

HIP ARTHROSCOPY SURGERY

Length of stay in hospital:

This procedure requires day or overnight stay. You will be admitted on the day of surgery and may be discharged home on the same day (if indicated by Mr Pritchard), or the next morning.

Anaesthetic:

The procedure is performed under general anaesthetic.

Details of the procedure:

The bones of the hip joint (the ball and socket) must be separated by about 1cm to enable a small telescope to be introduced into the joint. This is done by injecting air and fluid into the hip, under x-ray control, and then applying traction to the foot through a special boot.

Usually two, occasionally three small nicks are made on the side of the hip. Each of these measures approximately 5-10mms in length. It is through these tiny holes that the arthroscope and instruments are passed into the joint. At the end of the procedure local anaesthetic and morphine are injected into the hip to minimise pain and the small holes are closed with stitches. A waterproof dressing is placed over the tiny incision.

After the procedure:

- It is normal to feel discomfort and perhaps some swelling in the groin, thigh, or lower back and buttock regions.
- You will require crutches for a few days and possibly longer (this is extremely variable).
- Mr Pritchard will review you approximately two 2 weeks following surgery. You will be informed of the appointment date/time prior to surgery.
- Arrangements should be made to commence physiotherapy within the first two (2) weeks post surgery. (You will be given information on discharge from hospital).

Potential risk and complications of hip arthroscopy:

Problems following surgery are rare. However there are potential risks, which include:

- Standard risks of undergoing anaesthesia.
- **Infection** - the exact rate of infection following hip arthroscopy is unknown, but would certainly appear to be substantially less than 1:1,000.
- **Nerve paraesthesia or numbness** - sometimes traction on the leg during the operation can lead to pressure on the nerves in the groin and this can lead to temporary numbness about the groin and genitalia. This is uncommon and although there is a theoretical risk that the numbness could be permanent, we have, in fact, had no such problem, all cases of numbness have recovered fully, usually within a few days.
- Occasionally the foot can feel sore from the traction boot.

It should be noted that all surgery carries some risk. All efforts are made to minimise these risks. Please feel free to discuss potential problems with Mr Pritchard.

Post-operative care information - up to 6 weeks following surgery

Immediately after surgery:

- You will be walking with the assistance of crutches.
- You may put weight on the operative leg (unless specifically requested to remain non weight-bearing).
- It is important that your walking pattern is as close to normal as possible (i.e. you must avoid limping).
- You can wean off the crutches as soon as desired providing you are not limping. If you use one crutch for a small period of time it is to be held in the hand opposite to the side of

surgery. You may need your physiotherapist to decide when it is appropriate for you to stop using the crutches.

- You might experience some pain or tightness around the site of the incision (on the outside if the hip). If you are concerned, ring Mr Pritchard.

Physiotherapy will commence 7-10 days after surgery.

- Your physiotherapist will develop an appropriate strength/rehabilitation program for you following the surgery.
- Your physiotherapist will guide your return to sporting activities (running etc) depending on your progress. This is extremely variable between individuals, depending on the surgical findings and the length of symptoms prior to surgery.

Two weeks after surgery:

- From 2-6 weeks you should be walking pain free
- From 2-3 weeks you may commence cycling and swimming
- 6 weeks after running can be commenced (in liaison with your physio)
- It may take 4 months or more to return to an elite athlete level of competition/fitness
- Return to work will depend on pain and required activity
- You may commence hydrotherapy as part of this rehabilitation once the wound is fully healed. Do not attempt to breaststroke. You may find flippers are beneficial to even out your kick, but do not to use them to kick hard.
- Exacerbations and sore points that may flare up can be treated with ice packs and anti-inflammatory medication.

It is important to stay in contact with your GP/referring doctor as pain management through analgesics and anti-inflammatory is important to assist in your rehabilitation.

Activities to avoid/take care with - up to 6 weeks following surgery

- Prolonged standing especially on hard surfaces
- Prolonged walking i.e. around shopping centres
- Heavy lifting
- Squatting/crouching
- Sitting with the hips at 90 degrees - a more open seat angle is recommended i.e. 120 degrees. Car seats should be wound back to open the hips out.
- Hanging on the hip joint i.e. a passive stance where the knee and hip are locked out.

Driving

- Driving is best avoided in the first couple of weeks. Clutch use in manual cars (for left hips) - may flare up symptoms and is best avoided. Swap cars if possible.
- If you have to brake suddenly in an emergency you may cause further damage.

An indication of when to return to driving:

When you are pain free, no longer require pain medication, walking without a limp and without crutches.

Further information available from:

www.pritchardorthopaedics.com.au