



Hip Arthroscopy FAQ

Ryan W. Hess, MD
Tracey Pederson, PCC
Office: (763) 302-2223
Fax: (763) 302-2401
Twitter: RyanHessMD

Q: WHAT IS ACCOMPLISHED DURING THE PROCEDURE?

- This may depend on the type of damage, and the underlying shape of your hip bones. Often, the labrum (a cartilage type tissue on the edge of the hip socket is torn) is repaired back to the bone using small sutures. The shape of your hip may be irregular (femoroacetabular impingement – FAI) and may require correction. This is accomplished by shaving prominent bone on the edge of the socket and the ball of the hip to prevent “pinching” of the bones.

Q: HOW DOES THE SURGEON SEE AND PERFORM WORK IN THE HIP?

- The ball and socket are separated with traction (pulling force). This means the ball is carefully pulled from the socket enough to allow the miniature instruments to enter the joint to see the relevant structures and do the required work. Traction is applied using a special table. A well padded post is placed between your legs, and your feet are placed in well padded boots. A traction table allows carefully controlled force to be applied on the hip. Small 1cm incisions are used to insert a camera (arthroscope) into the hip to visualize damage, which can then be corrected.

Q: WILL I NEED TO STAY OVERNIGHT AFTER SURGERY?

- No. Hip arthroscopy is performed as an outpatient surgery. You will arrive approximately 1.5 - 2 hours prior to your procedure. Typically, you will be able to return home about two hours after your surgery is over. Please ensure someone comes with you to surgery who will be available to drive you home. If you are a minor, your parent / legal guardian must be present the day of your surgery.

Q: HOW LONG DOES THE SURGERY TAKE?

- Approximately 90 to 120 minutes. Surgery time may vary slightly based on the complexity of your injury and procedures required. Your surgeon will spend the required time to ensure any identified reasons for your symptoms are addressed.

Q: ARE THERE RISKS INVOLVED WITH HAVING SURGERY?

- Yes. Every medical procedure has certain risks. Some risks are present with any surgery, including those associated with anesthesia (heart attack, stroke, respiratory distress or failure), and some are more specific to the procedure being performed. Risks of hip arthroscopy include, but may not be limited to: infection, damage to blood vessels or nerves (causing numbness, tingling, burning, or weakness), blood clots (deep vein thrombosis or pulmonary embolus), heterotopic ossification (bone forming in abnormal locations in the muscles around the hip), iatrogenic injury (injury to structures caused by surgery), scarring, residual impingement of the hip in cases of femoroacetabular impingement, residual pain or discomfort.

Q: HIP ARTHROSCOPY OFTEN INVOLVES SHAVING BONES IN THE HIP. DOES THIS MEAN MY LEG WILL BE SHORTER?

- No. The location and type of bone shaving / correction of bony impingement does not result in leg length changes.

Q: HOW LONG IS THE RECOVERY AFTER HIP ARTHROSCOPY?

- For most patients, the recovery takes 6 to 12 months. This is a wide range because each individual recovers differently. Despite the small incisions, this is a major procedure. The early recovery is aimed at allowing the repaired tissue to heal and maintaining or increasing range of motion. Much of the later recovery involves rebuilding strength and range of motion, and allowing the many muscles that surround the hip to recover.
- Return to sports activities takes time. Muscles must gradually learn to adapt to higher impact, twisting, accelerating, and decelerating forces. This should not be rushed.

Q: HOW LONG WILL I BE REQUIRED TO BE ON CRUTCHES AFTER SURGERY?

- 4 weeks for femoroacetabular impingement correction and labral repair.
- 6 weeks for abductor (gluteus) repair.

Q: CAN I PUT WEIGHT ON MY LEG AFTER HIP SURGERY?

- You are required to bear only partial weight (50%) on the operative side after surgery.
 - 4 weeks for femoroacetabular impingement correction and labral repair.
 - 6 weeks for abductor (gluteus) repair.

Q: WHEN WILL I NEED TO BEGIN PHYSICAL THERAPY AFTER SURGERY?

- Official physical therapy will begin 2 weeks after surgery after your first post op visit.
- Prior to 2 weeks, you should use a recumbent exercise bike with little to no resistance to encourage motion of the hip, 5-10 minutes at a time, 1-2 times daily. During the first 2 weeks, you should also perform your quadruped rocking mobilization routine twice daily for six minutes (2 minutes forward and backward, 2 minutes side to side, and 2 minutes circular motion).

Q: WHAT MEDICATIONS WILL BE PRESCRIBED AFTER SURGERY?

