

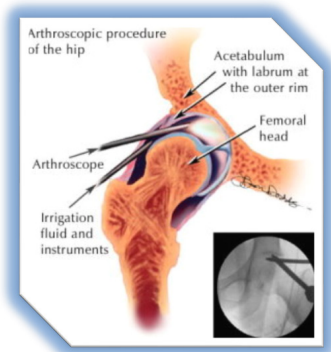
Hip Arthroscopy

Introduction

Hip arthroscopy is a 'keyhole' procedure which visualises the hip joint and allows a surgeon to operate in order to treat a condition.

What does the hip joint look like?

This is one of the most common conditions for which hip arthroscopy is performed. The hip is a ball and socket joint. The ball of the thigh bone (femur) sits in the socket (acetabulum) of the hip. A ring of cartilage surrounds the socket and is called the labrum.



What symptoms are hip arthroscopies done for?

- Pain
- Clicking
- Giving way
- Discomfort
- Stiffness
- Walking or running difficulty

Why am I having the procedure?

There are many different reasons people have hip arthroscopy. The most common ones are:

- Diagnostic – To explore the joint to find out the cause of your symptoms
- Removal – Loose body removal
- Repair – Repair the joint cartilage (gristle) in what is known as chondral damage.
- Removal of torn acetabular labrum (see

section below)

- Treating Femoroacetabular impingement (FAI) (see section below)
- Manage damaged ligaments
- Manage joint infection
- Treat joint lining swelling (synovitis)
- Investigation following hip replacement or resurfacing

What is FAI?

Please see the 'What does the hip joint look like?' for an explanation of hip anatomy. FAI is due to damage to the cartilage or the labrum of the hip joint which is caused by an abnormal contact between the ball and the hip socket.

Who gets FAI and what are the risks of FAI?

FAI affects all age groups. People who do activities that involve a lot of hip movement such as in kicking sports are more prone to getting FAI. FAI is a risk factor for osteoarthritis of the hip which often requires joint replacement. Hip arthroscopy aims to reduce the chances of this as well as reducing your symptoms.

What are Acetabular labral tears?

Please see the 'What does the hip joint look like?' for an explanation of hip anatomy. The ring of cartilage (labrum) can become damaged or torn. This is usually associated with FAI. This condition may be diagnosed despite not being seen on an MRI or CT scan as these do not always pick it up.

What anaesthetic do I have?

Usually general anaesthetic is used but not in every case. Additional pain relief is sometimes given via a regional local anaesthetic block.

Do I have to stay in hospital?

Usually you stay in hospital for one night after your surgery, however this can vary based on:



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- Your health
- Surgery performed
- Distance to travel

How is the procedure performed

1. Ball and socket separated by about 1cm by putting on a special boot which applies a force.
2. This creates enough space for a small camera to be placed into the joint.
3. X rays are taken and air or fluid injected into the joint.
4. Once the camera is in the correct place 2, 3 or 4 small 5-10mm cuts are made on the side of the hip.
5. These holes allow instruments and the telescope to be passed so the surgeon can carry out any treatment.
6. The surgery lasts from 50 – 180 minutes but can be longer than this.
7. Medications can then be injected to provide pain relief for after the operation.
8. The cuts can be stitched or left open depending on the surgeon's choice.

What should I expect immediately following the procedure?

- It is usual to feel some hip discomfort following the procedure.
- This discomfort can also affect the lower back, buttock, knee and ankle.
- Most people have some swelling in the groin, buttock and thigh. This reduces over the next few days.
- It is normal for the wound to leak fluid or blood for a few days.

Is there anything that I should watch out for?

Watch out for increasing pain, redness or swelling which are all signs of infection. If this happens contact the ward that you were discharged from.

What will my rehabilitation and physiotherapy involve?

After surgery a physiotherapist will check to see if you are able to walk and to determine whether you need crutches or not.

Your surgeon will have told the physiotherapist about whether you can weight bear on the operated leg. (This varies between patients)

The physiotherapist and surgeon will form a rehabilitation plan.

You will be told when you can start doing certain activities.

The main aims are to regain range of movement and stability as early as possible after which strength and endurance can be regained.

When will my surgeon review me?

This is usually 6-8 weeks following your surgery.

The surgeon will answer any questions about your surgery.

Further follow up will be decided upon.

When will I be back to normal?

Most people are back to walking relatively pain free by 8 weeks after surgery.

Athletes should not think that it can take between 3 to 6 months or even more to return to elite level fitness.

How long will I be off work for?

This depends on your pain level and what your job entails.

Are there any activities that I should avoid?

In the first 8 weeks after surgery you should avoid:



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- Standing on hard surface for an extended period
- Walking for too long
- Heavy lifting
- Squatting
- Crouching
- Sleeping on your side
- If your left hip was operated on driving a manual car should be avoided for two weeks.

What painkillers can I take?

Your surgeon or general practitioner will prescribe this for you.

What about pregnancy?

The operation would be delayed till after the pregnancy.

What are the risks and complications of hip arthroscopy?

Permanent complications are rare.

The below is just a guide – please ask your surgeon for official risks.

- Risks of general anaesthetic – The risks of general anaesthesia are low but can be discussed individually as necessary with your anaesthetist.
- 1 - 4% of patients have complications of hip arthroscopy which include:
 - Numbness or altered feeling in the groin or genitalia. (This can be permanent although numbness usually recovers within a few days.)
 - Pressure sores/blistering
 - Infection
 - Fracture
 - Increased pain

- Impotence
- Bleeding
- Nerve damage
- Abandoned procedure
- Deep-vein thrombosis
- Instrument breakage
- Avascular necrosis of the femoral head (The thigh bone ball dies due to loss of blood flow)
- Fluid leakage
- Delayed wound healing
- Worsening of symptoms or bringing them on
- Vaginal tears
- Scrotal Ischaemia

What about Deep vein thrombosis?

This is a risk of the procedure.

Depending on the type and length of hip arthroscopic procedure anti-embolic (clot) stockings and blood thinning injections may be prescribed.

Who can I contact if I have any questions?

Please contact your surgeon via their secretary:

Mr Bache 0121 685 4210

Mr McBryde 0121 685 4384

Mr Politis 0121 685 4298

What can I do if I need further information?

www.isha.net/

www.hipproblem.co.uk/about-hip-arthroscopy.php

www.readingorthopaediccentre.com/hip.html

www.thewellingtonhospital.com/

www.hipandkneeadvice.com/

www.sportsortho.co.uk