

Q & A: Hip Arthroscopy



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Why the recent “buzz” over hip arthroscopy?

Hip arthroscopy has actually been practiced for many years, in fact, the first documented procedure was performed as early as 1939, but the procedure gained greater popularity in the 1980s. The recent interest is probably twofold: newer instrumentation to allow a greater variety of procedures and new understanding of hip problems that can cause pain, a particularly hot topic is a condition known as femoral-acetabular impingement.

What is the procedure?

Arthroscopy, in general, allows a surgeon to examine the interior of a joint with a fiberoptic camera that is about the same size or smaller than a standard pencil. The cameras attached to the scope are now digital high definition, as are the displays, similar to high-end home televisions. In many ways, the ability to examine the joint for damage is much easier as opposed to traditional open surgical incisions.

A variety of small instruments have been developed to allow tissues in the joint to be trimmed, cut, cauterized, and sewn. This has allowed surgeons to perform complex reconstructions and repairs to damaged joints. Arthroscopy is most commonly performed on the knee and shoulder, but also has seen use in the wrist, ankle, elbow, etc.

Arthroscopy of the hip is performed less often probably for a variety of reasons – less injuries to this joint, limited indications, and lack of experience performing the procedure for most orthopedic surgeons.

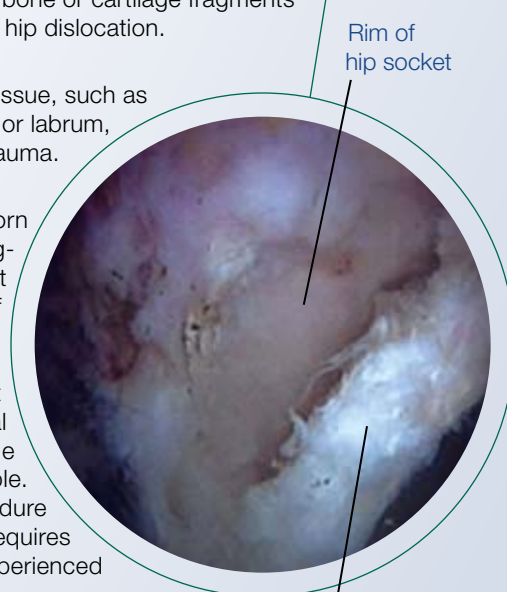
How is the procedure performed?

Hip arthroscopy is performed in an operating room under anesthesia. Because the joint is very tight and confined, traction must be placed on the leg to separate the ball from the socket enough to make room for the instruments. Because the joint is very deep, Xray guidance is needed to gain access safely to the joint. Water is circulated through the joint during the procedure. Surgical portals are established in safe zones away from major nerves and blood vessels to allow introduction of other working instruments into the joint.

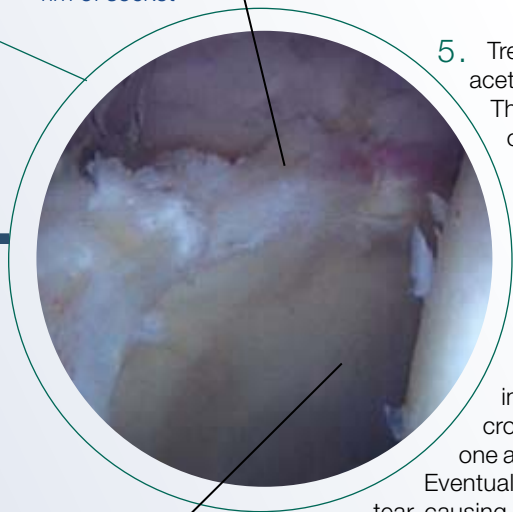
What are the indications or reasons to have this procedure?

One of the initial reasons was purely diagnostic. Directly viewing the joint can give more information than Xrays or even MRI can. Other indications are:

1. Removal of loose bone or cartilage fragments after trauma, such as hip dislocation.
2. Removal of torn tissue, such as the ligamentum teres or labrum, also common after trauma.
3. Repair of a torn labrum, which is a ring-shaped structure that surrounds the rim of the socket, providing hip stability. In fact, some of the greatest gains in new surgical instruments have made this procedure possible. However, a procedure such as this also requires a skilled and experienced arthroscopist.
4. Infection. Washing out bacteria and their harmful effects on the joint.



Labrum sutured to rim of socket



Hip socket

5. Treatment of femoral-acetabular impingement. This involves removal of bone spurs either around the socket or adjacent to the ball of the joint that pinch the labrum when the hip is placed in more extreme positions (usually flexed and internally rotated, like crossing your legs over one another when seated). Eventually the labrum can tear, causing pain and/or catching. Loss of the labrum and its protective effects can lead to premature arthritis down the road.

You did not mention arthritis. Is hip arthroscopy a treatment for arthritis of the hip joint?

The use of the arthroscope for treatment of joint arthritis is less predictable. It depends on the degree of joint damage and cartilage loss, and the symptoms that are being treated. Symptoms such as locking or catching can be helped with hip arthroscopy, but alleviation of pain and stiffness are less predictable. If the area of arthritis is very focal, procedures such as microfracture can be performed arthroscopically in an attempt to grow "scar" cartilage in the defect. This procedure is not indicated for advanced cartilage loss on both the ball and socket.

What is hip resurfacing and can it be done arthroscopically?

Hip resurfacing is a resurrection, so to speak, of an older metal hip prosthetic replacement design. The ball and socket are "resurfaced" with a metal cap and cup to provide a smooth bearing surface for an arthritic joint. This cannot be performed arthroscopically. For more information on this procedure and its risks and benefits as compared to traditional hip replacement, contact an orthopedist that specializes in joint replacement surgery.

How do I know if hip arthroscopy can help me?

Hip pathology generally causes deep groin pain and sometimes catching. Some hip conditions can be easily treated with physical therapy and don't require surgery. Other hip pain is referred from other problematic areas such as the back. If you feel that you need to be evaluated, contact your orthopedic surgeon for an initial consultation. A good physical exam and Xrays can go a long way in determining the cause of your problems. If your surgeon suspects a problem with the hip joint, he/she may order a contrast-enhanced MRI to detect problems, such as a labral tear, and refer you to a hip arthroscopist. ■

(Dr. Harris is a member of Orthopedic Associates of Aspen. He is a board certified orthopedist, fellowship trained in sports medicine and arthroscopy.)



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