

HIP ARTHROSCOPY: - A GUIDE FOR PATIENTS

Hip arthroscopy (key hole surgery of the hip) is used to assist the diagnosis and treatment of a variety of disorders of the **adult hip**:

- **Labral tears**
- Removal of **loose bodies**
- **Osteochondral** injuries
- **Synovial** disease
- **Ligamentum teres** tears
- Treatment of **septic arthritis**
- Surgery for **femoroacetabular impingement (FAI)**
- Evaluation of **undiagnosed hip pain**

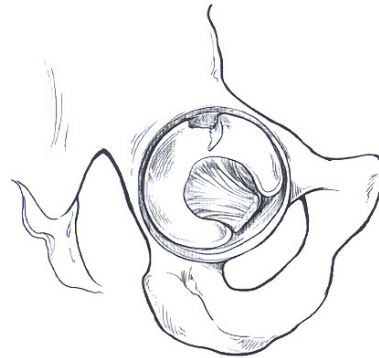


Diagram of a labral tear

Hip arthroscopy also has diagnostic and therapeutic applications for hip disorders in children and adolescents.

Like arthroscopy of other joints, hip arthroscopy benefits from **minimal invasiveness** and **shorter recovery periods** than with open procedures. Hip arthroscopy, however, is not widely available as it requires specialist equipment and takes a long time to learn. Tony Andrade learnt the specialist techniques whilst on fellowship in Australia in 2000, and is the only surgeon in Reading performing this procedure.

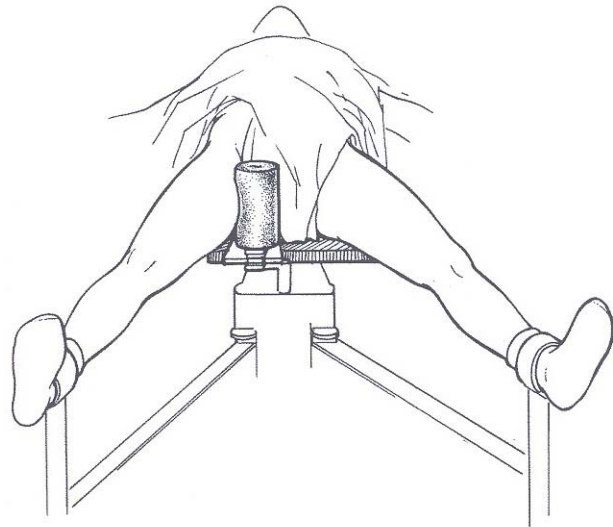
Hip arthroscopy is carried out under a general anaesthetic and usually involves an overnight stay in hospital.

OPERATIVE TECHNIQUE

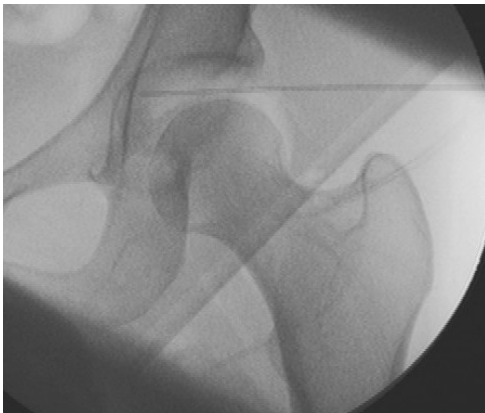
The patient is positioned on a fracture table (special traction table) with a **well padded** perineal post pressing against the inner aspect of the proximal thigh (very close to the groin).

The legs are held apart as shown on the diagram and traction is applied to each leg via the foot plates.

The image intensifier (special X-ray) is used to confirm adequate distraction (to allow the telescope to pass into the joint) before starting the procedure.



The leg is then prepared and draped using waterproof drapes. The image intensifier is also draped and positioned from the opposite side and the distraction is reapplied and verified to allow the procedure to begin.



The image intensifier is used to confirm the position of the needle and guide wire in the hip joint before the skin is cut and an access portal created to allow the arthroscope (telescope) to be passed into the joint.

Typically three or four such portals are created during hip arthroscopy to allow the visualisation and treatment of the hip abnormalities or injuries. The additional portals allow the passage of specialist instruments into the hip joint to carry out the required procedures. Fluid is passed through the joint under high pressure to clear any debris.

Hip arthroscopy involves the assessment of both the **central compartment** (ball and socket joint) and the **peripheral compartment** (head-neck junction and soft tissues just outside the ball and socket joint). The traction is released (and the traction post sometimes removed) and the hip and knee are flexed to allow access to the peripheral compartment.

OPERATIVE TIME

Operating time varies from patient to patient and is dependant on what needs to be done in each individual case. Typically it can take at least 30 – 40 minutes to carry out the required procedures in the central compartment and then a further hour to change the position of the leg, gain access to the peripheral compartment and then carry out the procedure in this compartment (e.g. reshape the femoral head-neck junction).

COMPLICATIONS

Any surgical procedure carries a risk of potential complications, regardless of how competent the surgeon is. The surgeon and patient need to work together to minimise the risk of complications. Complications can be described as being related to surgery generally (general complications) or related to hip arthroscopy specifically (specific complications).

General Complications (common to most lower limb operations):

- postoperative chest infection
- inability to pass urine after surgery
- inability to open bowels
- blood clots in leg veins, or bleeding into leg
- heart attack

Specific Complications (specifically related to hip arthroscopy):

- There is a less than 5% chance that the hip arthroscopy may make symptoms worse (particularly in the arthritic hip).
- Typically can expect discomfort for two weeks and may have intermittent symptoms for up to three months.
- Associated with traction post (pressure effects):
- Skin – perineal splitting (in females) or pressure sores
- Nerve damage
 - Pudendal neuropraxia (numbness between the legs)
 - Damage to other nerves can also rarely happen
 - Nerve damage is usually temporary, but rarely can be permanent
- Bleeding – very rarely
- Infection – very rarely

FURTHER INFORMATION

Tony Andrade is happy to answer any questions you may have, otherwise further information can be obtained from the website below.



www.ReadingOrthopaedicCentre.com