Hip Arthroscopy – Patient Guide & Common Questions

Introduction:

This handout is a general guide to common indications for hip arthroscopy, what to expect when undergoing the procedure, risks, and general recovery information. This is not a comprehensive guide, however, and any questions or concerns should be addressed directly with the surgeon.

Hip arthroscopy may be indicated for the following conditions:

- **Debridement of loose bodies:** Bone chips or torn cartilage debris causes hip pain and decreased range of motion, and can be removed with hip arthroscopy.
- **Removal of adhesions:** Adhesions are areas of built of scar tissue that can limit movement and cause pain.
- **Repair of torn labrum:** the labrum lines the outer edge of the "socket," or acetabulum, to ensure a good fit. Tears can occur in the labrum causing hip pain.
- **Removal of bone spurs:** Extra bone growth caused by injury or arthritis that damages the ends of the bones causes pain and limited joint mobility.
- **Partial Synovectomy:** Removal of portions of the inflamed synovium (joint lining) in patients with inflammatory arthritis can help to decrease the patient's pain. However, a complete synovectomy requires a larger, open hip incision.
- **Debridement of joint surfaces:** Conditions such as arthritis can cause the breakdown of tissue or bone in the joint.
- **Repair after trauma:** Repair of fractures or torn ligaments caused by trauma.
- **Evaluation and diagnosis:** Patients with unexplained pain, swelling, stiffness, and instability in the hip that is unresponsive to conservative treatment may undergo hip arthroscopy for evaluation and diagnosis of their condition.

How is a Hip Arthroscopy performed?

- The bones of the hip joint (the ball and socket) are separated by approximately 1cm by applying traction to the foot while wearing a special boot. By distracting the hip, this provides enough room for a small telescope ('arthroscope') to be introduced into the joint. Initially, air and/or fluid are injected into the hip, under x-ray guidance. Once correct placement of the instrument has been confirmed, two, three, or sometimes four small incisions are made on the side of the hip. Each of these incisions generally measures approximately 5-10 mm in length.

- Through these small holes, the telescope and instruments are passed into the joint. The surgeon will then be able to visualize the hip joint, identify the problem(s), and proceed appropriately. Very occasionally it is not possible to insert an arthroscope into the hip joint. The operation duration will vary depending on the problem in the hip joint but can last from 30 minutes to 120 minutes, or even more. During the surgery, further x-rays may be taken, for example, to confirm adequate removal of bone.

- At the end of the procedure medications may be injected into the hip to minimize pain after the surgery. The small holes are often closed with one to two stitches each or tapes, although

some surgeons choose to let the wounds heal naturally, without closure. Finally, a further dressing is placed over the holes.

After hip arthroscopy:

- Usually, you will feel some discomfort in your hip. In addition, the discomfort can be experienced in the lower back, buttock, knee and ankle. The discomfort can normally be reduced with the appropriate pain relief. In the majority, there will be some swelling in the groin, buttock and thigh. This is caused by the fluid used during the surgery. The swelling reduces over the following few days.

- You are likely to be seen by a physiotherapist following your surgery. They will make sure you are safe to mobilize with or without the aid of crutches. This will depend on the instructions received from your surgeon. In some circumstances you may be asked to limit the amount of weight you put through your operated leg, while in others you may be allowed to fully weight-bear immediately after surgery. . Consequently, you may require crutches for a few days, or weeks depending on what specific surgery has been undertaken. Your surgeon and physiotherapist will decide when it is appropriate for you to stop using the crutches.

- Observe the wound for any signs of infection (increasing pain, redness or swelling). The skin incisions can sometimes leak fluid or blood slightly for a few days; this is normal.

- At a variable point after surgery you will be reviewed by your surgical team. At this appointment, your wound may be inspected and, in some cases, the sutures removed if that has not already been performed. A further explanation of the surgery undertaken can then be provided and there will also be an opportunity for specific queries to be answered. Any subsequent appointments will be arranged and will be guided by the surgery performed.

- Your surgeon and physiotherapist will develop an appropriate rehabilitation program for you following the surgery. Your physiotherapist will guide your return to sporting activities (running etc.) depending on your progress. This is extremely variable between individuals, depending on the surgical findings and the length of symptoms prior to surgery.

