

Hip arthroscopy

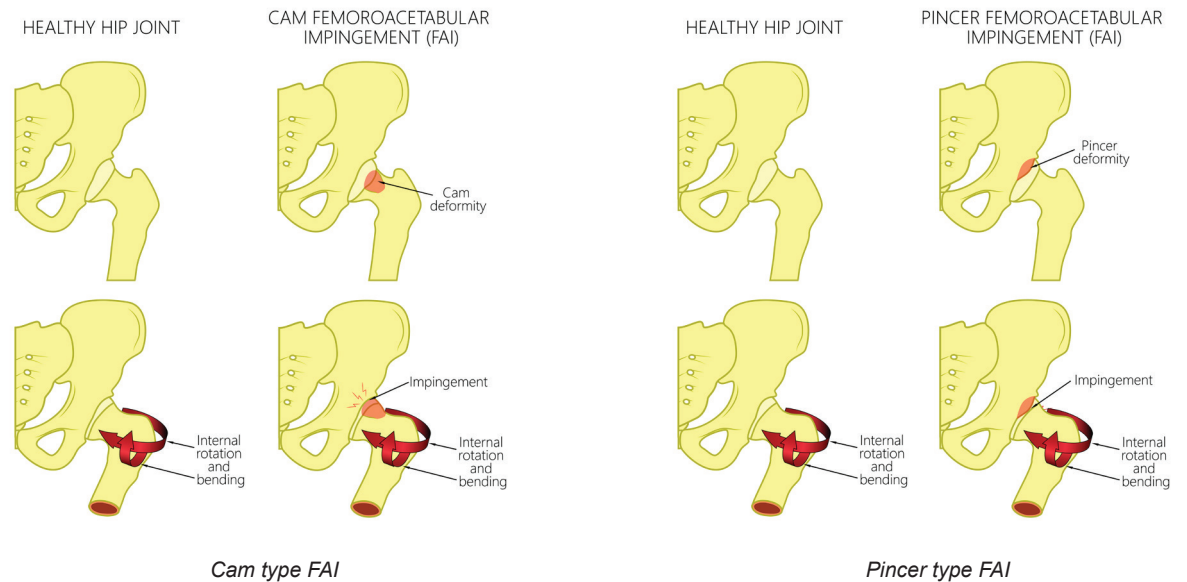
Femoroacetabular Impingement Syndrome (FAI)

FAI can be a source of hip pain. It is a condition that is due to a mismatch between the shape of the ball (femoral head) and socket (acetabulum) that comprises the hip joint. The ball may be too large for the socket due to the presence of a 'bump' resulting in a 'cam'-type deformity or the socket may be too deep for the ball, resulting in a 'pincer'-type deformity. These may cause the bony and soft tissue structures of the hip to impinge during certain movements, such as deep flexion. This may present as pain when exercising or playing sport, or when sitting for long periods of time. The pain is commonly felt deep in the groin. It may first present in adolescence or young adulthood.

Repetitive impingement is thought to cause injury to the labrum (bumper of the hip which helps keep the ball in the socket) and cartilage (lining of the hip). This may then lead to hip arthritis, which occurs once large areas of cartilage become deficient. At this stage, the hip pain becomes more constant and debilitating.

FAI is managed initially with the appropriate exercises, activity modification and physiotherapy. Exercises which focus on strengthening the core, including Pilates are helpful. A structured physiotherapy program is proven to be beneficial. Activities that aggravate the pain are avoided. Regular low impact exercise such as treadmill walking and a stationary bicycle set on low resistance are also encouraged. Simple analgesia such as paracetamol and anti-inflammatories can also be used. An injection of cortisone (steroid) into the hip under ultrasound guidance is an option also.

If the pain persists despite all the aforementioned treatment modalities, then surgery can be considered.



Hip arthroscopy

This is a minimally invasive method of treating FAI and is considered after failure of non-operative therapy. Studies have shown hip arthroscopy to be effective in improving pain and function in FAI. It has not as yet been shown to prevent arthritis. It is generally not indicated in a hip with established arthritis. Key-hole surgery is performed through small incisions made in the upper thigh.

The operation is performed under a general anaesthesia. A special table is used to apply traction to the affected leg, distracting the hip joint, to facilitate the safe passage of instruments into the joint. A small camera is inserted into the hip joint and the hip joint is insufflated with fluid, to expand the joint and create a working space. The joint is inspected under direct vision and using specialized instruments, tears in the labrum can be repaired and the extra bone that forms the 'cam' or the 'pincer' can be resected. X-rays are taken throughout the procedure to ensure that an adequate amount of bone has been resected. The operation generally takes around 2 hours and involves one night stay in hospital. Ambulation begins straight away and crutches are used for 2 weeks. Physio begins straight away and continues for at least 3 months.

after surgery. Flexion of the hip past 90 degrees is avoided for the first 6 weeks. Driving is discouraged for the first 2 weeks.

The operation will be performed with the utmost care but complications may occur. These include numbness, nerve injury, infection, blood clots and fracture. Apart from numbness in the thigh which is usually transient, these complications are rare.