

Summary

Contemporary world and medicine are marked by very rapid development of miniaturization, which surprisingly not missed also endoprothetics and arised thankfully to the strong medial attention gigantic wave of public interest about possibility of mini - invasive operative.

In public media was this method presented like revolutionary and almost like a nonstrum, first medical publications (especially from pioneers those techniques) were also generally positive, but also since the begginnig had this method also its non-supporters.

Own idea of mini- invasive operative is without any doubt correct step into the future, theoretical benefits are indisputable and logical.

In wiew of this facts, that it was for me „no man´s land“, I decided as a first step to study all published facts and later than I began practical testing of mini-invasive approaches on cadavers studies and than finally after very carefully evaluation of all facts I started to perform mini-invasive approaches.

In an effort to deprese maximally the learnig curve, I started my mini-invasive implantation with femoral component only – so cervicocapital endoprosthesis, only after estimation of this group and with newly acquired experiences I came up to perform MIS- THR .. Our statistically proved final results tell us, that implantation THR from MIS antero - lateral approach fully did not reached expected theoretic and nor practical results, which is also well documented.

On the other hand I must also say, that also any parameter isn't worse compared to standard approach.

Finally we can openly say, that in the light of these facts MIS approach could be used in clinical practise - but unfortunately without any benefit for patients, but on the other hand we must say with all responsibility, that any literary and also own experience don´t force us to leave standard approaches.

Till now there is not proved any unique and timely unlimited benefit of MIS approaches. ALMIS is more modification then innovation of operation technique.

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