

What is Hip Arthroscopy?

Hip arthroscopy is a sterile procedure that allows direct visualization of the hip joint to diagnose and treat hip problems. It is indicated to diagnose and treat:

- Loose bodies
- Labral tears
- Degenerative disease
- Cartilage injuries
- Osteonecrosis
- Synovial disease
- Ruptured ligamentum tears
- Impinging osteophytes
- Instability
- Adhesive capsulitis
- Joint sepsis
- Unresolved hip pain

Why is Hip Arthroscopy Necessary?

As with any elective surgery, the decision for surgery always lies with the patient. That being said, hip arthroscopy allows for the diagnosis and treatment of different hip problems that would not normally resolve on their own. Traditionally many of these problems have been treated with open surgical techniques, often requiring dislocation of the hip for joint access. With newer arthroscopic techniques, these problems can be treated via two or three very small incisions.

What are the Advantages?

Arthroscopic hip surgery is a very new field in orthopedics. Few surgeons have the training to do these procedures. As this new frontier develops, surgeons proficient in these techniques are developing new treatments for problems that have traditionally been ignored or misdiagnosed. Some advantages over open techniques are:

- Smaller incisions
- Shorter recover time
- Less pain
- Return home sooner (usually day of surgery or the following day)
- Less pain medicine required
- Less soft tissue damage

What are the Possible Complications?

The risk of complications with hip arthroscopy is low. However, it is important for patients to understand the following conditions that can arise from surgery:

- Bleeding
- Infection

- Nerve and blood vessel injury
- Fluid build-up in the body and leg
- Anesthesia complications, including death
- Loss of limb or limb function
- Blood clot and pulmonary embolism
- Heterotopic ossification (extra bone around the hip)

What Should I do Before Surgery?

Your surgeon may ask you to see your primary care physician for preoperative surgical clearance and evaluation. This is routine, and meant to optimize your safety before having a surgical procedure. You may need a chest x-ray, EKG, and other blood lab tests prior to your scheduled surgical date. You will be asked for written confirmation that you are "cleared for surgery" before your final pre-operative visit.

You should make plans with your work before your surgery. Depending on your procedure, you may have limited weight bearing ability and still require crutches for up to eight weeks. If you perform a desk job, you may be able to return to work in as soon as a week.

Make sure your doctor knows if you:

- Have any medical conditions not previously discussed
- Have any allergies
- Have any bleeding problems
- Are taking any medications or supplements
- May be pregnant

You will be asked not eat or drink anything the night before surgery. You may be asked not to take your regular medications. You should not take aspirin or any other anti-inflammatory medications for 5-10 days before surgery as they may cause additional bleeding.

You will need to be brought to the hospital by an adult who can remain at the hospital during the procedure. They will then take you home upon discharge.

On the day of surgery, you will need to:

- Wear clothing roomy enough to accommodate a bulky post-operative bandage and brace
- Remove all jewelry and piercings
- Remove nail polish or artificial nails from your hands and feet
- Go to the bathroom just before surgery

Before your surgery, you will spend time in the preoperative holding area. Nurses will prepare the surgical site and administer any medications that have been ordered. An intravenous line (IV) will be started. You will receive preoperative antibiotics for infection prophylaxis. A short preoperative history and physical exam will be performed by the anesthesiologist. You may discuss with your anesthesiologist options for anesthesia including general anesthesia, an epidural, spinal, or regional. The anesthesiologist will monitor your condition throughout the surgical process.

How is Hip Arthroscopy Performed?

Hip arthroscopy is performed under sterile conditions in the operating room. During surgery, you will be placed in a supine position on your back. Traction is placed on your leg in order to open the space for the surgical procedure. Padding is used in various places around your body in order to cushion your body and allow for patient comfort. A small incision is made near your hip to gain access to the joint. Fluid is introduced into the hip. A small camera and light source are introduced, and the image is projected on a television screen. Additional small incisions are made to pass instruments into the joint to perform the different procedures. The surgeon will frequently take images to show you what was done during the procedure.

