The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Information for patients

Hip Arthroscopy

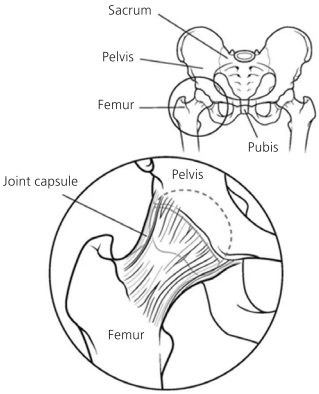
Arthroplasty

Hip Arthroscopy

This leaflet will provide you with information to understand your operation and care during your hospital stay and when you return home.

Hip Joint

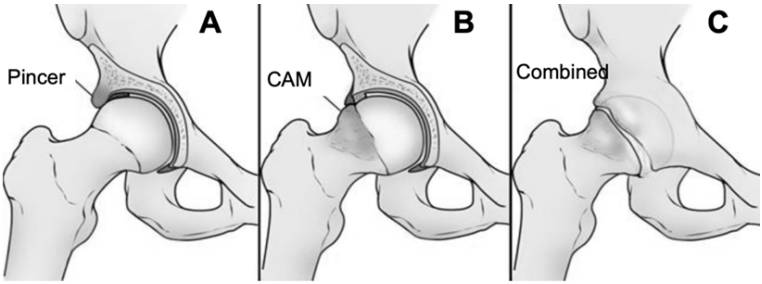
This is a ball and socket joint that connects your pelvis and thigh bone. Important structures are the articular cartilage providing a smooth frictionless surface, the acetabular labrum providing a fluid seal and joint capsule encapsulating the joint with strong adjacent ligaments providing structural support.



What is a Hip Arthroscopy used to treat?

Hip arthroscopy is a minimally invasive way to treat many problems in and around the hip joint. You may be suffering with pain around your hip or groin that may catch, lock or give way. The most common conditions treated with hip arthroscopy are:

- **Femoroacetabular impingement (FAI)** – This condition involves early contact between the head of the thighbone (femur) and the rim of the socket (acetabulum) during twisting and bending movements, such as squatting. Due to abnormally shaped femoral head (CAM) or acetabulum (Pincer). This causes pain during certain movements or positions. An arthroscopy can be used to reshape the femoral head and acetabulum to prevent this early collision.



- **Labral tear** – The hip socket has a rim of fibrous cartilage called the labrum. Which importantly maintains a seal for lubricant fluid in the joint and contains nerve ending that feedback to the brain. This cartilage can be injured because of abnormal contact or direct injury during sporting activity. It is important to repair the labrum if it is torn or detached, being nourished with blood it heals well.
  A repair is done using internal stitches that are fixed to acetabular socket bone. Repairing the labrum restores its function as a shock absorber and sealant. In some cases, the labrum is degenerate and not repairable. The surgeon may debride the labrum to improve pain symptoms and in rare cases reconstruct the labrum using a graft.
- **Articular cartilage injury** – Articular cartilage covers the joint surfaces of the head of the femur and within the acetabulum, this allows for smooth frictionless movement, aided by lubricant synovial fluid. Injury to this cartilage can occur as a result of a traumatic injury, recurrent impingement or wear with normal use over time.

What is Hip Arthroscopy?

Arthroscopy is keyhole surgery. A camera is used to look inside your joint and micro instruments are used to treat damaged tissues. To do this effectively the surgeon will use traction (a pulling force) to distract the hip out of joint, creating a 1 to 2 cm space between the ball and socket joint to work within. To perform the operation, the surgeon will make small skin cuts (2cm incisions) through which a camera and instruments are introduced. During the operation we also pass water into the joint which can cause thigh swelling for a 2 to 4 four weeks and use X-rays to guide us.

Operating table with traction boots and X-ray screen. Computer software guides bony resection and navigates instruments.

HipMap, HipCheck and Pivot Guardian

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 are stitched together, and a dressing applied to keep them clean and dry. A bulky overdressing is applied to soak up leaking fluid. It can be removed after 48 hours. You will have to see your GP to remove stiches two weeks after surgery.

