



FAQ's: Hip Arthroscopy

What is hip arthroscopy?

Hip arthroscopy is minimally invasive keyhole surgery. Usually 2-3 small incisions (about 1 cm long) are made on the side of your hip. Special instruments and a camera are used to look inside your hip and perform the operation.

What can I do until surgery?

Most people can do activities as tolerated by pain. We do not routinely prescribe pain medication pre-operatively.

ANATOMY

What is the hip joint?

The hip joint is a ball and socket joint made up of 2 bones. The ball is the head of the femur (part of your thigh bone) and the socket is the acetabulum (part of your pelvis)

The hip joint is lined by special glistening tissue called articular cartilage which provides a smooth lubricated surface for your hip joint to move freely without pain or grating.

Around the rim of your acetabulum (the socket), is a special type of cartilage called your labrum. It acts to effectively deepen your socket, providing more stability to your hip.

What is femoroacetabular impingement?

Femoroacetabular impingement is a term used when the bones of your hip joint are not shaped properly. There are 2 types of impingement.

- CAM impingement occurs when your ball (femoral head) is not perfectly round, often described as having a bone spur or bump.
- Pincer Impingement occurs when your socket (acetabulum) is too deep, directed the wrong way or has excess bone around the rim.

As you move in certain directions, the bones grind on each other abnormally. This leads to tearing of your labrum and pain. It is also one of the factors that scientist believe lead to osteoarthritis.



How common is femoroacetabular impingement?

It is likely that at least 1 in 4 people have this condition. But not everyone who has femoroacetabular impingement will develop hip pain or arthritis

SURGERY

Do I actually need surgery?

Hip arthroscopy should be done after you have failed at least 3-6 months of conservative management. Conservative management should include physical therapy, alteration of activity, intra-articular injections, and anti-inflammatories and tylenol. Surgery should be used as a last resort.

If I don't have surgery, can I play sports again? If it feels better, can I cause more damage if I continue activities?

Conservative care is always an option. If rest and therapy reduce the pain, you can try activity again. If you have a labral tear, it is likely that the activity will eventually cause pain again. It is possible to cause more damage if you continue activities. The pain can wax and wane.

Will surgery prevent further damage to the labrum/cartilage? What are the chances of recurrence?

Surgery is done to reshape the ball and the acetabulum and repair the labrum. We believe that it can slow down the damage to the joint, although we cannot repair damage that has already been done to the cartilage. There is no assurance that the labrum will not tear again. Recurrent tears are unusual.

Will surgery help the pain?

Surgery can correct the mechanical issues in the hip joint. The ball and socket can be reshaped and the x-rays and MRI restored to near normal. However, this is not a guarantee that the pain that the patient experiences will go away. I repeat, this is not a guarantee that the pain will go away.

What kind of anesthesia do you use?

General anesthesia. A nerve block is also sometimes used to help with post-operative pain. This can be discussed with the anesthesiologist at the time of the surgery.

How is the surgery done?

After you are asleep, your foot is placed into a padded boot. A traction device is then used to pull on your leg, so that the hip joint opens up. With the help of an Xray machine, the exact location of your hip joint is found and the surgical instruments are introduced. Because of the traction, your leg muscle can spasm after surgery and occasionally your feet and groin may temporarily go numb.

How long is the surgery?

This is dependent on the exact procedure. Usual time is about 2 hours.

How long am I in the hospital?

Many surgeons do this as a day surgery, so you can come in and go home on the same day.

What are the potential risks and complications of having a hip arthroscopy?

Problems following hip arthroscopy are rare. However, you should always consider the risks before having any type surgery.

The potential risks from Hip Arthroscopy include:

- Risks associated with having a general anesthetic
- Infection. The chance of having an infection is about 1:5000. This ranges from a simple skin infection that is easily treated with antibiotics to a serious complication called a deep joint infection. This needs to be treated with intravenous antibiotics and further surgery to clean the joint.
- Nerve numbness (paresthesia). Sometimes the traction used during the operation can cause pressure on the nerves in the groin and lead to temporary numbness around the groin and genitalia. This is very uncommon, and should resolve over a few days.
- There are many other theoretical risks including fracture, avascular necrosis and impotence, and they are extremely rare and we have never seen them occur.
- There is also the risk that you may not get any pain relief or you may not be able to do activities at the same or higher level.
- You can still develop osteoarthritis and need further surgery
- Blood clots or deep venous thrombosis can occur.

