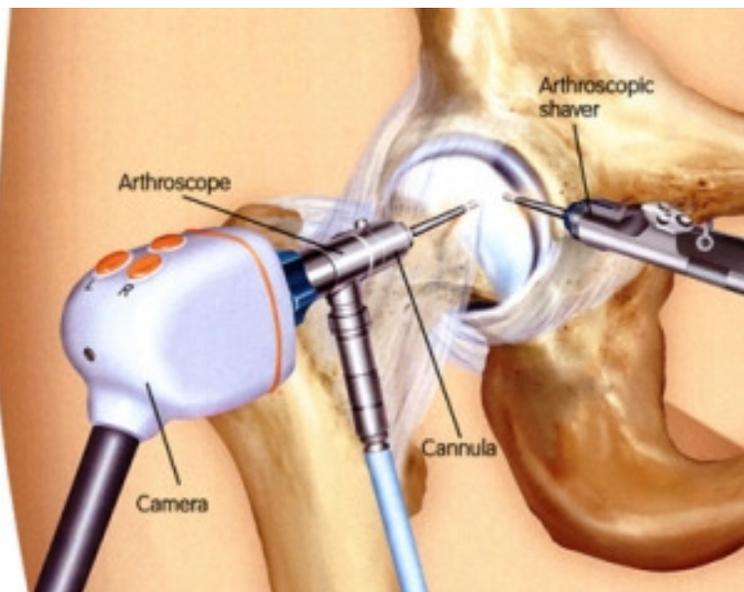




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# HIP ARTHROSCOPY



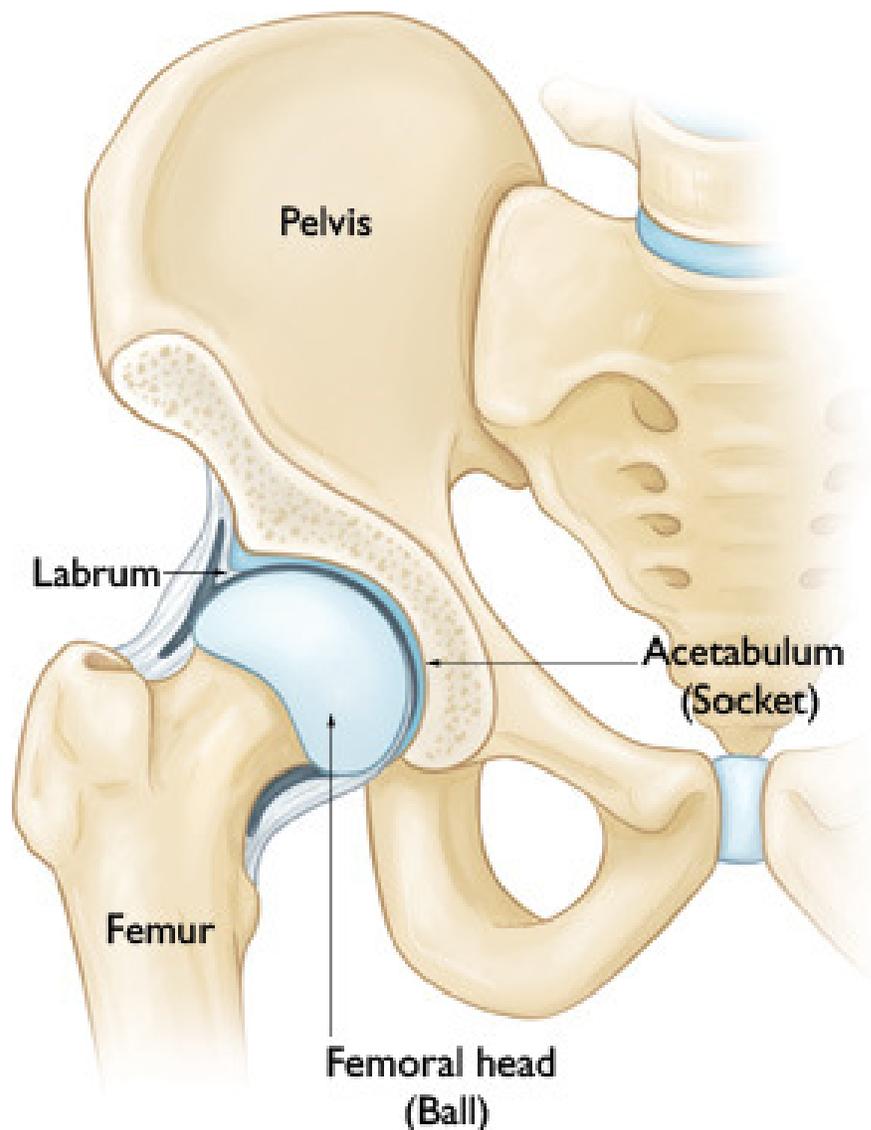
Hip arthroscopy is a minimally invasive surgical procedure that uses a camera inserted through very small incisions to examine and treat problems in the hip joint.