The skin is sutured shut at the end of the procedure and a sterile dressing is applied.

What Happens After the Surgery?

Once your surgery is completed, you will go to the recovery room (PACU). You will remain there until the anesthesia medicines have worn off. You will then either be discharged home with a friend or family member or you may be admitted overnight if previously arranged. Once again, you will not be able to drive until cleared by your surgeon.

What is the Recovery in the Immediate Postoperative Period?

Ice will be applied after surgery and may be used three times a day for 7 to 10 days. This reduces swelling and pain.

You may be given a CPM machine (motion machine) to use four to six hours a day for the first two weeks. You will be asked to either use it during the day or at night when sleeping on your back. If you choose not to use the CPM machine, you will need to use the cylindrical pillow and padded boots to protect from internal or external rotation while sleeping. If you are given a hip brace to use, you will wear the brace for two weeks when you are up and using your crutches. You do not need it when you are seated or in bed.

The first postoperative dressing may become soaked with the arthroscopic fluid that comes out of the thigh. This is normal. A smaller dressing may be applied when this process has stopped. This may be done by the physician, physical therapist, or a family member or friend that is appropriately instructed. All dressings may be removed after five days.

The small incisions will take several days to heal. Absorbable sutures may be used. Occasionally, sutures that are not absorbed are used and these will be removed at your postoperative visit a couple weeks after surgery.

Flexing the ankles of both legs up and down is important to do as often as possible during the day in order to try to prevent blood clots. You will also be given tight TED hose to wear on both legs for the first four weeks after surgery. This is also to prevent blood clots.

Pain is a very personal response. You may have very little pain or pain that is more significant. You will be given a prescription for pain medicine. It is important that you use the pain medications as needed. Be aware that these medications can cause constipation, drowsiness, and many other side effects that should be reviewed with your pharmacist.

You will also be given a prescription for Naprosyn or Motrin. This is a prescription to try to prevent heterotopic ossification (extra bone) from developing around the hip joint. This is

very important since this condition would require extra surgery and would negatively impact your outcome. Tell your doctor if you have bleeding problems or any other reason you could not take this medication.

During your recovery from surgery, it is normal to feel soreness and pain. If you develop:

- Pain that is severe or persistent
- An inability to move your hip or lower extremity
- Fever or drainage that persists or is foul smelling
- Calf cramping, pain, or swelling

...then call your doctor right away!

You will not be able to drive until you are completely off crutches. However, you will be able to resume driving once you feel capable of using both lower extremities normally and are off the crutches. Confirm with your doctor when you feel capable of resuming driving. This may take several weeks after surgery. You may also not drive while taking narcotic medications.

You will be performing rehab physical therapy two to three times per week for several months as this will be integral to your recovery.

When Can I Return to Work?

This depends on the surgery performed and the type of work you do. You will be using crutches for ambulation for at least two weeks. You may return to work within a week as long as you are compliant with your weight bearing status and your work understands your limitations.

When Can I Return to Normal Activities?

Remember that everyone's surgery is different. Also remember that just because the surgery was done arthroscopically does not mean that a lot of work was not done. Hip arthroscopy is unique in that the joint is distracted for the surgery. This is very different from the shoulder or knee. Therefore, it is impossible to compare hip arthroscopy with other types of arthroscopic surgery which have a shorter recovery period. Often a full recovery and resolution of symptoms may take months or up to a year. Frequently patients with hip pathology have a delayed diagnosis and are not seen by the appropriate specialist for up to two to three years. Therefore, it is only reasonable to allow an appropriate time for recovery.

Your rehab will be advanced in stages. The goal is to get patients back to all of their athletic activities by six months after surgery. High-level amateur athletes and professional athletes may expect that a return to sporting activities may take up to a year. This depends highly on the surgery done and the sport being played. If patients are simply returning back to activities of daily living, then formal physical therapy rehab will usually be completed in three to four months.