longer an experimental procedure. Not only has it been practised since 1993 but the single incision technique was accepted by the National Institute for Health and Clinical Excellence in January 2006 as a safe, proven approach for hip replacement surgery.¹ Furthermore, there is a recognised definition of MIS surgery where the incision is less than or equal to 10 cm.

The average age of the cohort described in the paper by Gerrand and colleagues was 71 years. This represents a retired population in whom early rehabilitation and return to work or sport may not be priorities and this could possibly explain why their patients rated length of recovery and stay in hospital as 'not important'. The findings of these

authors contrast with the findings in our unit, a high-volume centre performing over 600 hip arthroplasties annually, where the average patient age is 60–65 years, incision length is 8–10 cm, and length of stay is 5 days. MIS hip arthroplasty facilitates earlier recovery and rehabilitation² and causes significantly less blood loss with no difference in complication rates.³

References

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AUTHORS' RESPONSE

doi 10.1308/003588408X301262

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We should like to thank Mr Sandiford and colleagues for their interest in our paper, the purpose of which was to explore how patients perceive minimally invasive hip replacement. Although length of stay is a consideration for patients, 15 of 36 patients in our study rated it as 'not important' when they were also asked about the long-term survival of the implant and the risk of complications in the same questionnaire. It would be interesting to see if this finding holds in different patient populations, such as those attending a private facility. We are sure we would all agree that although small incision surgery is possible and can be performed safely on selected patients, this should only be done when it does not increase the risk of complications.