

HIP ARTHROSCOPY

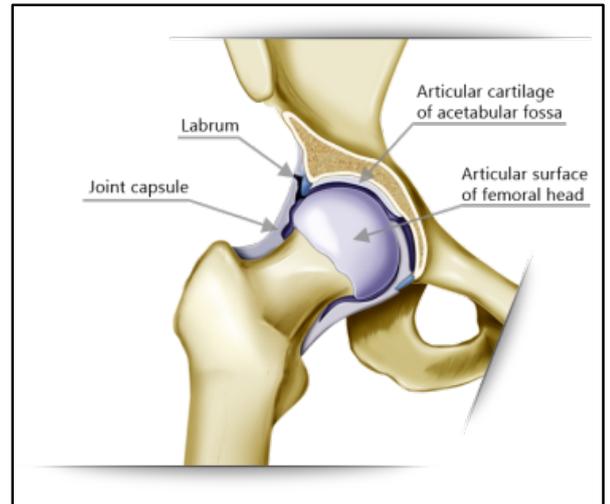
WHAT IS HIP ARTHROSCOPY?

Hip Arthroscopy is key hole surgery that allows a surgeon to see inside the hip joint to diagnosis and treat a variety of conditions.

HIP ANATOMY

The hip joint is composed of a ball and socket joint. The femoral head is the top of the femur (thigh bone) and the acetabulum (part of the pelvis) is the socket. These surfaces are both covered by articular cartilage, which when lubricated, allows smooth pain free motion of the joint. Damage to the lining results in arthritis.

A capsule surrounds the hip joint and is lined by a specialised layer, which secretes fluid helping with lubrication. Inflammation of this layer is called inflammatory arthritis the most common of which is Rheumatoid Arthritis (RA).



In a healthy hip, the femoral head fits perfectly into the acetabulum.

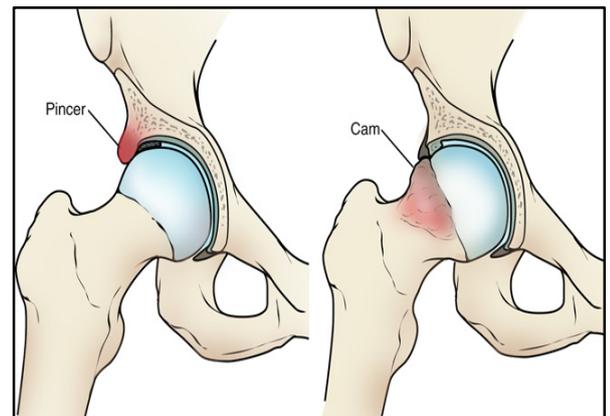
INDICATIONS FOR SURGERY

Evaluation of the patient with hip pain is focused on whether the source of the symptoms is intra-articular and thus potentially amenable to arthroscopy.

Indications for hip arthroscopy include the following: hip pain, clicking and stiffness are common problems. The type and degree of the underlying cause determines whether arthroscopy may be able to help.

Treatable conditions include: loose bodies, labral tears, femoroacetabular impingement, ligamentum teres tears, isolated chondral injuries, synovial disease and undiagnosed hip joint pain for investigation.

In hip impingement syndromes excess bone may need to be removed from around the joint to try and relieve pain and prevent further damage.



In femoroacetabular impingement, bone grows abnormally around the hip socket (pincer impingement) or femoral head (cam impingement). Arthroscopy is typically used to trim the excess bone.

EXPECTATIONS

It is not possible to make a damaged hip perfectly normal but key hole surgery improve the internal mechanics, stability and restore function.

WHAT ARE THE RISKS OF HIP ARTHROSCOPY?

Complications are not common but they do occur.

Prior to making any decision regarding surgery it is important that you understand the potential risks in order to make an informed decision before proceeding with surgery.

The following list is not exhaustive, so it is important to discuss any concerns with your surgeon:

- Numbness or tingling or weakness in the groin or inner thigh, leg or foot
- Swelling or discomfort in the leg, thigh or buttock region
- Infection
- Deep vein thrombosis (DVT)
- Wound breakdown
- Stiffness
- Prolonged or excessive pain or failure to relieve pain
- Scar sensitivity or unsightly scar
- Fracture

It is important to avoid high impact activities during the early phase of recovery to minimize the risk of fracture particularly after impingement related bone removal.

If you have any concerns regarding the anaesthetic (general, spinal or nerve block) these should be discussed with your anaesthetist during the pre-operative consultation.

REHABILITATION AND RECOVERY AFTER HIP ARTHROSCOPY

- Participating and completing an exercise program before (i.e. pre-hab) and after surgery (i.e. rehab) with an experienced physiotherapist will help in achieving the best result for your post-surgery.
- Usually after surgery immediate mobilization and weight-bearing is allowed but this will vary depending on the condition treated.
- Initially, you may require crutches for support, for up to 2 weeks.
- You can anticipate returning to work, particularly low impact i.e. office based, is achievable in this timeframe.
- Low impact activities, such as cycling and swimming may be commenced from week 4.
- Where bone has been removed, high impact activities, i.e. running / jumping are best avoided for 2-3 months' post-surgery.
- During the initial 6 weeks after surgery, it is best to avoid activities in the "impingement" positions such as with the hip in crossed legged posture, lunges, squats, sitting in a low chair and prolonged periods of driving.
- Sports specific retraining can commence 6 weeks after surgery, with the aim of returning to high level performance within 3-6 months' post-surgery.
- It will take at least 3-4 months for your hip to recover from hip arthroscopy with continual improvement up to 1-year post surgery.
- Airline travel is generally not recommended after surgery for a period of 6 weeks – 3 months due to the increased risk of DVT. However, if you have travel planned prior to surgery please advise your Surgeon accordingly.

This brochure is a brief overview of corticosteroid injections and not designed to be all-inclusive.

If you have any further questions, please do not hesitate to contact your surgeon.