

HIP ARTHROSCOPY (KEYHOLE SURGERY) OF THE HIP

INTRODUCTION

You have been given this information sheet because you have either discussed or decided to proceed with a hip arthroscopy. Another name for hip arthroscopy is keyhole surgery. The operation itself is designed to treat many problems within the hip joint. The two main problems it aims to treat are tears of the labrum (lining) of the hip joint and minor shape abnormalities that cause a condition known as femoroacetabular impingement (FAI). Keyhole surgery of the hip can also be used to diagnose problems, remove loose body and treat several other types of pathology in the joint. The operation itself is usually conducted through two small incisions and occasionally three small incisions around the hip joint, there is usually one on the outside of the thigh, one on the front of the groin and these measure about 2-3cm each. The operation itself is performed under a general anaesthetic and takes about an hour to an hour and a half to complete, depending on the amount of different problems to treat within the hip joint. Patients usually stay in overnight and are discharged the next day but it is possible to be discharged the same day if the operation is performed in the morning.

What are the benefits of operation?

Hip arthroscopy is a relatively new operation and although there is no good long term data beyond around three years. There is increasing and very good information in the literature to support its use in the medium term. Most studies and our own data from Oxford suggests that 75-80% of patients who have a hip arthroscopy receive a significant benefit. This may take up to 9-12 months to fully settle down and at two years most patients are still either symptom free or have very minimal symptoms. A small proportion of patients, about 1 in 10, will return a year down the line and have no benefits and an even smaller proportion of patients, typically patients with serious damage in the hip joint such as significant arthritis, will have worse pain after the operation.

What complications can there be?

Complications are extremely rare following hip arthroscopy but the most common complaint is of slow recovery which can take 6-9 months and is dependent on the amount of physiotherapy received. We will arrange significant amounts of high quality specialized physiotherapy after surgery in order to minimise the recovery time. Serious and very infrequently occurring complications such as infection, damage to structures such as nerves and blood vessels, deep vein thrombosis and pulmonary embolus are exceedingly rare have a less or equal than 1 in 100 chance of developing after surgery. Occasionally as we use traction during the

procedure occasionally patients complain of a sore groin/genital area and there have been documented cases of nerve damage in the area. This is rare and probably occurs less than 2% of the time.

Is there a chance that I may need a second hip arthroscopy in the future?

Re-operation following initial hip arthroscopy is rare. Occasionally patients re-tear the labrum especially if they have trauma. Occasionally patients develop new pathology in the hip and require a repeat hip arthroscopy. The risk of this is probably less than 1 in 10 over a two year period.

When can I drive after surgery?

Most patients will be safe to drive a three weeks following surgery. We recommend that you contact your insurance company following the operation to tell them that you have had the surgery as many insurance contracts contain a clause that makes them void if you do not tell them of a change in your medical condition.

Will I need to be on crutches after surgery?

Most people are on crutches for two weeks and are able to walk independently thereafter.

Do I need physiotherapy?

You will need physiotherapy within the first 2 weeks. Generally speaking we encourage people to use a local gym focusing on cycling and range of movement exercises within the first 6 weeks. Longer-term physiotherapy is tailored to the needs of the patient.

How long will I need off work?

Most patients require three weeks off work for a desk based job, with a phased return to work from weeks 3 to 6. For manual jobs we would recommend six weeks off work. For athletes we would tailor make a recovery programme to suit their particular sport.

When can I return to sport?

You can return to cycling and swimming within three weeks of the operation. However, contact sports and sports where deep squatting is likely are inadvisable before the six week stage. Thereafter a physiotherapy-guided return to sport is possible in almost all patients.

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Please sign below to confirm you have received and read the above information regarding hip arthroscopy.

NAME (Printed).....

SIGNATURE.....

DATE.....