You will be moved from the operating room to the recovery room and then to a ward. Pain medication is available if required following surgery, although most patients are comfortable having had local anaesthetic administered during the operation. As the feeling in your leg returns start to draw small circles with your foot, known as circumduction exercises. This reduces scar tissue.

Before being discharged, you will be given advice about looking after the wounds, what activities you should avoid, and the exercises you should do.

Please read through the rehabilitation exercises at the back of the booklet.

Medication after surgery?

For two weeks after surgery we will provide medication to thin your blood, reduce scarring (fibrosis) and prevent abnormal bone forming in healing tissues (heterotopic ossification).

- Enoxaparin injections to prevent blood clots, between 1 day to two weeks.
- Non-steroidal anti-inflammatory (Celecoxib) twice a day for two weeks.
- Losartan to reduce scarring, twice a day for two weeks.

If you are allergic to non-steroidal inflammatory medication or have problems with your blood pressure inform your attending surgeon.

What are the possible complications?

Although uncommon, complications may occasionally occur. The incisions may ooze, and a new dressing applied. Pain can be controlled with painkillers and thigh swelling takes a month to resolve. Skin redness in your groin or at your feet resolves in a few days.

Recognised complications include:

- Traction related problems including numbness in groins, genitalia or feet.
- Heterotopic Ossification (new bone formation).
- Adhesions, scar tissue formation aound hip joint causing stiffness.
- Hip flexor, particularly Psoas irritation
- Over or under resection of CAM or Pincer lesions.
- Progression of arthritis within the joint
- Residual groin pain or stiffness, worsening of pain (approximately 5% of cases).

Rare complications include:

- Infection
- Blood clots (in the leg or rarely the lung)
- Damage to nerves or blood vessels around the hip or to the femoral head.
- Fracture of femoral bone during heavy impacts.
- Instrument breakage retained in joint.
- Worsening of Hip instability.

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

- Have pain or swelling in the joint which is getting worse. Particularly if the hip is red, hot and tender. It may indicate infection.
- 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 14 days after 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. Routinely patients use crutches for two weeks.

When will I be able to go home?

You will normally go home the same day but be prepared for an overnight stay. 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 two weeks after having a general anaesthetic and surgery. Once you have pain-free control of your operated limb and you feel safe performing an emergency stop you can return to driving, minimum two weeks after surgery.

When will I see my surgeon again?

You will be given an appointment to see your Consultant or 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 to 4 weeks of your surgery. Also use supplementary rehabilitation guides.

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. Avoid deep flexion for 6 weeks. Avoid high impact activity for three months.

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.

Recording outcomes

We routinely collect data before and after surgery to measure your progress via Amplitude which populates the Non-Arthroplasty Hip Register. This is a national database that collates anonymised information on the nature and outcomes of surgery performed across England. If you would like to opt out of this, notify your attending surgeon. We will take an email address so that you can be contacted to complete questionnaires. Thank you for participating.

Non-Arthroplasty Hip Registry

Amplitude clinical outcomes

Pre op

Before your operation it is really beneficial for you to try and make yourself as fit as possible.

There is evidence of faster and safer recovery associated with eating a healthy diet in the time leading up to your operation. If you are overweight, it is important to lose weight in preparation for your surgery. This will reduce any risks associated with the anaesthetic and your new joint will last longer. Moderate exercise prior to your operation can help in keeping your bones strong and joints supple and regular everyday activity is useful. This should start as early as possible before surgery as the benefits may take a number of weeks to appear.

You will not cause any further 'damage' to yourself by participating an exercise program, however if you do have any concerns please liaise with your consultant or physiotherapy team. By developing further muscular strength you will not only improve your outcomes post-surgery but also protect your joint following surgery by providing a form of shock absorber.

Overleaf is a varied exercise plan that may help you; some exercise positions may need to need altered to reduce your hip pain but achieve maximal muscle effort. When exercising there is likely to be an element of pain, however the aim is not to exceed 3–4/10 where 0/10 is your base line. You should however find the exercises difficult and strenuous on the muscles, approximately 7–8/10 where 10/10 is maximal effort.

