

Hip Arthroscopy Information Sheet

Sports Section of the Orthopedic Department

General indications for the proposed procedure/treatment:

Hip arthroscopy is a minimally invasive surgical technique to address pathology in and around the hip joint after failure of non-surgical treatment with anti-inflammatories, physical therapy, and/or intra-articular injections. The indications for treatment include: diagnostic arthroscopy, loose body or foreign body removal, synovial proliferative diseases (synovial chondromatosis, pigmented villonodular synovitis), infection, adhesive capsulitis, psoas tendonitis or snapping psoas tendon, femoral acetabular impingement, labral tears, chondromalacia, trochanteric bursitis, gluteus medius or minimus tears, or snapping iliotibial band.

Description of the proposed procedure/treatment:

The patient will undergo either general or regional anesthesia. The patient will be placed in the hip suspension table, and the hip is distracted to allow the instruments to be introduced in the hip joint. The procedure involves arthroscopic inspection of the areas of torn cartilage and labrum which can be addressed at the time of arthroscopy. Using arthroscopic instruments, the areas of hip joint pathology can be addressed with mechanical shavers or burr, and electrocautery devices. These instruments are used for the removal or debridement of damaged tissue. When the labrum is torn and requires fixation, suture anchors can be implanted into the acetabular rim to repair the labrum. In general, the surgeries are performed in an ambulatory setting, and the patients are allowed to go home the same day of surgery. The patient will undergo a period of supervised physical therapy for approximately three months.

Material risks and benefits of the procedure:

IN GENERAL ARTHROSCOPIC HIP SURGERY IS EXTREMELY SAFE, HIGHLY SUCCESSFUL, AND HAS MINIMAL COMPLICATIONS ASSOCIATED WITH THE PROCEDURE. Certain risks may be increased or decreased depending upon the type of arthroscopic surgery and the extent of injury that the patient has. **Serious risks of hip arthroscopy are rare but can include skin sensory nerve compression in the groin or feet, persistent swelling, compartment syndrome, infection, deep venous thrombosis or pulmonary embolus, hip ligament injury, vascular injury, nerve injury, reflex sympathetic dystrophy, femoral neck fractures, hip instability, synovial fistula, broken instruments, or equipment failure. If the patient has specific questions about the risks, the physician can elaborate as part of the physician-patient conversation.**

The benefits of the procedure are to diminish hip and/or groin pain and allow patients to return to functional activities.

Procedure alternatives, if any:

Alternatives to the procedure include a continuation of non-surgical management (anti-inflammatories, physical therapy), intra-articular steroid injections, or open hip surgical dislocation with possible rim trimming, labral refixation, and femoral osteochondroplasty. In some cases, the alternative treatment may also include hip resurfacing or total hip replacement.

Probable consequences of refusing the recommended procedure:

The consequences of refusing the procedure are persistent hip or groin pain. Many patients will also have to adapt their lifestyle so that they are not placed in positions of hip discomfort. These may include some activities of daily living, sleeping habits, occupational duties, or recreational sports. In addition, there are some studies that suggest that certain causes of hip pain can lead to eventual hip osteoarthritis. By surgically addressing the underlying hip abnormalities, the surgeon may be able to prevent or alter the progression of hiposteoarthritis.

Person(s) performing the procedure/treatment:

The procedure will be performed by an attending surgeon. In most cases, resident or fellow physicians in training will assist in the surgery. Residents and Fellows are licensed physicians in post-graduate residency and post-residency training programs. Parts of the procedure which they perform will be based on their level of competency and under the direct supervision of the attending surgeon.