- Pain relievers will be prescribed after surgery. These are typically taken less than 7-10 days after surgery. You should plan on not using narcotic pain relievers longer than 2 weeks after surgery.
- The following is a complete list of medications prescribed after surgery, and the purpose of the medication.
 - Norco/Percocet – Taken as needed no more than every 4 hours for pain.
 - Naproxen – REQUIRED TWICE DAILY X 30 DAYS. To reduce the risk of heterotopic ossification (bone formation in the soft tissues / muscles of the hip after surgery).
 - Aspirin – REQUIRED ONCE DAILY X 30 DAYS. To reduce the risk of blood clot (DVT/PE) after surgery.
 - Zofran – Taken as needed for nausea/vomiting.
 - Colace – Taken as needed for constipation.

Q: WHEN WILL I HAVE FOLLOW UP APPOINTMENTS AFTER SURGERY?

- Follow up appointments after surgery are important to monitor your progress, assess any limitations or setbacks, and plan your continued care. Typically, you will be seen at the following intervals:
 - 10-14 days after surgery; 6 weeks after surgery; 3 months after surgery; 6 months after surgery; 1 year after surgery; 2 years after surgery.

Q: WHEN CAN I BEGIN DRIVING AFTER HIP ARTHROSCOPY?

- Two important criteria exist to begin driving after hip arthroscopy.
- You **MUST** be off narcotic medications for a full 24 hours prior to driving.
- You must be safely able to move your foot from the gas pedal to the brake pedal without delay or hesitation. The following guidelines apply only for automatic transmission vehicles.
 - For Right Hip arthroscopy, the earliest you can drive is when you are off crutches, at a minimum of four weeks after surgery.
 - For Left Hip arthroscopy, you may drive when off narcotics.

Q: DO MOST PATIENTS GET BETTER AFTER HIP ARTHROSCOPY?

- Yes. Most patients report improvement in their symptoms after hip arthroscopy, and feel the procedure was worthwhile. Some residual symptoms or occasional flare-ups are expected (i.e. surgery cannot take away the fact that the hip was injured and needed surgery). Rarely, patients will not improve or will worsen. Modifications in rehab or activity can often help improve these situations.
- Key components of a successful recovery after surgery include rest, appropriate physical therapy / rehab (including myofascial / muscle massage), and time.

Q: WILL HIP ARTHROSCOPY TAKE AWAY ALL MY HIP PAIN?

- Hip arthroscopy has been recommended for you because your physician has identified a structural irregularity or damage within your hip that is likely causing or contributing to your pain. The surgery will correct or improve the structural injury. When a tissue or structure is injured, repairing it does not mean it has never sustained the injury. Although your hip pain will most likely be improved, it may not be completely eliminated.

Q: IF MY LABRUM IS REPAIRED, AND MY BONY IMPINGEMENT HAS BEEN CORRECTED, CAN MY HIP STILL HURT?

- Yes. Pain does not always correlate perfectly with the presence or absence structural damage. Some people with no obvious structural injury have pain. It is our goal to help identify any reasons for continuing symptoms, and provide recommendations for alleviating the symptoms. Some symptoms may persist despite all attempted treatments.

Q: ONCE MY LABRUM IS REPAIRED, CAN IT RE-TEAR?

- Yes. Just as a tear occurred in your previously healthy labrum, a repeat tear can occur. Once a hip (or any joint) has suffered an injury such as a labral tear and / or has undergone surgery, this joint is no longer “normal.” The odds of re-injuring this hip are higher than the odds of injuring a normal, previously uninjured hip. We will do all that we can to restore the structural integrity of your hip to diminish this chance. Your participation and adherence to the rehab protocol will also help protect you.

Q: WILL I GET ARTHRITIS IN MY HIP?

- Maybe. The goal of the surgery is to correct structural abnormalities that are causing you pain. Additionally, femoroacetabular impingement has been linked to osteoarthritis. There is currently not enough long term data to definitely say whether correcting the impingement will change the future risk of having arthritis. We avoid doing arthroscopic hip surgery on patients with moderate to severe arthritis, as improvements are much more limited or non-existent in this setting.

Q: WHEN CAN I RETURN TO WORK AFTER SURGERY?

- This varies depending on the type of work you do. Specific restrictions can be provided to you upon demand for your employer. Sedentary or lighter duties are typically recommended in the first 4 months after surgery.
- You should wait until you are no longer taking narcotic pain relievers prior to returning to work (most patients stop taking these within 7-10 days after surgery).

Help us improve our care: What questions would you have liked to have answered on this document?
