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HIP ARTHROSCOPY SURGERY

Length of stay in hospital:

This procedure is performed on a **day patient** basis. You will be admitted on the day of surgery and discharged home on the same day or next morning.

Anaesthetic:

The procedure is performed under general anaesthetic.

Details of the procedure:

The bones of the hip joint (the ball and socket) must be separated by about 1cm so that there is room for a small telescope to be introduced into the joint. This is done by injecting air and fluid into the hip, under x-ray control, and then applying traction to the foot through a special boot.

Usually two, occasionally three, small nicks are made on the side of the hip. Each of these measures approximately 3 – 4 mm in length. It is through these tiny holes that the telescope and instruments are passed into the joint. At the end of the procedure local anaesthetic and morphine are injected into the hip to minimise pain and the small holes are closed with one stitch each or with tapes. A waterproof dressing is placed over the cuts.

After the procedure:

- It is normal to feel discomfort and perhaps some swelling in the groin, thigh, lower back and buttock regions.
- You may require crutches for a few days and possibly longer (this is extremely variable).
- You will be reviewed by Mr O'Donnell approximately 5-7 days following surgery. You will be informed of the appointment date/time prior to surgery. All details of the surgery will be discussed at this appointment and all necessary arrangements will be made for any rehabilitation or physiotherapy which is required
- At review the stitches will be removed.

Potential risks and complications of hip arthroscopy:

Problems following this type of surgery are rare. There are potential risks, however, which include:

- Standard risks of undergoing general anaesthesia.
- **Infection** – the exact rate of infection following hip arthroscopy is unknown, but would certainly appear to be substantially less than 1:5000
- **Nerve paraesthesia or numbness** – sometimes traction on the leg during the operation can lead to pressure on the nerves in the groin and this can lead to temporary numbness about the groin and genitalia. This is uncommon and although there is a theoretical risk that this numbness could be permanent, we have, in fact, had no such problem, all cases of numbness have recovered fully, usually within a few days.

It should be noted that all surgery carries some risks. All efforts are made to minimise these risks. Please feel free to discuss potential problems with Mr O'Donnell.

Post-operative care information – up to 6 weeks following surgery

Immediately after the surgery:

- You will be walking – possibly with the assistance of crutches.
- You may put weight on the operative leg (unless specifically requested to remain non weight bearing).
- It is important that your walking pattern is as close to normal as possible (ie; you must avoid limping).
- If crutches are necessary for comfort, you can wean off the crutches as soon as desired as long as you are not limping. If you use one crutch for a small period of time it is held in the hand opposite to the side of surgery. You may need your physiotherapist to decide when it is appropriate for you to stop using the crutches.
- You might experience some pain or tightness around the site of the incision (on the outside of the hip).
- Observe the wound for any signs of infection (increasing pain, redness or swelling). If you are concerned, ring Mr O'Donnell or your GP.
- If required, physiotherapy will commence about 7-10 days after surgery.
 - Your physiotherapist will develop an appropriate strength/rehabilitation programme for you following the surgery.
 - Your physiotherapist will guide your return to sporting activities (running etc.) depending on your progress. This is extremely variable between individuals, depending on the surgical findings and the length of symptoms prior to surgery.

From around 2 weeks after surgery:

- Between 2-6 weeks you should be walking pain-free.
- From 2-3 weeks you may commence cycling and swimming
- 4 weeks and after running can be commenced.
- It may take 3 months or more to return to an elite level of competition/fitness.
- Return to work will depend on pain and required activity.
- You may commence physiotherapy/hydrotherapy as part of this rehabilitation once the wound is fully healed. Do not attempt breaststroke. You may find flippers are beneficial to even out your kick, but do not use them to kick hard.
- Exacerbations and sore points that may flare up can be treated with ice packs and anti-inflammatory medication.

It is important to stay in contact with your GP or referring doctor, as pain management through analgesics and anti-inflammatories is important to assist in your rehabilitation.

Activities to avoid / take care with - up to 6 weeks following surgery

- Prolonged standing especially on hard surfaces.
- Prolonged walking ie; around shopping centres.
- Heavy lifting
- Squatting / crouching
- Sleeping on your side. Try to sleep on your back. If you prefer to sleep on your side, sleep on the non operative side, with a pillow under the operative leg – to hold that leg level with the body.
- Clutch use in manual cars (for left hips) – may flare up symptoms in the first couple of weeks and is best avoided. Swap cars if possible.
- Sitting with the hips at 90 degrees – a more open seat angle is recommended ie; 120 degrees. Car seats should be wound back to open the hips out.