

# *What to Expect from your Hip Arthroscopy Surgery*

## *A Guide for Patients*

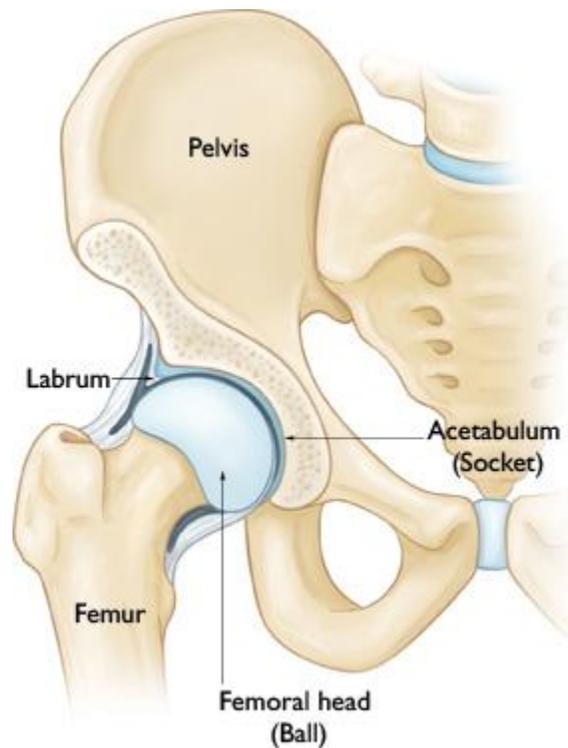
HOUSTON  
**Methodist**



**AAOS** AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS  
AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

**Sources of Information:**

- <http://orthoinfo.aaos.org>
- <http://dev.aana.org/portals/0/popups/AnimatedSurgery.htm>
- <http://www.isha.net/>
- <http://www.methodistorthopedics.com>

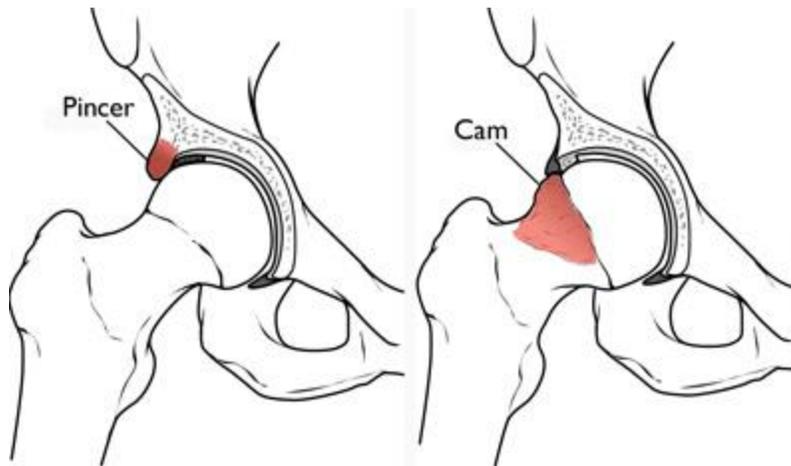


**What structures make up the hip joint?** The hip is a ball-and-socket joint. The ball is the femoral head (femur - thigh bone). The socket is the acetabulum (pelvis - ilium, ischium, pubis bones). The surface lining of the ball and socket is cartilage. The labrum is a structure that surrounds the acetabular socket and functions as a gasket, important for hip joint motion and stability. The hip joint is surrounded by a thick fibrous capsule that maintains stability and restricts excessive motion.

**What is femoroacetabular impingement (FAI)?** FAI syndrome occurs when there is a painful loss of hip motion due to extra bone on either the femur (ball) or acetabulum (socket) or both.

**What is cam impingement?** When the extra bone is on the femur, it is called cam impingement. This creates a situation in which the socket is round, but the ball is no longer round, leading to abnormal contact and cartilage or labrum injury.

**What is pincer impingement?** When there is extra bone on the acetabular rim, the acetabulum is malpositioned, or the acetabulum is too deep, it is called pincer impingement. This creates a situation in which the ball is round, but is overcovered by the socket, leading to abnormal contact and the labrum getting pinched in between.



**Can both cam and pincer impingement occur at the same time?** Yes. Most diagnoses of FAI include a combination of both cam and pincer impingement.

**What is a labral tear?** When there is abnormal contact between the ball and the socket, the labrum can be injured, causing pain and loss of motion.

## ***Mechanism of Injury***

**How did I get FAI?** The exact cause of development of FAI is usually unknown. It is unlikely that you were born with it. It most likely occurred in adolescence as your hip was still growing and into early adulthood. Exercise does not cause FAI.

**Why does FAI hurt?** The abnormal contact in the joint may lead to abnormal stress on cartilage and bone, leading to pain. Joint inflammation may also occur, leading to pain. However, the most common cause of pain in FAI is usually a simultaneous labral tear.