All surgery carries some risks. All efforts are made to minimize these risks. Feel free to discuss this with Dr. Schleyer.

Can surgery make me worse?

Although feeling worse after surgery is always a possibility, the incidence is very small.

POST-OPERATION

What happens after my operation?

You will be placed in a CPM machine that moves your hip and then be taken to the recovery room. A nurse will look after you until the anesthesia has worn off. Then you will be transferred to your room or discharged home.

How painful is the surgery?

A lot of patients report that the pain is less than expected. Although this is minimally invasive surgery, it can still be quite painful. We give you different types of pain medications during and after the surgery to help.

What can I expect for the first 2 or 3 days after surgery?

Usually during the first 2 or 3 days, there is not a lot of moving around. We do encourage you to get about with the crutches intermittently to do your usual daily activities (i.e. use the restroom, etc.)

What do I take for pain?

Before surgery, we ask you not to take any anti-inflammatories (Ibuprofen, Naproxen, Aspirin) for at least 5 days. We will give you a prescription for narcotic pain medication on the day of your surgery. We do not generally write these before that day. People vary as to how long or how much medication they need. As your pain gets better, you can switch to Tylenol.

Will I have bruising or swelling?

There is usually a large amount of swelling around the groin, thigh and buttocks and even down to the knee which goes away over a couple of days. Bruising can also be fairly common.

How long will I need crutches?

Most of our patients will need crutches for 2-4 weeks. This means you can touch your foot down to the floor, but not put all of your weight on it. Occasionally this may be 6-8 weeks. We actually do not want you to be totally non-weightbearing, your foot should touch the floor when walking. Physical therapy will teach you how to be touch-down weightbearing.

When do I get my stitches out?

Most patients get dissolvable sutures, so they don't have to come out. If you have stitches that have to be removed, we do that at about 2 weeks.

How long will I be out of school/work?

Generally, most students miss about a week of school. For work, it depends on what you do. Time out from work is also variable. This will not only depend on the procedure but what your work requirements are. If you have a job that is mostly sitting you should be able to return in about a couple week. If you have a physical job you should discuss with Dr. Schleyer.

How long until I can drive?

You must be off of pain medication and crutches to drive. .It may be 2-3 weeks before you are comfortable driving if it is your left hip and the car is an automatic. If surgery is on your right hip then you will not be able to drive from anywhere between 3- 6 weeks.

When do I start physical therapy?

You will get a prescription for this at your surgery. You can schedule your first PT visit after about a week or two.

How long will it take me to recover after hip arthroscopy?

Recovery is variable and person dependent. It is generally LONGER than people anticipate. Walking can begin immediately after the operation, pain-free walking is between 2-6 weeks. Running can start at 8-12 weeks. Competitive sports usually 4-6 months. Full recovery can be as long as ONE year.

How do I do activities of daily living?

- Sleeping. Sleeping can be difficult on the side of your operation. If possible, sleep on your back. Or, sleep on your non-operated side with a pillow between your legs.
- Prepare your home. Try to organise you home so that things are easy to get to. You will have discomfort, especially when bending over, so make things easy for yourself.
- Look after yourself. Having an operation should be considered a big thing. So take some time to really look after yourself and don't rush around. You should be recovering, not working.
- Toilet seats. Going to the toilet can be uncomfortable. A raised toilet seat can help
- Sitting. Sitting with your hips at 90 degrees can be painful. Try to lean back and sit with your hips less bent.
- In the car. Lean your car seat back
- Bending over. Try not to bend over too often. Get someone to help you with your shoes and socks



- Have someone look after you. Normal activities such as showering, toileting, putting on shoes and socks, getting in and out of chairs, getting in and out of bed can be difficult in the first few days.

When do I see Dr. Schleyer again?

You should have a post-operative visit at 2 weeks, 6 weeks, 3 months, 6 months, 1 year, 2 year, 5 years, etc. New x-rays and MRIs might be ordered at those visits.