

ALL ABOUT HIP ARTHROSCOPY
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SECTION 1

FREQUENTLY ASKED QUESTIONS

1. Is an overnight hospital stay required for this procedure?

*Hip arthroscopy is typically performed as an outpatient procedure. We use the Overlake Surgery Center. You will be called by the Surgery Center after 2:00 p.m. the day before your surgery to confirm your arrival time and surgery time. You can not eat or drink anything after midnight the night before your surgery, you will most likely be asked to arrive 2 hours prior to surgery, the surgery will last approximately 90 minutes, and you will most likely be released 2 hours after your surgery. **Please make sure you have someone that can drive you home.***

2. How much pain will I be in after surgery?

The amount of pain experienced is minimal, when compared to traditional total hip replacement surgery. Your surgeon will provide you with a pain prescription before you leave to help control any pain you may have.

3. Will I need crutches after surgery?

Not usually, but each patient is different and you may be asked to use crutches for 1-2 days, your surgeon will prescribe this if needed

4. Will I need a brace or support after surgery?

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Usually a brace or support is not needed, and you will be able to progress to a weight bearing as tolerated status. This means placing weight on your surgical leg and walking without pain.

5. How long will I need physical therapy?

Physically therapy usually does not begin until the second week after your surgery, once your surgery sites have healed. Initially pool Physical Therapy and is recommended for 2-3 times per week for up to 3 – 6 weeks. The goal is to start out with gentle range of motion and strengthening exercises and progress to core strengthening. This will depend upon your individual progress and the specific surgery performed during the hip arthroscopy.

6. Will I be able to walk normally right away, what are my restrictions?

Upon arriving home from the surgery center, we strongly encourage you to rest as much as possible. For example be prepared to rest quietly on your couch and have a nice stack of movies or books to read through Sunday. Get up and move around as needed to in order to fix meals, snacks, go to the bathroom, small activities. Avoid climbing stairs as much as possible, and avoid taking long walks. Shopping for groceries is ok in terms of walking, 3 mile walks around the neighborhood is not ok.

Restrictions: Avoid carrying any weight over 5 pounds, avoid bending and or twisting at the waist, no squatting, bend your knee as much as possible but do not raise it higher than your hip generally.

7. How soon can I return to work?

Under most circumstances, patients can return to work within a week. This will vary based again upon the conditions found in the hip during the surgery, and of course whether or not you job is highly sedentary versus manual labor. You will want to have the freedom to get up and move around as much as necessary without sitting, standing or walking for prolonged period of times. Alternatively, if you have a physically demanding job, for example walking all day and lifting heavy objects, then the return to work under those conditions typically requires a longer recovery period at home, unless your job is willing to make significant modifications..

8 How long will it take for full and total recovery?

We ask patients to recognize that a recovery process can be a slowly moving progression towards improvement. It can take up to 6 months before some patients have fully recovered and return all areas of their lifestyle previously enjoyed, such as gardening, sports, horseback riding and such. Some patients will need to make modifications along the path of their recovery to ensure the best recovery. As no two patients are alike, no two recoveries will be identical. However on the average most people enjoy a recovery prior to 6 months.

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SECTION 2

COMMON SYMPTOMS

- Pain with prolonged sitting or standing or walking
- Pain at night when resting
- A popping or catching sensation
- Difficulty when rising from a chair
- A feeling of heaviness in the affected leg
- Pain when crossing your legs
- Pain deep in the groin or lower back area

DIAGNOSTIC METHODS

- Patient's History
- Physical Examination
- X-Ray Evaluation
- MRI (Magnetic Resonance Imaging)
- MRI with Arthrogram (injectible dye)

SECTION 3

Hip pain may be caused by a variety of abnormalities which can be the result of normal wear and tear, trauma or a skeletal birth defect. It is very important to understand that hip arthroscopy is not indicated for everyone. Some minor hip pains may be treated with physical therapy and medication alone.

COMMON SOURCES OF HIP PAIN

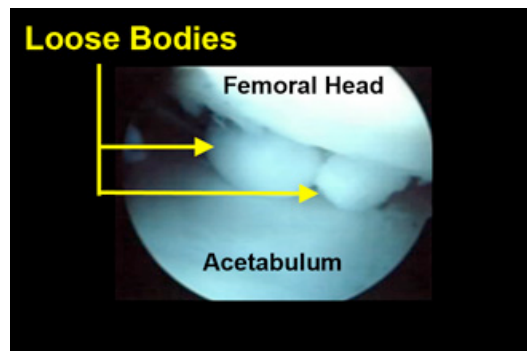
Labral Tears

Tears of the labrum in the hip joint are a common source of pain in people of all ages. Labral tears may produce several types of discomfort, ranging from constant pain to a clicking or catching feeling with specific hip motions (internal rotations). Labral tears vary in their location and pattern of tearing which accounts for the varied symptoms. Labral tears in the hip are often caused by trauma or torsion involving either a single episode or repetitive motions.

