

# Information for patients



# Hip Arthroscopy

## Hip Arthroscopy Patient Information Sheet

This leaflet will provide you with information on what to expect when you are in hospital and after you go home following your hip arthroscopy.

### What is a Hip Arthroscopy?

Arthroscopy is a form of keyhole surgery in which a camera is used to look inside a joint. To do this effectively the surgeon will use traction (a pulling force) to bring the hip slightly out of joint, allowing the surgeon to get a good view of the hip and any areas that are causing your symptoms. In order to perform the operation, the surgeon will make a small cut (incision) through which a camera is inserted. This will enable the surgeon to look inside your hip. Several other incisions of the same size may be required in order to insert other instruments to deal with your hip problem.

### What is a Hip Arthroscopy used to treat?

Hip arthroscopy can be used to treat many problems in the hip joint with the benefit of being less invasive than other hip joint operations. There are many conditions that may be treated with hip arthroscopy. The most common conditions treated with hip arthroscopy are:

- **Femoroacetabular impingement (FAI)** - This condition involves the head of the thighbone (femur) and the rim of the socket (acetabulum). The condition is caused by a different shape of the femoral head or of the socket causing abnormal contact. This may cause pain in the hip joint during certain movements or positions. An arthroscopy can be used to reshape the femoral head and socket to prevent this abnormal contact.
- **Labral tear** - The hip socket has a rim of fibrous cartilage called the labrum. This cartilage can be injured as a result of abnormal contact or through other causes. An arthroscopy can be used to repair or remove part of this tissue.

- **Articular cartilage injury** - Articular cartilage covers the joint surfaces of the head of the femur and inside the socket, this allows for smooth movement. Injury to this cartilage can occur as a result of a specific traumatic injury or as a result of normal use and time.

### Will I have an anaesthetic?

Yes. Normally this type of operation is carried out under a mix of a general and spinal anaesthetic.

### What to expect after an arthroscopy?

At the end of your operation, the small incisions may be closed with either stitches or tape (paper stitches). The small incisions will be on the side and front of the hip. Small dressings will cover the incisions to keep them clean and dry.

You will be moved from the operating room to a recovery room. Pain medication is available if required following surgery, although most patients are comfortable having had local anaesthetic administered during the operation.

Before being discharged, you will be given advice about looking after the incisions, what activities you should avoid and which exercises you should do to help your recovery.

## What are the possible complications?

Although uncommon, complications may occasionally occur during or following an arthroscopy. It is very common to experience localised numbness around the incisions and these may often ooze a little afterwards. The most common complications include:

- Infection
- Damage to nerves or vessels
- Traction related problems including numbness in groins, genitalia or feet
- Fracture
- Non-improvement/recurrence of symptoms
- Heterotopic Ossification (new bone formation)
- Progression of arthritis within the joint
- Excessive swelling or bleeding
- Pain and stiffness
- Blood clots (in the leg or occasionally the lung)
- Instrument breakage
- Worsening of pain (approximately 5% of cases).

**After surgery, you MUST see a doctor urgently if you:**

- Have pain or swelling in the joint which is getting worse. In particular, if the hip is red, hot and tender, it may indicate infection or significant bleeding in the joint
- Develop a high temperature
- See fluid, pus or blood coming from the incision
- Develop sudden shortness of breath as this may indicate a clot in the lung.

## What should I bring into hospital with me?

It is advisable to bring comfortable everyday clothes into hospital with you to wear after your operation. It is also useful to bring a basic washbag with toiletries that you may require for an overnight stay.

## Will I have pain?

It is normal to experience pain following your surgery. This may be in different areas including the hip, groin, thigh, knee or low back. It is important to take the painkillers and anti-inflammatory medication that you have been prescribed to help you to manage this and allow you to participate in your rehabilitation.

## What do I do with my wounds?

The wounds will take 10-14 days to heal and they will need to be kept dry and covered during this time. At 10-14 days following the operation you will need to visit your GP practice nurse to have the dressings and stitches removed.

## Will I need to use crutches?

In most cases, you will be able to fully weight bear through the operated limb. Crutches will be provided to allow you to take some pressure off the hip as it recovers. Before you go home, you will be taught how to walk with crutches and, if required, how to go up and down stairs.

## When will I be able to go home?

You will normally have an overnight stay following your operation. Before you go home you need to have eaten, had something to drink and passed urine. Before you come into hospital you will need to arrange for someone to take you home and to stay with you for 24 hours to ensure you are safe.

## When can I drive my car?

You are not allowed to drive a motor vehicle for 48 hours after having a general anaesthetic. Once you have pain-free control of your operated limb you should be able to return to driving. If you have had a left hip operation and you drive an automatic car, you may be able to return to driving very soon after the 48 hour period.

## When will I see my surgeon again?

You will be given an appointment to see your Consultant / a member of the team before you are sent home. Normally, you will be seen between 6-8 weeks after your operation. When you attend for your appointment you may be asked to fill out a questionnaire. The questionnaire allows us to collect information on how you are managing following your operation.

## When will I see the physiotherapist again?

Physiotherapy treatment will be arranged for you at the Orthopaedic Hospital or more local to where you live. You should be seen within 2 weeks of your surgery.

## When can I return to sports?

This entirely depends upon the nature of the surgery that was performed and how you progress through the phases of rehabilitation. Your surgeon / physiotherapist will provide you with further advice.

## When can I go back to work?

This varies from person to person and depends on the speed of your recovery and the nature of your work. In general, if you have a job that is not physically demanding, you may be able to return to work within 2 weeks of your operation. If however, your job is more physical you may need a more prolonged period of time off work. Discuss this with your consultant prior to your surgery.

Notes:

## If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: [rjah.pals.office@nhs.net](mailto:rjah.pals.office@nhs.net)

### Feedback

Tell us what you think of our patient information leaflet. Please send your comments to the Patient Advice and Liaison Service (PALS) email: [rjah.pals.office@nhs.net](mailto:rjah.pals.office@nhs.net)

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