The camera displays pictures on a television screen, and your surgeon uses these images to guide miniature surgical instruments.

Hip arthroscopy has been performed for many years, but is not as common as knee or shoulder arthroscopy.

- **Anatomy**

- The hip is a ball and socket joint. The ball is the upper end of the thigh bone called the femoral head.
- The socket, called the acetabulum, is the cup shaped portion of the pelvic bone.
- The labrum is a cartilage “bumper” around the rim of the socket, which also creates a seal around the joint and helps provide stability.



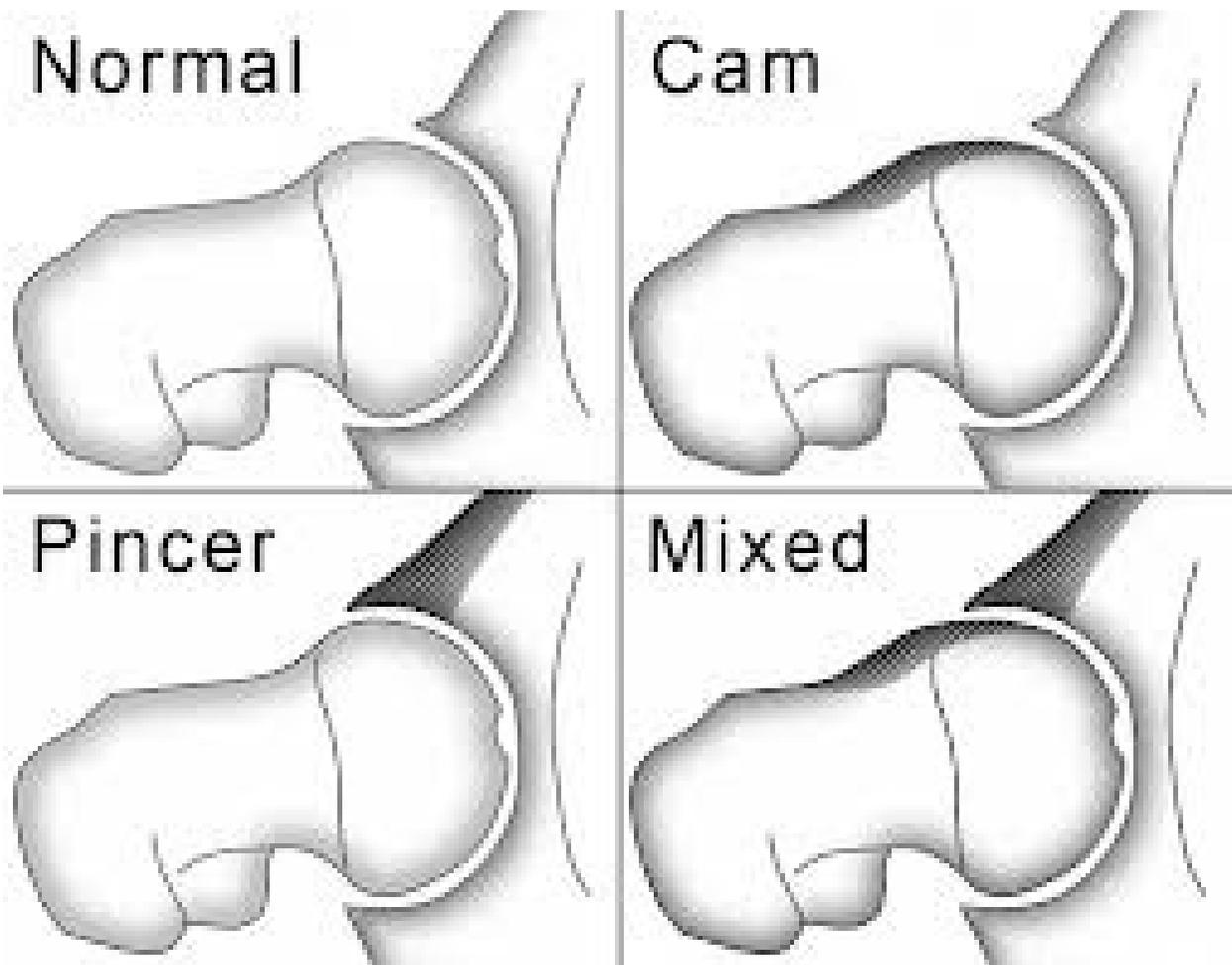
## When is Hip Arthroscopy recommended?

