The learning curve of direct anterior approach strongly affects outcomes.

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We would like to highlight one insufficiency in the article entitled “The Effect of Surgical Approach and Femoral Prosthesis Type on Revision Rates Following Total Hip Arthroplasty.” Table 2 presents the surgeons’ service volume by approach and femoral component, but the author did not perform an advanced analysis of the data or provide a reason for not doing so. The conclusion is not persuasive without consideration of surgeons’ experience. Although the author noted this as a limitation, this is a crucial factor that may determine outcomes.

Several studies have indicated the importance of the learning curve of the direct anterior approach (DAA). Richard et al. indicated that the revision rate for surgeons who have performed fewer than 50 DAA procedures is higher than that for surgeons who have performed more than 100 procedures [1]. Goytia et al. stated that both the surgical time and blood loss of DAA decrease after surgeons perform more than 40 procedures [2]. According to Muller et al., the 5-year survival rate of implants was 79% for surgeons’ first
20 DAA procedures and 97% for that of the 130 procedures thereafter [3]. Therefore, the learning curve of DAA strongly affects outcomes. In addition, Hoskins et al. analyzed the Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) database to determine the correlation between surgeon’s service volume and revision rates for total hip arthroplasty (THA). Surgeons with high revision rates were more likely to perform fewer than 50 THA procedures per year, whereas those with low revision rates often performed more than 100 THA procedures per year [4]. The AOANJRR database appears to be a valuable source for researchers seeking to analyze the relationship between procedure volume and surgical outcomes.

We hope that the author analyzes the effects of surgeons’ experience and utilizes the AOANJRR database in further research and would appreciate the author’s consideration of our feedback.

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References


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