**Do all people with FAI have symptoms?** No. In fact, there is a significant proportion of people leading normal lives without hip pain or disability that have radiographic (x-ray) evidence of FAI. Because athletes use the hip more forcefully, they may begin to develop symptoms earlier than those who are less active.

**What are some risk factors for developing symptomatic FAI?**

- Athletes (hockey players, football players, weight lifters)
- Heavy laborers
- Hip trauma
- Inflammatory arthritis
- SCFE (pronounced "skiffy") - Slipped Capital Femoral Epiphysis
- Anatomical abnormalities of the femoral head or the acetabulum
- Repetitive hip flexion

**Can I have a labral tear without FAI?** Yes. Although this is less common, it still does occur.

**Can I get rid of FAI without surgery?** No.

**Can my labral tear heal on its own?** No.

## ***Diagnosis***



**How can Dr. Harris tell if I have FAI or a labral tear?** Oftentimes, patients with symptomatic FAI or a labral tear will complain of pain deep in the front of the hip or groin. The pain is usually of gradual onset and progressive. It may be sharp when cutting, turning, or pivoting the leg. It often gets worse with sitting for long periods of time, with the hips flexed and rotated inward. These positions may be noticed getting out of a car, rising up out of a seat, or bending over at the hips to touch the toes. On your physical examination, an impingement test (picture to the left) is an accurate way to check for symptomatic FAI or a labral tear.

**Do x-rays, CT, or MRI scans help?** Yes. X-rays can illustrate cam and/or pincer FAI. CT can generate 3-D images that better demonstrate FAI. MRI shows soft tissues very clearly, illustrating labral tears, cartilage tears, and any fluid or inflammation in or around the hip joint.

**Why is an injection into the hip sometimes necessary to make the diagnosis?** Sometimes the clinical diagnosis is not 100% conclusive. An injection of numbing medication into the hip joint should get rid of some or most of the pain if the origin of the pain is coming from inside the hip joint. This is very helpful in not only determining the pain source, but also a potential response from surgery if surgery is chosen.

## ***Treatment Options***

**After we know that I have FAI, what do we do next?** The initial treatment of FAI of rest, activity modification, oral anti-inflammatory medications (like Advil or Aleve), and physical therapy. Although there is very little literature on the likelihood of success of non-operative treatment, it is highly unlikely to work as FAI tends to progress to symptoms even during activities of daily living.

**Will physical therapy (PT) get rid of FAI or a labral tear?** No. FAI is a bony abnormality. No matter how much therapy is done, it cannot change the shape of the bones. Once the labrum is damaged, it does not heal because the underlying cause (FAI) is still present. However, physical therapy does help improve flexibility and strength of the core, pelvis, hip, and thigh muscles. If surgery is chosen, this helps improve the likelihood of success following surgery.

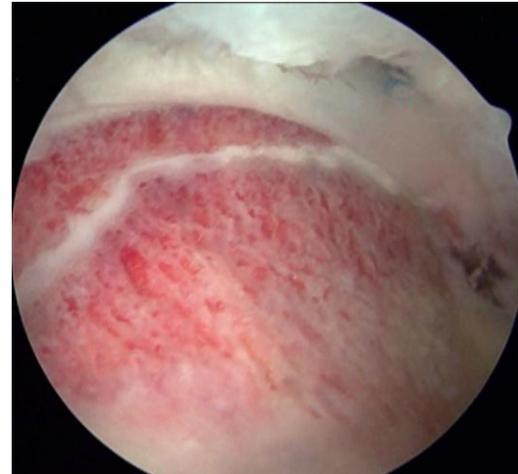
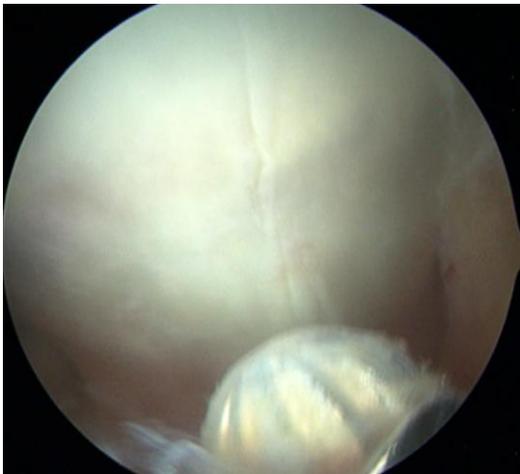
**If I need to have surgery, what options are there?** Correction of FAI and repair of the labrum is called hip preservation surgery. This can be done with arthroscopy (a "hip scope"), utilizing three small (~1/4 inch) incisions around the hip. The scope is a camera that looks inside the hip and displays the image on a TV screen in the operating room. It can also be done with a larger (~6 inches) open incision over the side of the hip. Both techniques are effective at correcting FAI by shaving down the bone overgrowth and repairing the labrum. However, there is greater invasiveness associated with the larger incision.

**Is it outpatient surgery?** Yes. Arthroscopic hip surgery is outpatient surgery, meaning you go home the same day as surgery. If you have open hip preservation surgery with a larger incision, you usually stay in the hospital overnight.

