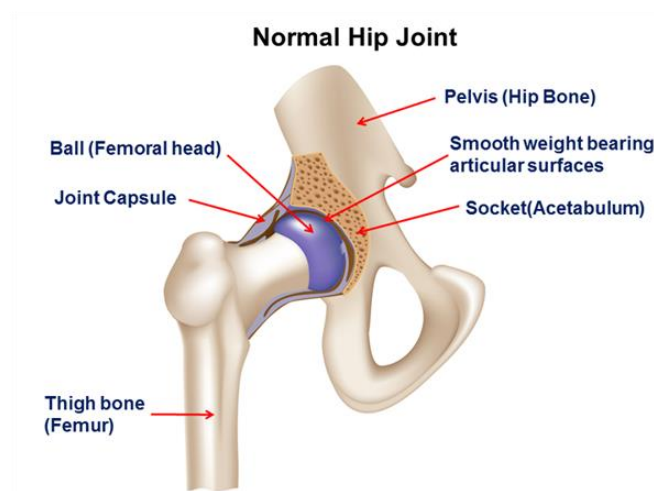


A Patient's Guide to Hip Arthroscopy

Hip arthroscopy is performed under a general anaesthetic (you are asleep) using small cuts through which a camera (to see the joint) and instruments are passed. Using traction (a pulling force) to bring the hip slightly out of joint, your surgeon can get a good view of the hip and any areas that are causing your symptoms. Then, using the appropriate instruments, your surgeon can carry out the necessary procedure(s).



What are the benefits of an arthroscopy?

An arthroscopy is much less invasive than previous forms of hip surgery. This means that you have a shorter hospital stay and quicker healing than more traditional surgery. You will also be able to start your rehabilitation earlier. The hip arthroscopy also aims to remove or reduce your symptoms, including pain, instability and stiffness.

Your operation can take from 1.5 to 3 hours, depending on how much work needs to be performed. You may need to stay in hospital overnight following your procedure however, in some cases you may be able to go home on the same day. After the operation You will need to rest until the effects of the anaesthetic have passed. This may take several hours.

The most common conditions treated with arthroscopy

1. Femoroacetabular impingement (FAI): This condition involves the head of the thigh bone (femur) and the rim of the socket (acetabulum). It is caused by bumps on the femoral head causing abnormal contact with the socket, which can lead to damage of the cartilage (labrum). This in turn can cause pain. An arthroscopy can be used to reshape the femoral head and socket to prevent this abnormal contact.
2. Labral tear: The hip socket has a rim of fibrous cartilage called the labrum. This can be damaged either through abnormal contact or other causes. Common symptoms of a labral tear include a locking or catching sensation in the hip as well as groin pain.
3. Loose bodies: These are pieces of cartilage that form within the joint. They look like small marbles floating around in the joint space. They can be caused as a result of trauma, sports injury or wear and tear.
4. Articular cartilage injury: Articular cartilage covers the joint surfaces of the head of the femur and inside the socket, allowing for smooth movement. Tears in this cartilage can happen from activities such as running or jumping or as a result of wear and tear.

After Your Surgery

Pain. You may feel some pain in your hip as well as other areas such as your lower back, buttock or knee. It is important you take your prescribed pain relief in order to help with this pain. You may also notice some swelling around the hip and groin. This is normal and should go down over the first few days. Unless there are any contra-indications we would recommend regular anti-inflammatory tablet usage for the first two weeks after surgery and using an ice pack over the area may also help.

Walking. You may need to stay overnight following your hip arthroscopy. You will be seen by a physiotherapist following your surgery and they will teach you some initial exercises as well as help you to learn to walk with the use of crutches. How much weight you are allowed to put through your operated leg depends on the surgeon's instruction. If your weight bearing is restricted, this can be for up to for 6 weeks but depends on the procedure the surgeon has performed. If you have stairs at home your physiotherapist will show you how to manage these safely.

Wound care. It is normal for the wound sites to sometimes leak a little bit of blood or fluid in the first few days after your surgery. The nursing staff will discuss taking care of your wound with you. You will need to see a nurse at your doctor's surgery to have the stitches taken out at about 10-12 days after your surgery.

Driving. You can drive once you are fully weight bearing and it is comfortable to do so. You must be able to perform an emergency stop without hesitation. It is also a good idea to check the terms of your motor insurance policy with your insurance company to ensure it is valid.