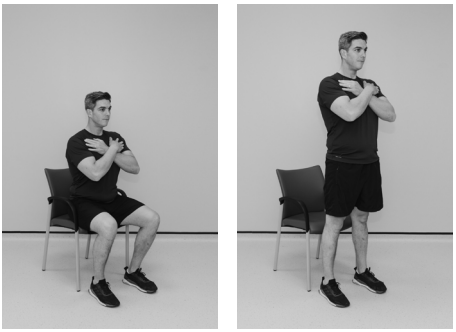
Strength Program

You should perform 8–12 repetitions 3–4 sets. If the exercises are easy, you can add additional weight to make them more challenging.

1.Bridge

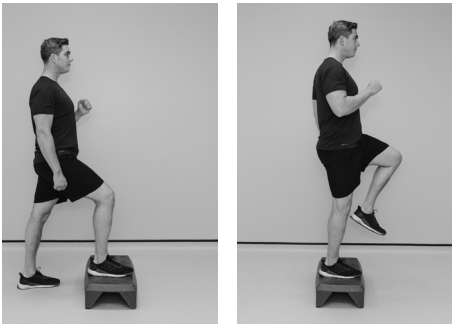
Lying on your back with your knees bent, with a band around your knees, squeeze your bottom muscles and tighten your stomach muscles. Keep your feet flat, dig your heels into the floor, this will increase the activity in your hamstrings. Lift your bottom off the bed until there is a straight line between your shoulders and knees, to add a further challenge, imagine there is a nut between your buttocks which you are trying to crush.

Hold for 5 seconds.



2.Sit to stand

In Sitting on a chair of appropriate height, with your feet flat on the ground, imagine you are trying to spread the ground apart. This will activate some of your lower limb muscles. Stand up without using your hands and imagine there is a nut between your buttocks which you are trying to crush, which will increase the muscle activity throughout the exercise. Slowly sit back down. As the exercise gets easier you can use a weight to make it more difficult.



3.Step up

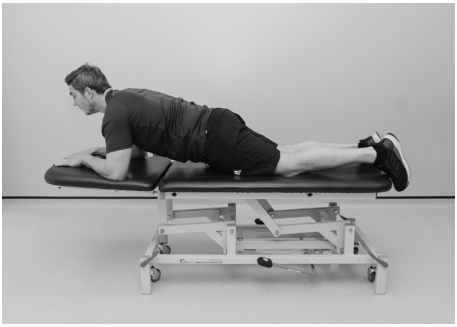
Stand facing a step of appropriate height. Put your injured leg on the step and step up, bringing the other leg through at a right angle. Keep the movement as controlled as possible with your knee tracking over your second toe.

4.Crab walk

With the band around your knees/ thigh assume a quarter squat position. Take medium size strides to the side and back again keeping tension on the band throughout for 8–12 steps and then change to opposite direction. To make this more difficult put the band around your feet.

5.Heel Raises

In standing, (hold onto something stable for support) with your heels over the edge of a step, drop your heels down and then push up on your tip toes as high as possible.



6.Front plank

Lying in your front with your arms tucked in by your sides, palms facing down. Tighten your tummy muscles and lift your hips off the bed, with only your knees and forearms on the bed. Hold for 5 seconds, complete this 5 times and do 3 sets. To make this more difficult you can try and spread the bed apart with your hands, increasing the level of muscle activation.

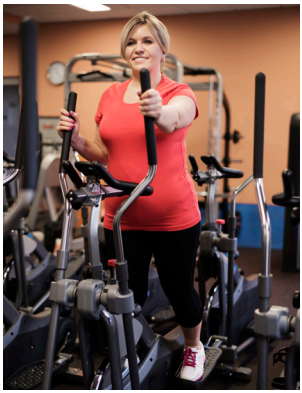
7.Side plank

In side lying with your knees at 90 ° in line with your hips and elbow directly under your shoulder. Raise your pelvis up into a partial side plank position without rotating at your pelvis or spine.

Hold for 5 seconds, completing 5 repetitions and 3 sets

Cardiovascular Program

Regardless of age, weight or athletic ability, aerobic exercise is good for you. Cardiovascular exercise is also extremely important as it can not only improve your health and speed up your recovery, but it can also reduce the risk of post-operative complications. If walking causes increased pain, try swimming, cycling outdoors or using a static bike as this reduces the painful load on the joints and you can work hard whilst minimising pain. Regular cardiovascular exercise of an appropriate time and intensity for you (aim 20–45 minutes).



