

Surgical Hip Dislocation/Osteochondroplasty Information Sheet Oncology/Trauma Section of the Orthopedic Department

General indications for the procedure:

Osteochondroplasty of the femoral head, trimming of the acetabular rim, and labral repair with or without surgical dislocation is indicated for femoroacetabular impingement causing groin pain. The purpose is to make more room for motion of the hips so that the thigh bone does not strike the edge of the hip socket leading to pain. The overall purpose is to relieve pain and possibly slow or arrest the progression to arthritis of the hip.

Description of Procedure:

Osteochondroplasty is typically performed through a surgical dislocation of the hip. An incision is made on the outside of the hip and a small bone on the edge of the hip with the muscle attachments is cut off with a saw. This allows the hip to be dislocated safely. The ball of the hip is then re-sculpted to a more proper shape, taking off the bone spurs that are leading to the pain. The acetabular socket is also inspected looking for arthritis and the labrum is inspected. Sometimes if there are bone spurs on the socket side the labral tear is extended and is pulled off and then the bone behind the labrum trimmed or the labrum is just cut off so the bone can be trimmed and then the labrum is reattached with stitches. This procedure is typically done under regional or general anesthetic.

Risks of the Procedure:

The risks of the procedure include infection of the wound, avascular necrosis or loss of blood supply to the hip that would lead to collapse of the hip and arthritis, progression of pain or arthritis, nonunion of the trochanteric osteotomy, hip stiffness, non-relief of pain, pulmonary embolism, and fracture of the femoral neck.

Procedure Alternatives, if any:

In some circumstances, the procedure can be performed arthroscopically, which is a smaller procedure with less risk but potentially less perfect re-shaping of the socket and the ball. Alternatively nothing can be done.

Probable Consequences of Refusing Procedure:

These consequences are not significant. The pain will likely continue if not increase, and the arthritis in the hip will progress.

Person(s) Performing the Procedure:

The procedure will be performed by the attending surgeon with the assistance of the Resident staff. Any portions of the procedure performed by the Resident staff will be under the direct supervision of the attending surgeon. The portions Resident staff will perform are based on their level of competency.

Date of Last Revision: 10/2009