**What happens if I don't have surgery? Will more damage be done?** FAI and labral injury may be precursors to hip arthritis. It is currently unknown if and when symptomatic arthritis would develop. The treatment of advanced symptomatic hip arthritis is hip replacement.



**How does surgery correct FAI?** The bony abnormalities (cam and/or pincer) in FAI are shaved down so that impingement no longer occurs with motion. During surgery, Dr. Harris can move your hip around with the scope camera in the joint and assure that impingement does not occur. Once the bony abnormalities are shaved down, they do not grow back.



**How is the labrum repaired?** With suture (stitches), the torn labrum is repaired. Usually two to four anchors are placed into the bone of the acetabulum socket. In each anchor, there is suture that takes the torn labrum and repairs it to its normal location on the bone.

**What are the risks of surgery?** The risks are similar to the risks of any surgical procedure. There is a less than 1% risk of infection. We minimize this risk by giving you antibiotics prior to the start of surgery. There is a less than 1% risk of bleeding or permanent nerve injury. We are very familiar with the anatomy of the nerves and blood vessels around the hip. There is a very low risk of blood clots in the leg (called deep vein thromboses and pulmonary embolus if goes to lung). In order to further reduce this risk, we recommend you take an aspirin (regular or baby strength) for 10 days following surgery. There is a risk of hip stiffness due to scar tissue. We employ early motion following surgery (sometimes using a CPM machine that moves your hip for you) to prevent stiffness and scar tissue. There is a small risk of extra bone formation following surgery (heterotopic ossification). However, we give you two prescription medications to reduce this risk (Indocin, Naprosyn).

**What is the long-term goals of hip preservation surgery?** Although long-term clinical follow-up has to demonstrate, hip preservation surgery may prevent or delay the onset and / or progression of hip arthritis. While there is a small possibility that hip preservation may not help, it is currently the best way to treat symptomatic painful FAI.

## ***Post-operative Treatment***

**Will I be in a brace after surgery?** Yes. You will be in a brace for three to four weeks following surgery. This brace protects the hip until your muscles are strong enough to support your leg without buckling or giving out. The brace is worn when up and walking. It is not worn while sleeping. It is not worn while on CPM motion machine or on the stationary bike. It is not worn while showering or using the bathroom.

**How long will I be on crutches after surgery?** For three to five weeks following surgery.

**How long will it be until I can shower after surgery?** Wounds should stay dry until the sutures are removed. You may shower 4 days after surgery, but you must cover the incision with waterproof band-aids and/or plastic so that it does not get wet. If it does get wet, then use a clean towel and pat-dry the wet areas. Do not submerge or soak your hip in water until 3 weeks after surgery.

**What should I expect on my hip and leg when I wake up after surgery?** You should expect to find a large gauze dressing, an ice pack, and a brace over your hip. In addition, you will have booties placed on both of your feet and a pillow velcro'd in between your feet to prevent your legs and feet from rotating outward (because this puts stress on your hip repair). You will wear the booties and pillow while sleeping for 4 weeks after surgery.

**What if I can't sleep with the booties and pillow on?** Alternatives to the booties on both feet and pillow in between are: Take your non-operative leg out of the bootie and padding, sleeping in the brace, or take the pillow out from in between the legs and sleep with just the feet velcro'd together.

**What should I do if there is blood on my dressing?** It is not uncommon for dried blood to appear on the Ace wrap in the first 24-48 hours after surgery. Please keep your post-operative dressing on for 48 hours following surgery. After 48 hours, you may remove and throw away the post-operative dressing. You will see sutures sticking out of the skin and multiple Steri-Strip small bandaids on the incision. Do not remove the sutures or the Steri-Strips. At this time, you should ensure the incision is dry and cover the incision and Steri-Strips with waterproof band-aids.

**Do I need a motion machine after surgery?** If your insurance approves use of a CPM motion machine, you will start the day of surgery or the day after surgery and use it 4-6 hours per day for 2 weeks.

**When do I get my sutures out?** 7 - 10 days after surgery, you will return to the office and we will remove your sutures for you. We will then see you again in the office to evaluate your post-operative recovery at 6 weeks, 3 months, 4.5 months, 6 months, and 12 months after surgery.

**Am I allowed to lay on my stomach?** Yes. We recommend you lay on your stomach ("belly time") for at least 2 hours per day, broken up in 20-30 minute segments. This is to prevent hip flexor tightness.

**When do I start physical therapy (PT)?** The day after surgery.

**When am I allowed to start stationary biking (upright, not recumbent)?** The day after surgery. The bike setting should be level 0 (no resistance). 20 minutes on bike = 1 hour on CPM motion machine

**When am I allowed to start jogging or running?** At 3 months after surgery.



**When am I allowed to start sports-specific training?** At 3 to 4.5 months after surgery.

**When am I allowed to return to competitive sports?** Depending on your progress and which sport you play, usually around 6 months after surgery.