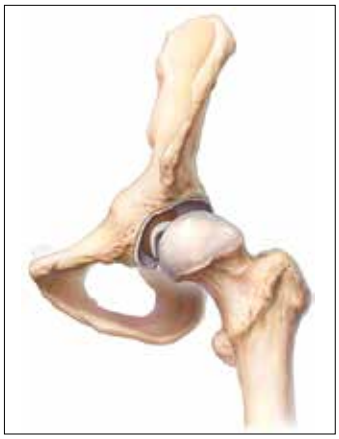
Hip Arthroscopy

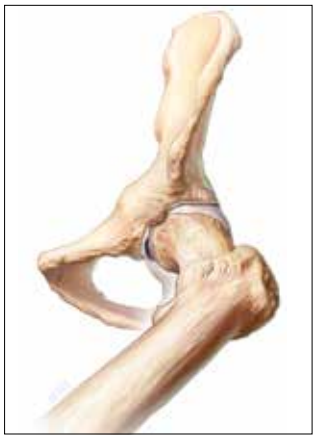
Arthroscopy of the hip joint is a "keyhole" procedure for the treatment of multiple pathologies of the hip joint without large incisions. It allows faster return to sporting and recreational activities than open procedures, and normally only requires an overnight stay in hospital.

INDICATIONS

Pain in the hip and groin region may be due to many pathologies both inside and outside the hip joint itself. Common pathologies seen inside the joint are cartilage tears, loose bodies, bony bumps that cause impingement-cam or pincer (Figures 1 and 2), inflammation of the joint lining and tears of the ligaments that provide the joint with stability.



(Figure 1. Cam lesion on femoral head & neck (hipbone))



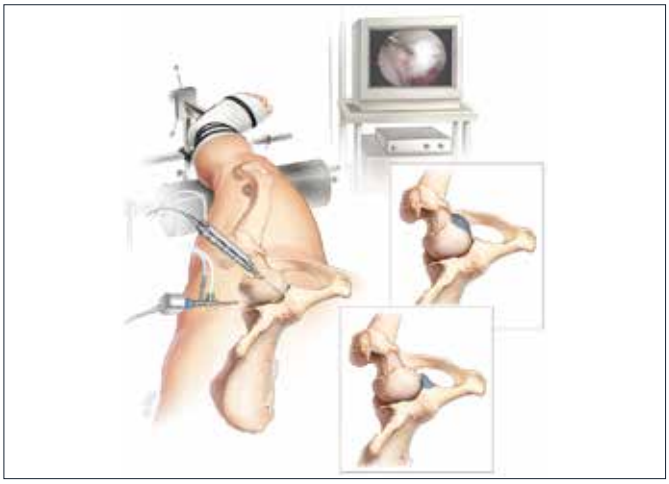
(Figure 2. Pincer lesion on acetabulum (socket))

Pathology outside of the joint may also be contributing to your pain e.g. Tendonitis of the surrounding muscles, inflammation in a bursa (fluid filled sac), osteitis pubis or even a hernia. Clinical evaluation of your problem in combination with appropriate X-rays, CT and / or an MRI scan helps to establish the cause of your pain prior to surgery being undertaken.

SURGERY

Hip arthroscopy is performed in the operating theatre under a general anaesthetic. Whilst asleep you are rolled onto your side and the legs are placed into a traction device to distract the affected joint and allow entry of the arthroscope.

X-ray imaging is used in the operating theatre to confirm the site of your pathology and correct positioning of the arthroscope and working instruments. Usually only 2 small incisions are made on the outer aspect of the hip to allow the instrument placement but occasionally a 3rd incision may be required to complete the procedure. The common pathology of impingement (either cam or pincer) is treated via burring away of the bony bump (figure 4) plus repair of the torn cartilage (labrum).



(Figure 3. Position during surgery (cam and pincer depicted on insets))

(Figure 4. A burr is used to remove a pincer lesion)

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The procedure usually takes approximately 1 hour to complete, whereupon the joint is infiltrated with local anaesthetic prior to you exiting the operating room. Following an overnight stay in hospital you will be discharged home fully weight bearing on the affected hip, using crutches for support.

POST SURGERY

Post-operative physiotherapy follow-up will be arranged and most patients can expect to be walking comfortably within 4-7 days. You should refrain from driving for this same period. Physiotherapy is initially targeted at retraining and strengthening the small muscles around the hip responsible for its stability prior to retraining and strengthening the larger muscle groups of the hamstrings, gluteals and quadriceps. Return to work is dependent upon your occupation but generally is at the 1-week mark following surgery for sedentary occupations and 3 weeks for heavy manual labouring work. Running and jumping activities should not be undertaken for 10-12 weeks with most patients ready to return to sporting activity soon thereafter.

RISKS

The complications of hip arthroscopy should be discussed with your surgeon prior to the procedure but may include those related to the anaesthetic e.g. nausea and vomiting, allergic reaction to the drugs, throat pain or swelling, and damage to the teeth. Complications related to the arthroscopy may include infection, deep venous thrombosis (DVT) and pulmonary embolism (PE), numbness in the anal, genitalia or inner thigh regions, and / or bruising and swelling in the same areas.

CONCLUSION

Hip arthroscopy is a safe procedure and provides good symptomatic outcomes for the pathologies listed above.

Please discuss the specifics of your particular condition with your surgeon.

These notes have been prepared by orthopaedic surgeons at OrthoSport Victoria. They are general overviews and information aimed for use by their specific patients and reflects their views, opinions and recommendations. This does not constitute medical advice. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your specific surgeon or other health care provider with any questions regarding medical conditions and treatment.

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