- If you have a painful hip joint that does not respond to nonsurgical treatment including rest, physical therapy, and medications or injections.
- Hip arthroscopy may relieve pain caused by damage to the labrum, cartilage covering the joint, an overly loose or tight capsule, tendons snapping over the joint or other soft tissues surrounding the joint.
- **Femoroacetabular impingement (FAI)** is a disorder where bone spurs (bone overgrowth) around the socket or the femoral head cause damage and pain.
- **Dysplasia** is a condition where the socket is abnormally shallow or deep and makes the labrum more susceptible to tearing.
- **Snapping hip syndromes** occur as a result of a tendon or ligament rubbing across the outside of the joint. This type of snapping or popping is often harmless and does not need treatment. In some cases, however, the tendon is damaged from the repeated rubbing and symptoms can occasionally be severe enough to require surgery.
- **Synovitis** is when the tissues that line the inside of the joint become inflamed.
- **Loose bodies** are fragments of bone or cartilage that become loose and move around occasionally getting stuck within the joint.
- **Hip joint infection**

# Femoral Acetabular Impingement

## What is Femoral Acetabular Impingement (FAI)?

Femoroacetabular impingement (FAI) is a condition where the acetabular labrum bumps the femur just below the head at the end ranges of motion. This results in tearing of the labrum followed by bone spurs forming on the acetabulum (pincer lesion) and / or femoral neck (cam lesion), or both called a mixed type lesion



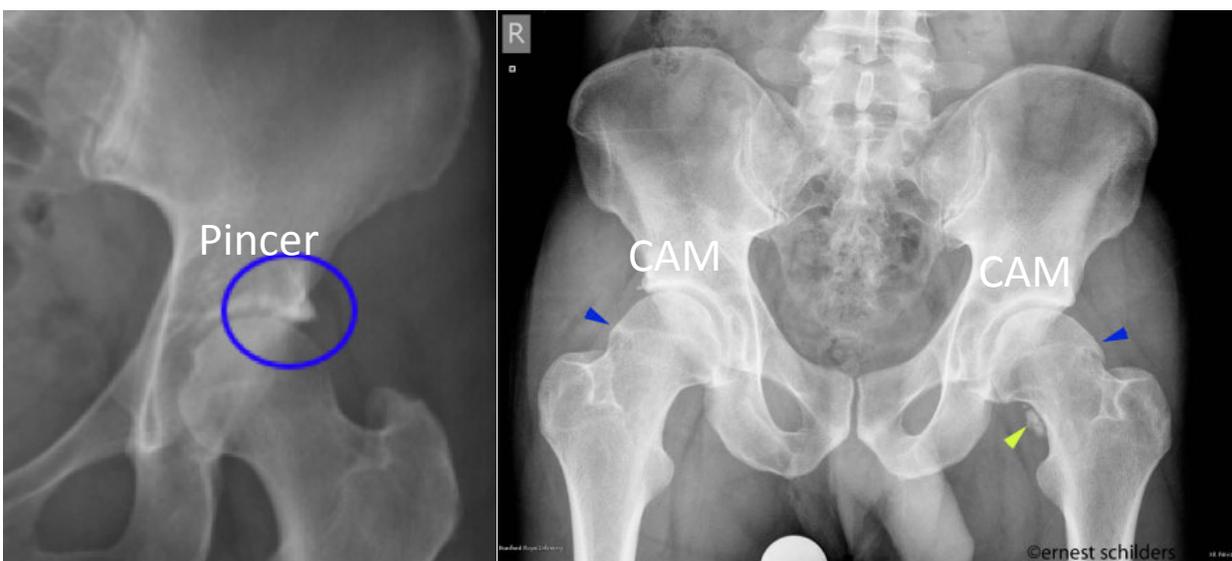
## Symptoms of FAI

- Groin pain
- Pain with prolonged sitting
- Locking or catching sensation
- Difficulty putting on socks or tying your shoes
- Pain after intense activity
- Limited range of motion
- Sharp pain with quick movements

## How is FAI diagnosed?

Most patients can be diagnosed with a detailed history, physical exam, and plain x-rays of the hip. The history will give details such as location of pain, severity, and functional limitations. The physical exam will help to include or exclude the diagnosis of FAI.

The plain hip x-rays will show cam and/or pincer, joint space narrowing or subchondral cyst formation. Often times advanced radiographic imaging, such as an MRI scan, will be ordered to evaluate the labrum. Occasionally a CT is used for preoperative planning.