- In the majority, by 8 weeks after surgery you should be walking relatively pain-free. By this 8–week point, running can be commenced if that is your wish. Remember, however, that it may take 3 to 6 months (or more) to return to an elite level of competition/fitness. Any unexpected increase in pain can be treated with ice packs and anti-inflammatory medication. The broad strategy for rehabilitation is to regain early range of movement and stability, followed by strength and endurance. Return to work will depend on pain levels and the nature of your job.

- There are some activities to avoid or take care with up to 8 weeks following surgery. These include the following :

    - Prolonged standing, especially on hard surfaces.
    - Prolonged walking i.e.; around shopping centers.
    - Heavy lifting
    - Squatting / crouching

- Sleeping on your side. Try to sleep on your back. If you must sleep on your side, sleep on the non-operative side, with a pillow under your operated leg – to hold that leg level with the body.
- Clutch use in manual cars (for left hips) – may flare up symptoms in the first couple of weeks and is best avoided. Exchange cars if possible.
- Sitting with the hips at 90 degrees – a more open seat angle is recommended i.e.; 120 degrees. Car seats should be tilted backwards slightly in order to open the hips out.

Please note that these are only suggestions for minimizing discomfort/pain. Your surgeon and/or rehabilitation team may have further ideas and you should listen to them carefully.

Length of Stay in Hospital?

The length of stay will depend on the complexity of the surgery, your general health, the distance you may have to travel after surgery, and other factors. You should discuss any questions or concerns about length of stay with your surgeon.

Anaesthetic?

The surgery are most commonly performed under general anaesthetic, though not in every single case. If a general anaesthetic is given, there may be additional regional/local anaesthetic blocks.

Can I walk after surgery?

You will have weight bearing restrictions after surgery. Most patients are instructed to allow their foot on their operative leg to touch the floor to help with their balance. The amount of weight put on the leg will be limited to the weight of the leg (no body weight). This is called foot flat weight bearing. You will be given crutches or a walker to help you get around while your weight bearing status is limited. The restrictions can last from 2 to 4 weeks depending on the type of Arthroscopic procedure you are having.

Can I shower after surgery?

You will have a thin, clear dressing over your incision called a Tegaderm. As long as this dressing is completely intact you may shower. This dressing does not need to be changed. If you notice the dressing has become visibly soiled or has begun to peel away from the skin, please change your dressing. You can find water-proof dressing like Tegaderms at most retail pharmacies, or you can use water-proof Band-Aids.

Will I get a prescription for medications after surgery?

Yes, you will receive a prescription for post-operative pain. You will also receive a prescription for a Non-Steroidal Anti-Inflammatory (NSAID) which you will be instructed to take for 20 days, and Aspirin, which you will be instructed to take for 3 months.

My leg feels numb around my surgical site. Is this normal?

During the surgery, your doctor used a medication called Marcaine to numb around the surgical area. Marcaine is similar to Lidocaine, the drug dentists sometimes use to numb your mouth, but it typically lasts a little longer. The area around your incision might remain numb for as little as 1 hour, or as long as 6-8 hours, depending on the strength and amount given during surgery.

My thigh feels tight and swollen. Is this normal?

In order to verify the correct placement of the arthroscope and/or other surgical instruments, your doctor will inject air and/or fluid into the joint under x-ray guidance. This might cause swelling in your groin, buttock, and thigh. The swelling will typically improve over the next few days. Please notify your doctor immediately if you notice:

- Increasing redness around the wound
- Increased drainage from the wound
- A temperature of more than 101.0 degrees
- Leg or foot swelling that does not resolve with elevation.

Other Procedures:

- Platelet-Rich Plasma (PRP) Injections
    - PRP is produced from a person's own blood and can help speed up healing. It is a concentration of one type of cell, known as platelets, which circulate through the blood and are critical for blood clotting. Platelets and the liquid plasma portion of the blood contain many factors that are essential for the cell recruitment, multiplication and specialization that are required for healing.
    - After a blood sample is obtained from a patient, the blood is put into a centrifuge, which is a tool that separates the blood into its many components. Platelet rich plasma can then be collected and treated before it is delivered to an injured area of bone or soft tissue, such as a tendon or ligament.
    - PRP is given to patients through an injection, and ultrasound guidance can assist in the precise placement of PRP. After the injection, a patient must avoid exercise for a short period of time before beginning a rehabilitation exercise program.

