

HIP ARTHROSCOPY

General Information

Hip arthroscopy is a procedure used to treat many problems in the hip. This new technology and skill allows us to treat many hip problems that previously required large incisions, muscle splits, and dislocating the hip. Hip arthroscopy is an outpatient procedure performed under general anesthesia. The surgery generally takes about 2 hours, and is performed through two or three small incisions in the upper part of the thigh/groin. A small telescope (the arthroscope) is placed into one of these incisions and the entire hip joint can be visualized. The arthroscope is connected to a tiny camera, allowing the entire surgery to be visualized on a TV monitor. The other incision(s) are used to place various instruments into the hip to perform the surgery. A special operating room table is used to perform hip arthroscopy to gently distract the joint and allow for safe movement of instruments inside the hip.

Preoperative Information

Before surgery, preoperative evaluation is necessary. The extent of the testing depends on each patient's age, gender and medical condition. Everyone needs at least a history and physical examination that will be performed at your primary doctor's office. All females need at least a blood count, and many patients will need other blood work or a cardiogram. Our office will order the specific tests needed on an individual basis. In addition to testing, everyone will meet with one of the board certified anesthesiologists prior to your surgery. They will discuss different types of anesthesia, the risks and possible complications and make recommendations on an individual basis. The anesthesia form you fill out prior to meeting with them is essential in helping them make your surgery as smooth and pain free as possible. Instructions for scheduling your preadmission testing (PAT's) are included in a separate instruction sheet from our office.

The Day of Surgery

You'll arrive approximately one hour prior to your procedure. Do not eat or drink anything after midnight before your surgery. Dr. Smith will see you in the preoperative area before your surgery to answer any questions you may have. After surgery, you'll spend one hour in the recovery room. Afterwards, you'll go to the second stage recovery room or to a room in the hospital where you'll further recover. A physical therapist will see you and perform gentle range of motion exercises and show you how to walk with crutches. We will limit the amount of weight you put on your operative leg initially. You will step down only with your toes when you walk (toe-touch weight bearing). The duration of limited weight bearing depends on the procedure performed. Adjustments will be made at your first postoperative visit. Someone will need to drive you home after surgery.

At the time of your surgery, Dr. Smith will observe any and all abnormalities in your hip and correct any of those that can be corrected or addressed with the arthroscope. Photographs will be taken that will be shown to you at your follow-up visits. These will be a permanent part of your office and hospital record. Your incisions will be closed with small stitches. A gauze dressing and bandage will be placed on your hip. At the end of your surgery, Dr. Smith will inject long acting Novocain into your hip. This should keep you fairly comfortable for several hours. Use an ice pack frequently to keep down swelling and help control pain. Instructions on its use and full instructions regarding your dressings and pain medicine will be given to you at the hospital.

The First Week

The day after surgery is generally your “worst day.” Many patients say they are fairly comfortable the first day due to the Novocain injection. This is common and should not alarm you if your hip hurts more the day after surgery than it did the day of surgery. You will be given a narcotic pain medicine as well as a strong anti-inflammatory medicine (Naproxen) to take postoperatively. You’ll take the Naproxen for an entire month after your surgery. As the days pass, the swelling will diminish and your pain should improve. Besides limiting your weight bearing, do all activities as tolerated. You can ride a stationary bike with no resistance and perform simple range of motion exercises 2-3 times a day.

You will return to the office in 10-14 days. This appointment will be made at the time you schedule your surgery. Your stitches will be removed and further activity will be discussed. We’ll review your arthroscopic photos at this visit.

Postoperative Activity Protocols

In general the following three postoperative programs apply:

LABRAL DEBRIDEMENT, SYNOVECTOMY AND/OR LOOSE BODY REMOVAL

- WEEK 1: Physical Therapy in hospital before going home. Crutches. Toe touch weight bearing. Gentle passive (PROM) and active range of motion (AROM). Stationary bike.
- WEEK 2: Begin Full weight bearing and wean off of crutches. Continue range of motion and stationary bike. Start physical therapy.
- WEEK 4: Strengthen.

LABRAL REPAIR AND/OR OSTEOPLASTY (bone shaving)

- WEEK 1-4: Physical Therapy in hospital before going home. Crutches. Toe touch weight bearing. Gentle PROM and AROM – No internal rotation, limit flexion to 90 degrees. Stationary bike.
- WEEK 2: Begin physical therapy.
- WEEK 5: Crutches. Begin Full weight bearing (protected with crutches). Continue PROM and AROM without restriction. Stationary bike.
- WEEK 6: Start Full weight bearing without crutches.
- WEEK 8: Strengthen.

MICROFRACTURE (for cartilage defects)

- WEEK 1-6: Physical Therapy in hospital before going home. Crutches. Toe touch weight bearing. Gentle PROM and AROM. Stationary bike.
- WEEK 2: Begin physical therapy.
- WEEK 6: Begin Full weight bearing – wean off crutches.
- WEEK 8: Strengthen.

Driving and Return to Work

Once you have good control of your leg and you are not taking any narcotic medications you may begin driving. This is usually after one week (left hip) to two weeks (right hip).

Returning to work depends on your specific job. Many patients who have desk jobs will be able to return to work within a week as long as you use your crutches. If your job requires you to be on your feet frequently, you possibly won't return for 2-3 weeks until you feel comfortable. If your job is labor intensive, you may be out longer. If you had a labral *repair, osteoplasty or microfracture* you may need to make accommodations to be out longer as you will be limiting your weight bearing for a longer period of time.

Further Recovery

Recovery from hip arthroscopy varies a great deal from patient to patient depending on the surgery and the patient. Not all are the same. If you have any significant arthritis findings, recovery is usually more prolonged. Physical therapy will start after your first postoperative visit. The therapist will help us in guiding you back to your normal activities. Therapy will focus on range of motion for the first four weeks and then strengthening for an additional four weeks. Some patients require as much as three months of physical therapy. Recovery time from most arthroscopic hip procedures is 4 – 6 months to full, unrestricted activity. Time to recovery from *hip* arthroscopy is much more prolonged than recovery from *knee* arthroscopy.

Risks of Surgery

Risks of arthroscopic hip surgery are exceedingly rare. Similar to any orthopaedic procedure, the following risks exist: infection, DVT (blood clot), femoral neck fracture (broken hip), heterotopic ossification (abnormal bone formation in soft tissues), nerve injury (sciatic, lateral femoral cutaneous, pudendal), scarring, adhesions, and continued pain.

Questions?

Most of the information about arthroscopic surgery is included in your office discussion and this information sheet. If you should have further questions about your surgery, please call the office at 610-527-9500. If you have a simple question or two, please ask the staff member who answers the phone to take a message. That staff member will discuss your question with Dr. Smith and a prompt response will follow. If your questions are more extensive, ask for a return call. Dr. Smith will call you to discuss your concerns or questions.

If you have questions regarding scheduling or preadmission testing consult your instruction sheet regarding those processes. If you still have questions, call the office and ask for our surgery scheduler.