Work. You may return to work when the pain has settled and you are confident that you can manage. If your job is not physically demanding, this can be after 1-2 weeks. However, if you have a physically demanding job this can be longer, taking up to 8-12 weeks.

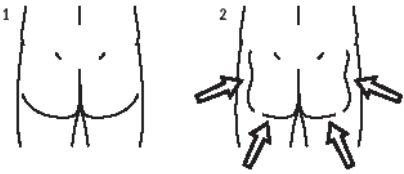


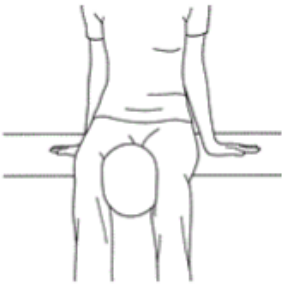

Sports. Return to sports will depend on what you have had done during your hip arthroscopy. You will need to stop doing sports until you are fully weight bearing. Even at this point you should avoid any impact sports or swimming breast stroke. It can take up to 3-6 months before you are able to return to competitive sports. It is important you follow the advice from your surgeon and physiotherapist.






Rehabilitation. This usually begins within 1-2 weeks of your hip arthroscopy. A physiotherapist will assess you and provide you with some exercises. It is very important that you do the prescribed exercises as they will help to build the strength in and around your hip. Your physiotherapist will then continue to review you and progress your exercises as necessary.

Follow up appointment. You will have an appointment to see the consultant or a member of their team at ____ after your operation. You will be referred for physiotherapy as required.

Exercises: Day one – two weeks

You will be taught these exercises by your physiotherapist following your operation. You should begin these straight away and do them at least 2 times a day. Only do the ones recommended to you by your physiotherapist.

<p>Static gluteal contraction</p> 	<p>Lying or sitting, gently squeeze your buttocks muscles and hold for 5-10 seconds. Repeat x 10</p>
<p>Static Quadriceps contraction</p> 	<p>Sit or lie with your legs out in front of you. Bring your toes up towards you and push the back of your knee into the bed by tightening your thigh muscles.</p> <p>Hold for 10seconds. Repeat 10 times</p>
<p>Static hamstrings contraction</p> 	<p>Sit or lie with your legs out in front of you.</p> <p>Pull your toes up towards you. Dig your heel down into the floor / bed.</p> <p>You should feel the muscles at the back of your thigh working hard.</p> <p>Hold for the count of 10. Repeat 10 times.</p>
<p>Static adductor contraction</p> 	<p>In sitting with feet supported on the floor.</p> <p>Place a ball or rolled up towel between your knees. Gently squeeze the ball / towel with your knees. You should feel your inner thigh tense.</p> <p>Hold for 10 seconds. Repeat 10 times.</p>
<p>Static abductor contraction</p> 	<p>Sitting on a chair with feet supported on the floor. Put your palms on the outside of your knees.</p> <p>Push your knees apart into your hands (there should not be very much movement).</p> <p>Hold for 10 seconds and slowly bring knees back together. Repeat 10 times.</p>

<p>Hip internal rotation</p> 	<p>Sit with knees and feet together. Bring your feet apart with heels leading and toes turned in. Return to starting position.</p> <p>Repeat 10 times</p>
<p>Hip external rotation</p> 	<p>Lying with your knees bent and feet on the floor hip width apart. Turn the soles of your feet to face each other and allow your knees to fall outwards. Feel the stretch in your groin. Keep your back flat on the floor during the exercise. Slowly return knees to start position. Repeat 10 times.</p>
<p>Heel slides</p> 	<p>Keeping the hip neutral in rotation, slowly slide the heel along the floor until the leg is straight. Maintain abdominal muscle engagement and at the same time bend the hip and knee to slide the leg to the starting position. Repeat 10 times.</p> <p>NB: The lower back should remain neutral and stable throughout. Breathing in as the hip bends enhances lower back stability.</p>
<p>Hip extension in lying</p> 	<p>Lying face down. Squeeze your lower stomach and bottom muscles. Lift your leg up behind you towards the ceiling keeping your knee straight.</p> <p>Hold for 10 seconds. Lower your leg slowly. Repeat 10 times.</p>
<p>Hip abduction in lying</p> 	<p>Lying on your back. Squeeze your lower stomach and bottom muscles. Slowly take your leg out to the side as far as is comfortable. Slowly bring your leg back into the mid position again.</p> <p>Repeat 10 times.</p>