Labral tears are frequently treated with hip arthroscopy. The tear is visualized using the arthroscope and an appropriate treatment is implemented depending on the nature of the tear. Some tears of the labrum are simply removed and others are amenable to an arthroscopic repair.

Loose Bodies

The term "loose bodies", refers to the presence of one or more small pieces of hyaline cartilage and/or bone that are floating around within the hip joint. This can be thought of as having a small pebble in your shoe, which moves around causing pain depending upon where it migrates to. Loose bodies can be the result of a traumatic event or a degenerative process like avascular necrosis or degenerative osteoarthritis.



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Hip arthroscopy is well suited to the removal of loose bodies. The loose bodies can be seen and removed using special surgical instruments.

Synovitis

The inner lining of the hip joint has a tissue which is called synovium. The primary function of synovium is that its cells excrete a fluid called synovial fluid. Synovial fluid acts as a lubricant within the hip joint. When the synovium becomes inflamed it can become painful. Inflamed synovium can even produce excess amounts of synovial fluid within the hip joint which can produce pain and reduced motion.

Hip arthroscopy is a very effective method for treating synovitis when more conservative measures have failed. During hip arthroscopy, the inflamed synovium can either be removed or decreased using special thermal instruments.

Hip arthroscopy to view and treat the hyaline cartilage of the hip, in conjunction with a minor procedure called a "core decompression", may be indicated in the early treatment of avascular necrosis. Advanced cases or severe cases of avascular necrosis normally lead to a total hip replacement.

Degenerative Osteoarthritis

Degenerative Osteoarthritis of the hip refers to the loss of hyaline cartilage which covers the head of the femur and/or the inside surface of the acetabulum. The destruction of this cartilage can range from mild to severe and so can the range of symptoms. Degenerative osteoarthritis is most commonly the result of a hip that has simply worn out, although degenerative osteoarthritis can be accelerated with trauma.

In some cases, hip arthroscopy may provide limited pain relief for patients with mild degenerative osteoarthritis. Patients with moderate or severe degenerative osteoarthritis may require a total hip replacement to achieve complete pain relief from degenerative osteoarthritis.

Rheumatoid Arthritis

Rheumatoid arthritis also affects and destroys the hyaline cartilage, but it is a much more destructive and severe form of arthritis. Rheumatoid arthritis is a systemic disease and often a disease that is not limited to a patient's single joint. Rheumatoid arthritis is most frequently found to involve several of the joints in a patient's body and it can be very disabling.

Patients with rheumatoid arthritis are not candidates for hip arthroscopy. Patients with moderate or severe rheumatoid arthritis usually require a total hip replacement to get complete pain relief.

Bursitis

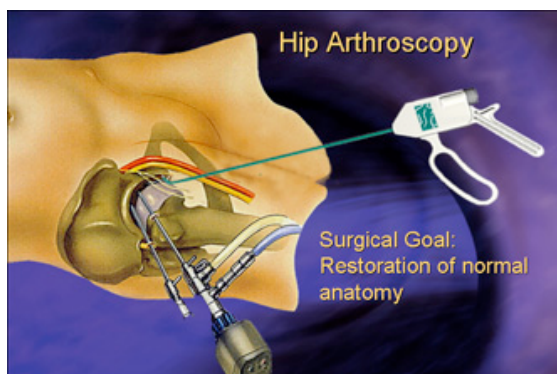
Bursitis is an inflammation of the hip's bursa. The bursa is a layer of tissue that surrounds the hip joint but is not located within the hip joint itself. Patients who suffer from bursitis can usually be

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successfully treated with physical therapy and anti-inflammatory medications. Hip arthroscopy is not indicated for bursitis of the hip.

SECTION 4

WHAT IS HIP ARTHROSCOPY?



Arthroscopic surgery of the hip joint is a surgical procedure that has been successfully performed over the last few decades. Recent advances in medical technology and surgical instrumentation have led to a renewed interest in this minimally invasive procedure.

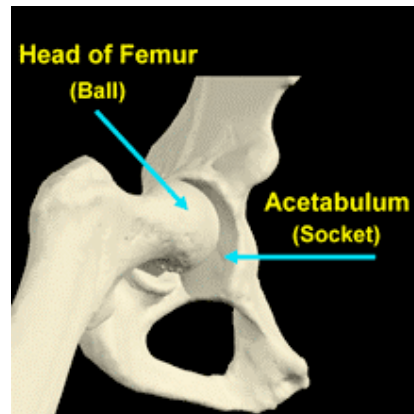
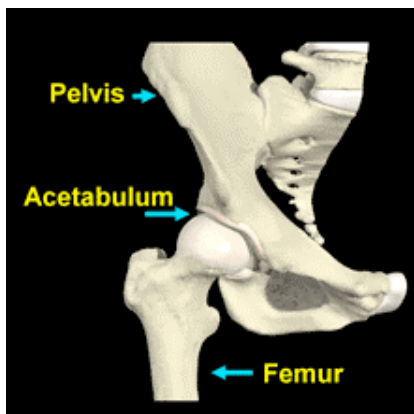
Hip arthroscopy is a minimally invasive outpatient surgical procedure. Hip arthroscopy is performed using a small pencil sized camera, called an arthroscope, to visualize the hip joint and a variety of surgical instruments specifically designed to treat hip conditions.