Other Potential Risks and Complications of hip arthroscopy:

- All surgery carries risks, although every effort is made to minimize them. The complications can be temporary or permanent. Reassuringly, permanent complications following hip arthroscopy are rare and the majority are temporary. There are, however, risks which include the standard risks of undergoing general anesthesia and specific risks associated with hip arthroscopy.

- Complications have been reported to occur in up to 5% of patients and are most often related to temporary numbness/altered feeling in the groin and genitalia. This is due to a combination of

distraction of the hip joint and pressure on the nerves in the groin at the time of surgery. This is uncommon and although there is a theoretical risk that this numbness could be permanent, in the majority the numbness recovers fully, usually within a few days. Other complications might include, but are not limited to: pressure sores and blistering, infection, fracture, increased pain, impotence, bleeding, nerve palsies, abandoned procedure, deep-vein thrombosis, instrument breakage, avascular necrosis of femoral head, extravasation of irrigation fluid, delayed wound healing, exacerbation of symptoms. However, many of these complications are extremely rare. For example, the exact rate of infection following hip arthroscopy is unknown, but would certainly appear to be substantially less than 1 in 1000.

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Never hesitate to call our office with any questions or concerns – 512.476.2830

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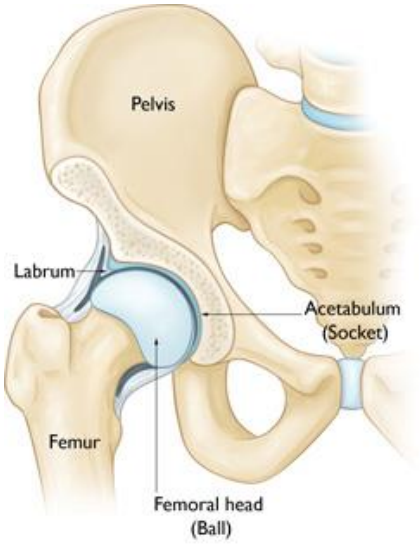
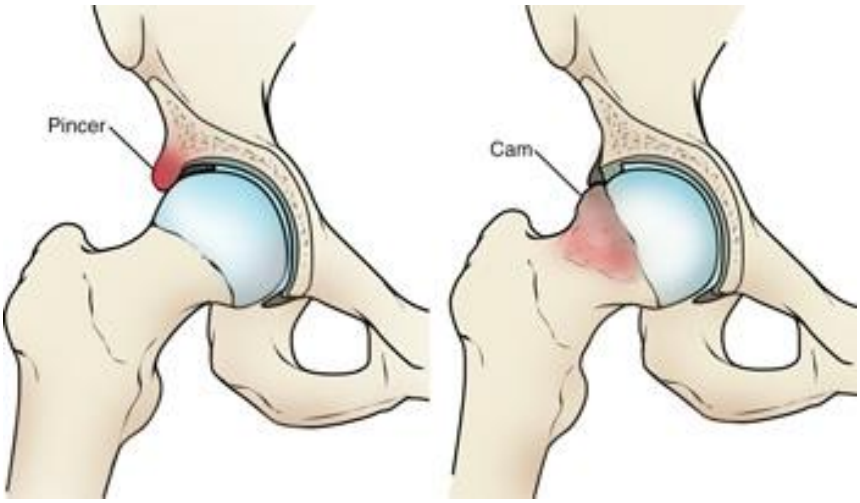


Normal hip anatomy



Example of femoroacetabular impingement

(**Left**) Your surgeon inserts the arthroscope through a small incision about the size of a buttonhole. (**Right**) Other instruments are inserted to treat the problem.

(**Left**) (A=Acetabulum; L=Labrum; FH=Femoral Head) A suture is used to repair a tear in the labrum. (**Right**) The completed labral repair.