



SUNSHINE COAST
ORTHOPAEDIC CLINIC

Hip arthroscopy- Fact Sheet

Hip arthroscopy involves placing a telescope into the joint via a small keyhole incision. The telescope is attached to a video monitor allowing excellent visualisation of the joint, which has not previously been possible. Through one or two other keyhole incisions, instruments can be placed in the joint to allow surgery to be performed.

Hip arthroscopy is a much more challenging operation than a knee arthroscopy. The hip joint is much deeper than the knee joint, the surrounding muscles with their corresponding nerves and blood vessels, makes approaching the joint more difficult and manoeuvring the telescope and instruments more of a challenge.

The hip joint is quite constrained as a ball and socket joint and considerable traction on the leg and countertraction on the groin is necessary to force the joint apart to allow passage of the arthroscope and instruments into the joint.

This needs to be performed on a special operating table, as well as using x-ray guidance for placement of the arthroscope and instruments.

Hip arthroscopy is a new and evolving technique and as time passes its role in the treatment of certain hip problems will become clearer.

Hip arthroscopy is very useful in treating the patient who has loose bodies and localised areas of inflammation within the hip. It can aid in the diagnosis of hip pain for which the reason may not be obvious. It is most commonly used for the treatment of labral tears.

The labrum is the stiff cartilage ring around the socket of the hip joint, which connects the bony socket in the pelvis to the more supple soft tissue joint capsule. The labrum, like the meniscus, can tear due to a traumatic event or due to degenerative/wear and tear changes.

In the younger patient, often the sports person, who has had a traumatic event resulting in a torn labrum and a painful click is felt in the groin with certain movements. Treating this tear with an arthroscopy is often very successful in relieving the painful click. Most surgeons feel the labrum doesn't heal and hence

repairing it is unsuccessful and so trimming the labral tear is recommended. However, some surgeons are not trying to repair the labrum.

When the tear is in an older patient and when it is due to a degenerative process, then hip arthroscopy is less likely to be successful. It can still be useful, but the patient should realise that hip arthroscopy is only 70% reliable for relieving pain and clicking. Once significant arthritis is occurring then a hip arthroscopy is probably of no benefit and occasionally the patient's symptoms may be worse following their surgery. In these cases it is probably better to wait until hip replacement surgery is necessary.

Complications

Although hip arthroscopy is a challenging and difficult operation, the incidence of complications is quite low; at around 2-5% and almost all resolve with time.

Most complications are secondary to the need for significant traction to perform the procedure as well as injury to superficial nerves from placements of the arthroscopic incisions. Bruising and numbness about the groin and genitals can occur due to the traction set up. Great care is taken to avoid damage as much as possible. Numbness over the front or sides of the thigh is possible due to injury to nerves from the instruments.

Infection, deep venous thrombosis (DVT) or injuries to the sciatic nerve or other deep structures are very uncommon.

Recovery

Hip arthroscopy may be performed as a day surgery case or it may require an overnight stay. Recovery depends on the pathology being treated. Younger patients with labral tears or loose bodies may have almost immediate recovery.

Whereas a patient who has a degenerative labral tear may take several weeks to recover, while others with significant arthritic damage may not have much improvement at all.