British Orthopaedic Association

AFFIX PATIENT DETAIL STICKER HERE	NHS Organisation…….
	Responsible surgeon…….
Forename……..	Job Title……
Surname……	
Hospital Number……...	
D.O.B…../……/……	No special requirements ☐

OPERATION: ……. Hip Arthroscopy

(……..Labral debridement/repair, CAM/Pincer resection)

PROCEDURE: The hip joint is a "ball and socket joint". It is a very important joint as it allows a great deal of movement but is also weight-bearing. As a result of this, it is often prone to "wearing away". The rim of the joint (labrum) can tear due to trauma or wear and the shape of the joint (CAM – wrong shaped ball, PINCER – too deep socket) can accelerate arthritis and in some cases these can be resolved with keyhole (arthroscopy) surgery.

Hip arthroscopy is an operation that allows direct view of the joint through small (keyhole incisions) through which repairs of the damaged labrum, with re-attachment of it to the rim of the socket, and resection of excessive bone can be performed. This aims to improve the function of the natural joint with the intention of reducing pain.

If you hold any x-rays or MRI scans, please bring them with you when you come into hospital.

You will be visited by your surgeon before the operation. If you have any questions, now might be a good time to ask them. The surgeon will mark on your leg with a felt pen. This is to make sure the correct leg is operated on.

An anaesthetic will be given in theatres. This may be a general anaesthetic (where you will be asleep) and/ or a regional block (e.g. where you are awake but the area to be operated is completely numbed) for example an injection into the spine. You must discuss this and the risks with the anaesthetist. If you have any allergies, please also tell them.

You will lie on you back and the leg will be placed in a traction table to help distract (open up) the joint. Your skin will be cleaned with antiseptic fluid and clean towels (drapes) will be wrapped around the hip.

The surgeon will make small cuts (incision) using a surgical knife (scalpel). The exact location of the incision depends on your surgeon's technique. The number of incisions also depends upon the surgeon and your leg.

British Orthopaedic Association

A number of portals are made through the fat and muscles which lie in the way of the hip bones. The top of the thigh bone (femur) which forms the neck and ball and the socket (acetabulum) will be assessed by direct vision before any further intervention is commenced.

The socket part of the hip joint has a soft tissue rim (labrum) that can be reattached with some small bony anchors and stitches that are drilled into the bony rim. The surgeon will try and remove any excess bone due to a deep socket or misshapen ball (femoral head) if it is felt they are contributing to the pain (impingement).

When satisfied with the repair and resection, the surgeon will close the wound having taken a number of images to record the damage and any repair performed.

The skin can finally be closed. Some surgeons use stitches, while others prefer metal clips (skin staples). Both methods are equally successful and come down to surgeon preference.

When you wake up, you will feel sore around the hip, this is normal. You will be encouraged to start walking, bering only partial weight, as soon as possible with the aid of the physiotherapists.

You will be discharged on the same day or the next morning if necessary.

***Please be aware that a surgeon other than the consultant, but with adequate training or supervision may perform your operation ***

ALTERNATIVE PROCEDURE: Hip arthroscopies are usually performed on patients suffering from impingment pain in their hip in the abscence of arthritis (although there are other reasons). Most patients are under the age of 55yrs.

Other alternatives include – Losing weight,
stopping strenuous exercises or work,
Physiotherapy and gentle exercises,
Medicines, such as anti-inflammatory drugs (ibuprofen or steroids),

Some of the above are not appropriate if you want to regain as much physical activity as possible, but you should discuss all possibilities with your surgeon.

RISKS

As with all procedures, this carries some risks and complications.

COMMON: (2-5%)

Blood clots: a DVT (deep vein thrombosis) is a blood clot in a vein. These may present as red, painful and swollen legs (usually). The risks of a DVT are greater after any surgery (and especially bone surgery).

Although not a problem themselves, a DVT can pass in the blood stream and be deposited in the lungs (a pulmonary embolism– PE). See later. This is a very serious condition which affects your breathing. Your doctors may give you medication through a needle to try and limit this risk of DVTs from forming. Some centres will also ask you to wear stockings on your legs, while others may use foot pumps to keep blood circulating around the leg. Starting to walk and getting moving is one of the best ways to prevent blood clots from forming.

Bleeding: this is usually small and can be stopped in the operation. However, large amounts of bleeding may need a blood transfusion or iron tablets. Rarely, the bleeding may form a blood clot or large bruise within the wound which may become painful & require an operation to remove it.

Pain: the hip will be sore after the operation. If you are in pain, it's important to tell staff so that medicines can be given. Pain will improve with time. Rarely, pain will be a long term problem. This may be due to some early arthritis or any of the other complications listed below, or sometimes, for no obvious reason.

Progression to arthritis: This is a normal degenerative process and is likely to be a gradual progression over time with the possible need for hip replacement in the future. Modern operating techniques and new implants, mean hip replacements last over 15 years.

LESS COMMON: (1-2%)

Infection: You will be given antibiotics just before and after the operation and procedure will also be performed in sterile conditions (theatre) with sterile equipment. Despite this there are still infections (1 to 2½%). The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics, but an operation to washout the joint may be necessary.
The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required.

RARE: (<1%)

Altered wound healing: the wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbean people. Massaging the scar with cream when it has healed may help.

Joint dislocation: if this occurs, the joint can usually be put back into place without the need for surgery. Sometimes this is not possible, and an operation is required, followed by application of a hip brace or rarely if the hip keeps dislocating, a hip replacement may be necessary.

Nerve Damage: efforts are made to prevent this, however damage to the nerves around the hip is a risk. This may cause temporary or permanent altered sensation along the leg. In particular, there may be damage to the Sciatic Nerve, this may cause temporary or permanent weakness or altered sensation of the leg.

Bone Damage: the joint surface may be damaged when the telescope is put in. This may accelerate arthritis and result in a later operation. The bone may fracture and require further surgery.

British Orthopaedic Association

Blood vessel damage: the vessels around the hip may rarely be damaged. This may require further surgery by the vascular surgeons.

Pulmonary Embolism: A PE is a consequence of a DVT. It is a blood clot that spreads to the lungs and can make breathing very difficult. A PE can be fatal.

Death: this rare complication can occur from any of the above complications.

Confirmation of consent :

I have read/ understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have. I understand another surgeon other than my consultant may perform the operation.(although they will have adequate training/ supervision).

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

Signature……..

Print name……....

Date……./…./20…

2nd Confirmation…….....…… .Date……./…..20….

NAME of SURGEON (Capital letters)……..

SIGNATURE of SURGEON…….

POSITION……..