By accessing your local gym this will create a pathway for you to speed your recovery up post-surgery. Although we may not all like the gym, if we aim to return to activities such as walking, cycling, and other demanding activities the gym is a great way to condition you, to get back to these things quickly and safely.

Post op

The main aim following surgery is to manage pain (ensure adequate pain relief) and reduce the risks of post-operative complications, to ensure an optimal outcome pot surgery.

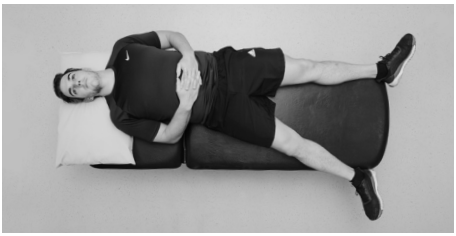
Your physiotherapist will have you up and moving on the day of surgery and you will be encouraged to walk with a normal gait pattern, using elbow crutches, ensuring that you are safe to go home. They will also start you on an exercise program to initiate movement of the hip and begin low level muscle activation exercises of your core and operated leg.

Movement Exercises

Repeat each exercise 10 – 15 times preforming 3 sets 2 – 3 times a day.

1. Supine hip flexion

lying on your back slowly slide your heel towards your bottom, flexing at your hip and return to starting position in a controlled manner.

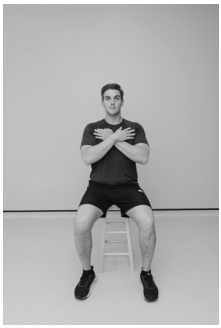


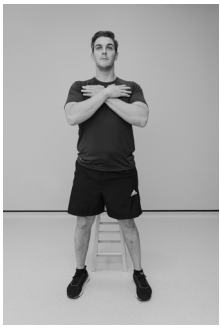
2. Supine hip abduction

Lying on your back slowly slide your heel outwards, in a slow controlled manner and slowly return to starting position.

3. Bent knee fall out

In lying with your knee slightly bent, ensure your tummy is tight, slowly allow your knee to fall out to the side in a controlled fashion and return to the starting position.



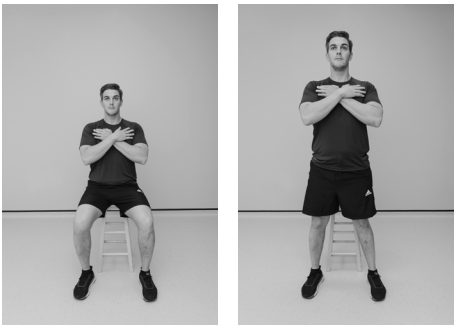


Muscle activation exercises

1. Bridge

Lying on your back with your knees bent, with a band around your knees, squeeze your bottom muscles and tighten your stomach muscles. Keep your feet flat, dig your heels into the floor, this will increase the activity in your hamstrings. Lift your bottom off the bed until there is a straight line between your shoulders and knees, to add a further challenge, imagine there is a nut between your buttocks which you are trying to crush.

Hold for 5 seconds.



2. Sit to Stand (high chair)

In Sitting on a chair of appropriate height, with your feet flat on the ground, imagine you are trying to spread the ground apart. This will activate some of your lower limb muscles. Stand up without using your hands and imagine there is a nut between your buttocks which you are trying to crush, which will increase the muscle activity throughout the exercise. Slowly sit back down. As the exercise gets easier you can use a weight to make it more difficult.

3. Core squeeze

In lying with your knees bent, gently squeeze your stomach muscles whilst almost trying to pull your pelvic muscles upwards.

Hold for 10 seconds.

4. Glute squeeze

In lying gently squeeze your bottom muscles together.

Hold for 10 seconds.

5. Supported Single Leg Stand

In front of a stable surface (like the kitchen work top), stand tall on your affected leg, tensing your stomach and buttock muscles. Maintain balance for up to 1 minute.

6. Seated heel raises

In sitting push up onto your tip toes activating the calf muscles.

Hold for 10 seconds.

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

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

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