

# Hip arthroscopy – Frequently Asked Questions

## What is a hip arthroscopy?

Hip arthroscopy is key hole surgery. Usually 2–3 small incisions (about 1 cm long) are made on the side of your hip. Through these holes, special cameras and instruments are used to look around your hip and do your operation.

## ANATOMY

### What is the hip joint?

The hip joint is a ball and socket joint made up of 2 bones. The ball is the **head of the femur** (part of your thigh bone) and the socket is the **acetabulum** (part of your pelvis)

The hip joint is lined by special glistening tissue called **articular cartilage** which provides a smooth lubricated surface for your hip joint to move freely without pain or grating.

Around the rim of your acetabulum (the socket), is a special type of cartilage called your **labrum**. It acts to effectively deepen your socket, providing more stability to your hip.

### What is femoroacetabular impingement?

Femoroacetabular impingement is a term used when the bones of your hip joint are not shaped properly.

There are 2 types of impingement.

- CAM impingement occurs when your ball (femoral head) is not perfectly round, often described as having a bone spur or bump.
- Pincer Impingement occurs when your socket (acetabulum) is too deep, directed the wrong way or has excess bone around the rim.

As you move in certain directions, the bones grind on each other abnormally. This leads to tearing of your labrum and pain.

It is also one of the factors that scientist believe lead to osteoarthritis.

### How common is femoroacetabular impingement?

1 in 4 people have this condition. But not everyone who has femoroacetabular impingement will develop hip pain.

## **THE OPERATION**

### **How is a hip arthroscopy performed?**

After you are asleep, your foot is placed into a padded boot. A traction device is then used to pull on your leg, so that the hip joint opens up. With the help of an Xray machine, the exact location of your hip joint is found and the surgical instruments are introduced.

### **How long does the procedure take?**

Usually between 1 – 1.5 hours, depending on what needs to be done.

### **What type of anaesthetic will I have?**

You will have a **general anaesthetic**. This involves having medication which is given through an IV cannula (usually in the forearm or hand). This medication makes you go asleep.

### **How many sutures will I have?**

Each small hole is closed with 1–2 sutures. Surgical tape and dressings are then placed over these sutures.

### **What are the potential risks and complications of having a hip arthroscopy?**

Problems following hip arthroscopy are rare. However, you should always consider the risks before having any type surgery.

The potential risks from Hip Arthroscopy include:

- Risks associated with having a general anaesthetic
- **Infection**. The chance of having an infection is about 1:5000. This ranges from a simple skin infection that is easily treated with antibiotics to a serious complication called a deep joint infection. This needs to be treated with intravenous antibiotics and further surgery to clean the joint.
- **Nerve numbness (paraesthesia)**. Sometimes the traction used during the operation can cause pressure on the nerves in the groin and lead to temporary numbness around the groin and genitalia. This is very uncommon, and should resolve over a few days.

- There are many other theoretical risks including fracture, avascular necrosis and impotence, and they are extremely rare and we have never seen them occur.

All surgery carries some risks. All efforts are made to minimise these risks. Please feel free to discuss potential problems with Mr O'Donnell.

## **AFTER THE OPERATION**

### **How long do I stay in hospital?**

Most people stay in Hospital for one night, and go home next morning. Some choose to go home on the same day as the surgery.

## **RECOVERY**

### **What happens after my operation?**

You will be taken to the **recovery room**, where a nurse will look after you until the anaesthetic has worn off. Then you will be taken to your ward, where your friends and family can visit you.

### **How painful is the procedure?**

Most patients report that the pain is much less than they expected. During the operation, local anaesthetics are given before and after the procedure. Because the operation is key hole surgery, the pain is much less than traditional open surgery.

After the operation, your nurses will give you different types of pain relieving medications to help with any pain or discomfort.

### **Will I have bruising or swelling?**

There is usually some swelling around the groin, thigh and buttock regions which goes away over a few days.

Very occasionally, if your procedure is particularly large, then you may have some bruising around your groin that tracks down towards your knee. Don't be too worried about this, it's the natural effect of gravity and the bruising will disappear gradually over a couple of weeks.

### **Will I need crutches?**

It is completely safe to walk without crutches, but using crutches for at least a couple of days is very useful as it helps with any discomfort. The general rule is, if you are limping due to discomfort, you should be using crutches.

### **How do I look after my wound?**

The day after the operation, the bulky dressings are removed. This leaves you with waterproof dressings, which should all be removed 4 days after your surgery, leaving only your sutures. The sutures will be removed by Mr O'Donnell, 1 week after the operation.

It is important to watch for any signs of infection around your wound, such as increasing pain, redness or swelling. If you are concerned, please ring Mr O'Donnell or your GP.

### **When will I see Mr O'Donnell again?**

About 1 week after the surgery. Your stitches will be removed and all the findings of your operation will be explained to you. Depending on your speed of recovery, you may need a second appointment about 6 weeks later.

### **Do I need to do physiotherapy?**

Physiotherapy is not essential to your recovery but is very useful to have before and after your operation.

Usually it involves 1 appointment before the operation and 3 appointments after.

The physiotherapy starts 1 week after your operation and is individually tailored towards your needs. Your physiotherapist will develop a strength and rehabilitation program for you and guide you with your return to sport and exercise.

### **How long will it take me to recover after a hip arthroscopy?**

The recovery after hip arthroscopy can be variable and depends on your symptoms before the operation and the surgical findings.

Below is a general guide to recovery.

<b>Activity</b>	<b>Average time frame</b>
Walking	Immediately after the operation
Pain free walking	2 – 6 weeks
Running	4 – 6weeks
Competitive sports	8 – 12 weeks

### **Are there any tips from other patients?**

- **Sleeping.** Sleeping can be difficult on the side of your operation. If possible, sleep on your back. Or, sleep on your non-operated side with a pillow between your legs.
- **Prepare your home.** Try to organise your home so that things are easy to get to. You will have discomfort, especially when bending over, so make things easy for yourself.
- **Look after yourself.** Having an operation should be considered a big thing. So take some time to really look after yourself and don't rush around trying to multitask. You should be recovering, not working.
- **Toilet seats.** Going to the toilet can be uncomfortable. A raised toilet seat can help
- **Sitting.** Sitting with your hips at 90 degrees can be painful. Try to lean back and sit with your hips less bent.
- **In the car.** Wind back your car seat
- **Bending over.** Try not to bend over too often. Get someone to help you with your shoes and socks
- **Have someone look after you.** Normal activities such as showering, toileting, putting on shoes and socks, getting in and out of chairs, getting in and out of bed can be difficult in the first few days.

### **How much time should I take off work?**

It depends on your job and what procedure you had done. Generally, taking at least 1 week off work is recommended.

### **How long until I can drive?**

You can drive once your hip discomfort does not impede your driving ability and you feel confident to do so. As a general rule, it is safe to drive when you are no longer using your crutches and are walking normally.

If you drive a **manual car** and you've had a **left** hip arthroscopy, avoid driving for 2 weeks as it will flare up your symptoms.

### **Are there any reliable internet sites I can look at?**

[www.hiparthroscopyaustralia.com.au](http://www.hiparthroscopyaustralia.com.au)

- **Mr O'Donnell's and Mr Pritchard's website about hip arthroscopy.**

[www.orthoanswer.org](http://www.orthoanswer.org)

- Easy to understand information about Orthopaedic Surgery from the staff at Western Health.

[www.orthoinfo.aaos.org](http://www.orthoinfo.aaos.org)

- Patient information for the American Academy of Orthopaedic Surgeons