

Patient Information

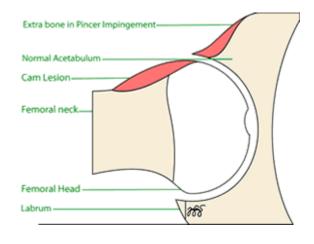
Hip Arthroscopy

What is Hip Arthroscopy?

Hip arthroscopy is performed through small incisions (key hole surgery) using a camera to visualize the inside of the joint.

Through several small incisions (usually 2-3, about 1 centimetre wide each), a camera is inserted into one incision, and small instruments through the other incisions.

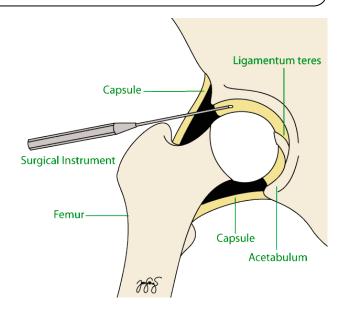
Who should have this operation?



Hip key-hole arthroscopy is great for visualising the hip joint and treating conditions such as:

Hip Femoroacetabular impingement. Impingement (FAI) is a disorder that can affect up to 25% of people. The hip joint is a ball and socket joint made up of the femoral head (ball) and the acetabulum (socket). When either the ball or socket is abnormally shaped, it can cause abnormal friction and movement, leading to pain, stiffness and arthritis. Hip impingement has been identified as a leading cause of hip arthritis.

Labral tears. Around the socket (acetabulum), the rim is lined by special cartilage called the labrum. It acts like an O-ring found in taps or other plumbing. Labral tears are commonly found in association with hip impingement.



Cartilage damage. Cartilage damage can be cleaned up, removed and "microfractured", so that new types of cartilage can line your joint and help relieve the pain.

Early arthritis. Often it is best to treat the cause of your arthritis, by removing the hip impingement and repairing the labral tear.

Ligamentum teres tears. This ligament is a cord like structure which connects your ball to the socket. Tears of the ligamentum can be cleaned up, tightened using radiofrequency ablation and treated with local steroid.









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What are the benefits of the key hole surgery?

Key hole hip arthroscopy is a highly specialised technique that it is much less invasive than traditional open surgery. It requires much experience and specialist fellowship training to perform properly.

Patients who have key-hole arthroscopic surgery rather than open surgery benefit from:

- Earlier rehabilitation
- Accelerated rehab course
- Smaller incisions
- Early return to sport

About the Operation

Hip arthroscopy can be done as a day procedure, but it is best when you stay overnight so that our nurses can take the best care of you.

During the hip arthroscopy, you are placed on your side and your foot is placed in a traction device so that space can be created in the hip joint.

Usually 2 - 3 incisions about 1 cm wide are made around the side of your hip. Special cameras and surgical instruments are passed through this incisions to perform your operation.

The procedure can last between 30 - 90 minutes, depending on what needs to be done.

Local anaesthetic is placed into your hip before and after the operation, so that you have as little pain as possible.

After the Operation

After the operation, you are cared for in the Theatre Recovery room. Most people wake up fully when back in their rooms on the ward. Whilst on the ward, the nurses will take care of your every need.

It usually takes a few hours to recover fully from the anaesthetic, and the nurse with regularly check on your recovery.

The operation is usually less painful than expected as local anaesthetic is given throughout the operation, and pain relievers can be taken regularly after the operation.

The physiotherapist will visit you on the ward so teach you some exercises and help you use your crutches.

Complications

The rate of complications with hip arthroscopy is extremely low, but you must always weigh up the potential benefit to potential risk with every operation:

The risks and complications of Hip Arthroscopy include:

Nerve injury. Nerve injury is very uncommon, but can be a significant problem. Injury to any of the nerves can cause pain, lost of sensation, pins and needles, and other problems.

The most common symptom is numbness in the genitals. This is more common in males, and patients who have signficant hip pathology requiring prolonged surgery.

Injuries to nerves are often temporary, but on rare occasions can be permanent

Infection Infection is a risk with every surgical procedure. With modern surgical technique and sterilisation, it is a rare but important risk to consider.

Continued pain after the surgery. depending on your individual circumstance, complete relief of your pain and symptoms may not be achievable.

It is important that you spend at least the first week after your surgery at home resting and letting your post-surgery inflammation settle

The first 3 days after surgery are the most sore, and it's important that you have someone at home to look after you

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It takes up to 12 months for the full results of hip arthroscopy, and most of the recovery is achieved in the first 3 months

What is the normal recovery like after a hip arthroscopy?

It is normal to feel some discomfort and perhaps some swelling in the groin, thigh, lower back and buttock regions. Occasionally patients have some numbness or tingling in the foot, leg, groin, or genitalia, which resolves.



When can I start walking?

Everyone is slightly different in their response to the surgery. The majority feel good enough to walk the next day, sometimes with crutches for support.

When can I drive?

You shouldn't drive in the first 48 hours after an anaesthetic. It is reasonable to drive when you have good movement and can walk and put weight on

the leg—usually after 1 week

When can I return to work?

This varies considerably with type of work, and details of procedure.

If your work involves mainly office duties, then you can return to work after 1 - 2 weeks.

If your work involved heavy lifting or manual labour, you may need up to 4—6 weeks off work.



When can I return to exercise and sport?

A full regime of return to sport and work will be tailored to your needs by our physiotherapy team. In general:

4 weeks: stationary cycling

6 weeks: slow tread-mill until running.

QUESTIONS?

The information in this patient information sheets is a general guide only and not designed for the individual patient.

If you would like further information and advice about the anterior muscle sparing hip replacement, please make an appointment with our surgeons to discuss your individual needs and suitability for the operation.

SPECIALIST ORTHOPAEDIC SURGERY CLINIC

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Combining the latest in medical technology and research with compassion, communication and education

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