# How is FAI treated?

## **Conservative treatment**

Activity Modification- avoid cutting, turning, twisting activities

Physical Therapy- stretching & strengthening

NSAIDs- ibuprofen, Aleve, Motrin, etc

Corticosteroid injection- injection under fluoroscopy (live x-ray)

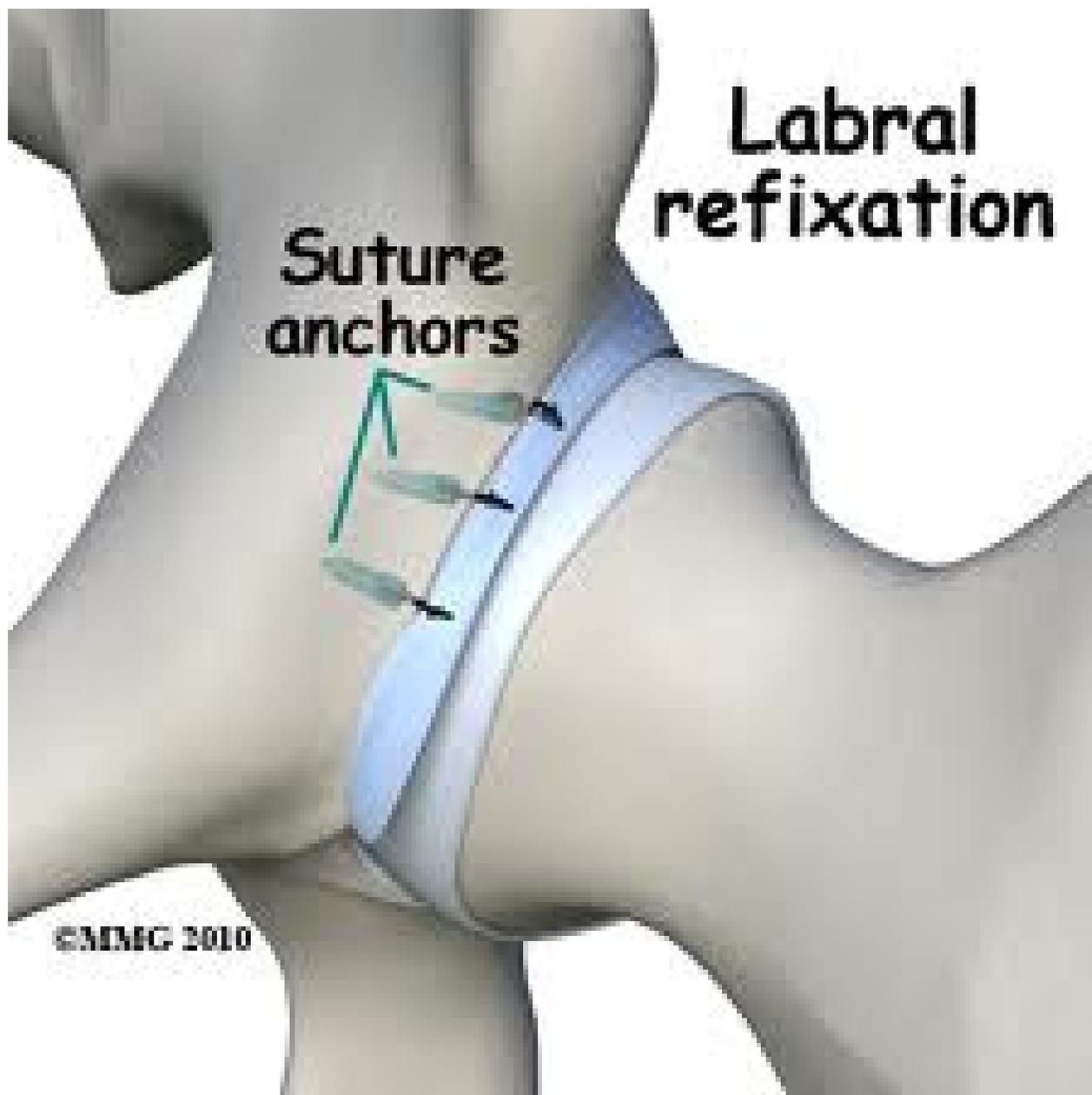
## **Surgical treatment**

This is an arthroscopic procedure where 2-3 small incisions are made to insert a camera and surgical instruments into the joint. With these instruments, the surgeon is able to remove the cam and pincer and repair or reconstruct (replace) the labrum if necessary. This is an outpatient procedure, where you are able to have surgery and go home the same day. Typically the patient is placed under general anesthesia, “put to sleep,” for the surgery. Since you are sleepy/groggy following surgery, you are required to have someone drive you home from the facility.

Following surgery the patient is given crutches for up to 4 weeks depending on the procedure performed. The first post-operative appointment is generally 1-2 weeks after surgery for removal of stitches, answering questions, and starting physical therapy. Physical therapy will be working on range of motion, flexibility, and strengthening of the hip. Complete recovery usually takes 6 months.

# Labral refixation

Suture anchors



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