Fast Forward™ to Results





With the SuperPath[®] Hip Technique you can:

- Realize 28% in-hospital cost reductions through early patient mobilization and patient discharge²
- Reduce costs related to discharge status by 70%¹
- Reduce 30 day all cause readmission rates by 45%¹

Individual results and activity levels after surgery vary and depend on many factors including age, weight, and prior activity level. There are risks and recovery times associated with surgery and there are certain individuals who should not undergo surgery.

Fast Forward[™] to Active Patients

Once they are pain free, Total Hip Arthroplasty (THA) patients want to get back to their pre-surgery activities as fast as possible. When compared to national averages, patients treated with the SuperPath^{*} Hip Technique have stayed in the hospital for a shorter amount of time, been discharged to their home more often, and are less likely to return within 30 days for any reason! All without the typical post operative hip restrictions associated with traditional THA techniques.

Shorter Length of Stay

Discharged Home

1.6 Days¹ versus 3.2 Days³ **91.5%**¹ versus 27.3%³ **30 Day Readmission Rate**

2.3%¹ versus 4.2%⁴

Fast Forward[™] to Lower Total Costs for THA

Lower In-Hospital Costs

When compared to the standard lateral THA technique at a sample hospital, the SuperPath[®] Hip Technique resulted in in-hospital cost reductions of over 28%²

28% Lower Cost

Lower Post-Discharge Costs

When using sample hospital cost data in a bundled payment scenario, a hospital doing 100 SuperPath[®] THAs annually could save 66% in post-discharge costs!

66% Lower Cost

Fast Forward[™] to Fewer Complications

	With SuperPath [®] Hip Technique	U.S. Average
Transfusion rate	3.3 % ¹	25.5 %⁵
Dislocations	0.8 % ¹	2.4% ⁶
Infections	0.0 % ¹	1.3% ⁷
Pulmonary Embolism	0.0 % ¹	0.2% ⁷
Deep Vein Thrombosis	0.2 % ¹	0.4% ⁷

Fast Forward[™] to a Superior Approach

SuperPath® is a portal assisted THA approach that accesses the capsule superiorly through the interval between the gluteous medius and piriformis without requiring the cutting of any muscles or tendons. The femur is prepared with the head and neck intact reducing the chance of fracture. The acetabulum is prepared under direct visualization and a cannula facilitates the use of inline instrumentation. If necessary, there is an extensile option allowing surgeons to continue the technique from a familiar view without repositioning the patient.



Patient Position Familiar Lateral Decubitus position provides maximum laxity of the Hip Capsule.



Skin Incision Skin Incision inline with the Femur aligning with the muscle fibers of the Gluteus Maximus.



Soft Tissue Management Gluteus muscles, the Piriformis Tendon, and other External Rotators are preserved enabling faster return to function.



Superior Capsulotomy Superior Capsulotomy inline with the Skin Incision preserves the integrity of the Hip Capsule.



Femoral Preparation Preparation with the Femoral Head and Neck intact shows anatomical version and limits the possibility of calcar fracture.



Acetabular Implantation Direct visualization of anatomical landmarks facilitate proper placement of implants.

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MicroPort Orthopedics Integrity In Motion™



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