HIP ARTHROSCOPY

The hip is a ball and socket joint. The ball is the upper part of the leg and the socket is on the pelvis. As well as being held together by ligaments, there is a vacuum within the joint that holds it together.

Procedure

During a hip arthroscopy, Mr Kalairajah will use a small camera to look inside the hip joint. Miniature surgical instruments can then be directed to perform surgical techniques. Although the incisions are very small, the surgeon may have performed a lot of surgery so the scars can be deceptive. The advantage of using such small incisions however is that the scar is smaller and there tends to be less trauma and therefore quicker recovery.

A hip arthroscopy will usually only be recommended if non-surgical treatments such as rest, medication and physiotherapy have been ineffective at treating the problem.

Conditions which may benefit from hip arthroscopy include:

- Impingement of the hip joint – this is when extra bone grows along with the femoral head or ball of the joint (cam impingement) or the acetabulum or socket of the joint (pincer impingement). The extra bone growth can cause pain as it gets caught in the surrounding tissues during movement. In this case the surgeon will aim to trim back the extra growth (or bony spurs).
- Shallow hip joints (dysplasia). This can result in pain from damage to the cartilage. In this case the surgeon will try to create a better socket for the ball to move in.
- Snapping hip syndromes, where a tendon rubs (and may make a snapping sound) back and forth on the outside of the joint. This only needs treatment if it is causing pain and discomfort to the patient. In this case, the affected area may be smoothed off.
- Inflammation in the hip joint.
- Loose bits of bone or cartilage fragments (loose bodies) can be removed.
- Infection – where the infected bits of tissue can be removed.

Recovery

Most people will require crutches following this procedure. The length of time you will need them will vary from a day or two (for pain relief) to 1-2 months. This depends on the extent of damage to your joint and the amount of work the surgeon has performed. Mr Kalairajah will guide you on this following your surgery.

Many people return to full activities following an arthroscopy. Again this will depend on the extent of the damage that was present in the joint and how much could be repaired.

Click here to see the protocol for hip arthroscopy.
Click here for an exercise sheet, which may be advised following your surgery.
It may be helpful to take these documents to your physiotherapist.

Complications of surgery

Complications are a risk of any surgery. However, the risk of these occurring is quite small (approx. 1.5% of patients will be affected). General complications can occur with any surgery and most of them will be temporary difficulties. Although very rare, it is important that you understand the risks before undergoing any surgery.

General complications include:

- Anaesthetic complications (such as a chest infection following surgery)
- Urinary complications (for example being unable to pass urine)
- Gastrointestinal complications (for example being unable to pass stools)
- Vascular complications
- Cardiac complications
- Death (very rare)

Complications specific to the hip arthroscopy operation include:

- Neurological problems – temporary damage to a nerve (neuropraxia) or (rarely) permanent damage (neuronotmesis).
- Vascular problems – bleeding during surgery (if this happens the surgeon may have to convert to an open procedure to control the bleeding), bleeding from the wounds after surgery and deep vein thrombosis. Occasionally, if you are at risk of a deep vein thrombosis you may be placed on some medication to reduce your risk.
- Infection – this is very rare (0.1% chance) but can cause breakdown of the tissues around the hip joint. This is treated using antibiotics.
- Inflammation to the soft tissues around the hip. Usually rest and time will be enough for this to heal but occasionally an injection to the painful area can help recovery.
- Skin problems – thickened (keloid) scar formation, perineal splitting (small tears in the area of the vagina), pressure sores (from the apparatus used during surgery), damage to the genitalia (again due to the apparatus), delayed healing, extravasation (the fluid used during the operation can escape into the soft tissues causing discomfort. This usually passes within a few hours).
- Articular – occasionally scuffing to the femoral head can occur although it is not clear whether this gives any longterm problems. Very rarely the hip joint can be dislocated. Immediate action would be taken to rectify this.
- Symptomatic – unfortunately, surgery is not always helpful and up to 5% of patients can report increased pain following surgery. If the patient has osteoarthritis in the hip, this figure can increase to 15%.
- Technical problems – as explained above, the hip joint has a strong vacuum and very strong ligaments holding the joint together. This can mean that occasionally the surgeon is unable to get access into the hip joint at all! It also means that if part of the operation involves removing loose bodies that it may not be possible to get each and every loose body during the surgery.

For further information see http://orthoinfo.aaos.org/topic.cfm?topic=A00572