



Minimally Invasive Surgery

Minimally invasive surgery (MIS) implies performing an operation through a smaller incision than more traditional procedures. With some operations, this is well understood and it is now the standard of care, such as in arthroscopic surgery of the knee, arthroscopic ACL reconstructions and with laparoscopic surgery of the abdomen and pelvis.

It is well established that there is a better patient outcome, with more accurate surgery and less tissue damage, a quicker recovery and less adverse events occur with this type of technique. In some other surgeries such as hip and knee replacement surgery, MIS is a much newer and evolving technique, where the risks and benefits are still being examined.

Potential benefits include less blood loss, less tissue damage, less post-operative pain, a quicker recovery, a lower complication rate as well as less operative time. However, if a smaller incision compromises the surgeons view at the time of surgery which can lead to inaccurate positioning of the prosthesis or damage to other structures in trying to get a better view, then the technique may cause more problems than it solves.

At this point in time I feel that the role of MIS in joint replacement lies somewhere in the middle. MIS has produced a range of new instruments which allows better visualisation at the time of surgery. The surgery should be performed in such a way as to cause the least amount of tissue injury, but whilst allowing an uncompromised view of the operative site for the surgeon. The positioning of the components is the number one priority in joint replacement surgery.

Perhaps small incision surgery (SIS) should be used, with the key point being the incision, and the surgical approach will be as small as possible without compromising the long term outcome for the patient.

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