Hip arthroscopy cannot treat all hip disorders. Nevertheless, hip arthroscopy has proven to be very effective in the treatment of many hip problems, some of which are outlined here. Depending upon the cause of your hip pain, hip arthroscopy may greatly relieve your pain and discomfort. For some patients, hip arthroscopy may delay or eliminate your need for a total hip replacement in the future.

SECTION 5

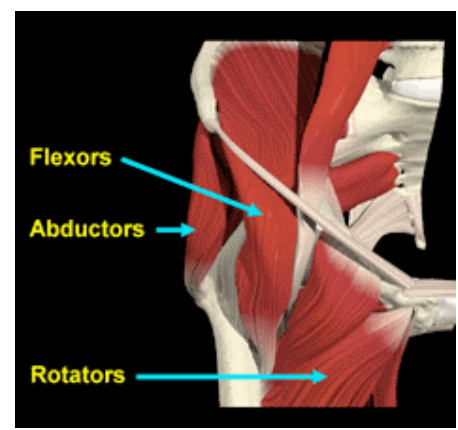
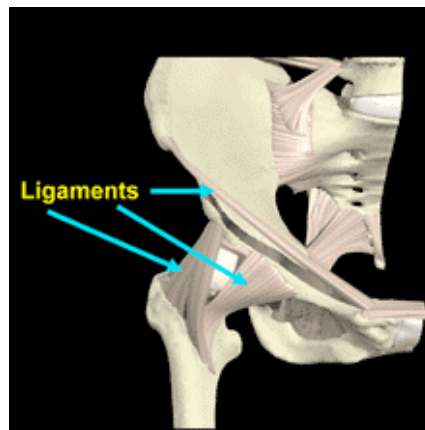
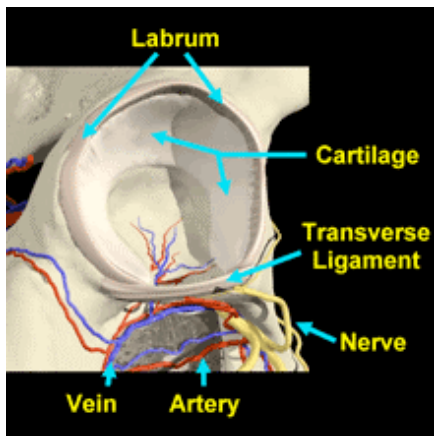
ANATOMY OF THE HIP JOINT

The human hip joint is often referred to as a ball and socket type joint. The “socket” is located within the pelvis bone. The medical term for the hip socket is the acetabulum. The acetabulum articulates with the “ball” of the thigh bone. The thigh bone is referred to as the femur and the ball of the femur is called the femoral head. Together the femoral head and the acetabulum support the weight of the entire body despite their considerable flexibility and range of motion.



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The acetabulum is a hemispherical bony structure located in the pelvis. Both the acetabulum and the femoral head are covered with a tissue called hyaline cartilage. Hyaline cartilage acts as a smooth friction reducing coating that is several millimeters thick. The acetabulum also has a fibrous tissue that surrounds the outside rim of it. This is referred to as the acetabular labrum. Damage to the labrum is a very frequent indication for hip arthroscopy. The transverse ligament crosses horizontally across the lower area of the acetabulum in addition to the hips blood and nerve supply. Outside of the hip joint there are numerous ligaments and muscles that support the hip joint and provide motion.



SECTION 6 SURGICAL PROCEDURE

Hip Arthroscopy is a minimally invasive surgical procedure which is performed in either a hospital's operating room or in an outpatient surgery center. Like any surgical procedure, there are potential risks and complications to consider. Please review these with your surgeon.

The patient is administered general anesthesia or a spinal nerve block as indicated. The patient is placed upon their back on a special table which has boots to hold the patient's feet. After careful positioning, the patient's affected leg has a pulling force applied to the foot which distracts and opens the hip joint space. A real time X-Ray machine gives the surgeon instant feedback on the location and position of the surgical instruments used and of the joint space itself.

The patient's skin is cleansed and surgical drapes are applied. A long needle is placed into the hip joint under x-ray guidance and the hip joint is filled with sterile water. A small ¼" incision is made to create a portal for the introduction of the arthroscope. Using a series of cannulas (tubes), the arthroscope is placed into the hip joint and a continuous water flow is established. Then a thorough inspection of the hip joint is performed. Depending upon the disorder that is observed, your surgeon may employ additional portals around your hip joint and introduce a variety of specialized surgical instruments to achieve your surgical needs.