

HIP JOINT ARTHROSCOPY

What is hip arthroscopy?

Arthroscopy is key-hole surgery of the hip joint using a pencil sized fibre-optic camera. Arthroscopy allows the surgeon to safely and accurately assess damage to the hip joint and to perform corrective procedures. Prior to the development of arthroscopic techniques, more extensive open procedures with larger incisions were required to access the hip joint. Hip arthroscopy is a minimally invasive procedure which allows a relatively rapid post-operative recovery and is useful in the treatment of selected hip disorders.

How can hip arthroscopy help?

Many patients with early damage to the hip joint experience symptoms such as pain, catching or giving way which can be significantly improved by arthroscopy. Arthroscopy can also be used to correct conditions of the hip joint which have been associated with the development of osteoarthritis. Hip arthroscopy is also used to assess the joint for suitability to be treated with other joint preservation techniques.

How is hip arthroscopy conducted?

Hip arthroscopy is usually performed under general anaesthetic (asleep) to ensure the muscles surrounding the joint are adequately relaxed to conduct the procedure. Once you are asleep, your foot will be placed into a stirrup and gentle traction is applied to separate the gap between the ball and socket of the hip joint. Between two and four incisions, each approximately 5mm in length, are made around the hip to place the camera and surgical instruments into the joint. Hip arthroscopy usually takes between 45 minutes and 2 hours, depending on the complexity of the operation.

What should I expect after the arthroscopy?

Most patients experience only mild or moderate discomfort when they wake up after a hip arthroscopy, due to a combination of local anaesthetic placed into the joint and the general anaesthetic. Your hip will have a bulky absorbent pad applied, which may become wet with the irrigation fluid used during the procedure. It is normal for the fluid to have a faint red tinge, and small amounts may continue to drain for 24-36 hours. Most patients will go home the same day.

How long will it take to recover?

Unless you are told otherwise, you can bear as much weight on your leg as comfort allows immediately after the surgery. Crutches may be used where necessary, and are usually required for 4-7 days. It is important not to over-exert too early after the procedure as this can increase the discomfort and swelling. Gradually reintroduce activities within your level of comfort. You can drive a car as soon as strong analgesics are no longer required and you feel capable of safely controlling the motor vehicle. People with desk jobs can return to work as early as 1-2 weeks, while people in more manual employment often require 6 weeks. Sport can often be reintroduced from 4-6 weeks. 80% of high level and elite athletes return to match fitness by 16 weeks. Some patients will continue to have mild discomfort 3-4 months after the procedure.

Is physiotherapy required after the arthroscopy?

Regular physiotherapy is essential during the recovery period to assist in rapid recovery of joint function and muscular control. Contact details for physiotherapists with experience in treating patients after hip arthroscopy can be provided. Hydrotherapy can be started after your wounds have been assessed at your first post-operative clinic review.

What are the risks?

Hip arthroscopy is a very safe procedure. The most common side effect of hip arthroscopy is temporary discomfort, slight bruising or numbness around the foot or groin related to the traction placed on the hip during the procedure. This is seen in about 5% of cases and usually lasts up to a few days. Serious complications such as infection, bone fracture or permanent nerve injury are extremely rare. Dr Weinrauch will discuss the operation with you in detail prior to your procedure.

This information handout has been written by Dr Patrick Weinrauch for the purposes of patient education. The details provided are of general nature only and do not substitute for professional recommendations based on an individual clinical assessment. 01/08