

Orthopaedic Connection

Arthroscopic Surgery of the Hip, Part Two

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

I promised last week to finish the topic of Arthroscopic Surgery Of The Hip this week and I will.

The field is emerging as they say. It is changing by the year giving us new insight to hip problems that before this were impossible to diagnose let alone treat.

I tried to point out last time how variable the symptoms can be.

Once the diagnosis has been established with the help of the MRI (usually), surgery most often follows in a short time. That is of course, if the patient feels they are having enough symptoms to warrant surgery.

Hip Arthroscopic Surgery

It is usually set up as Outpatient Surgery, but an occasional patient stays over until the next morning.

Knee arthroscopic surgery is a very well known outpatient orthopaedic procedure. Patients rarely spend the night. The hip is (as we have pointed out before) a much deeper, more inaccessible joint. Major muscle groups protect it and it has large nerves and blood vessels in front and in back!

It is always done with general anesthesia. Most surgeons use a special traction table to pull on the leg to somewhat separate the joint surfaces for better viewing.

Technique

For the instruments to enter the hip joint small incisions have to be made. They are called "portals". Thru the portals various instruments are passed down to and into the hip joint. The hip joint is filled with fluid. The arthroscope is attached to a camera and just like any endoscopic procedure images are clearly seen on a video monitor. Many instruments are available to perform surgery within the hip joint thru these small incisions or portals.

Problems Treated

It is beyond the scope of our discussion to get too technical about all the conditions that can be treated. Some of the more common ones are

- Removing torn tissue from the labrum. This is the tough tissue structure that surrounds the hip socket.
- Grinding down bone spurs that have formed.
- Smoothing or debriding rough places on the ball of the hip.
- Drilling defects in the bone surface.
- Washing out loose small pieces of cartilage.
- Debriding hypertrophic lining tissue (synovium).

After Surgery

The small incisions are closed with suture and bandages are applied. The patient is up and about with crutches bearing very little weight on the operated side for a variable period depending on what was done. As with any arthroscopic procedure healing can take 2 to 3 months or longer.

Arthroscopic surgery of the hip has begun to take its place as an important advancement in the Orthopaedic Surgery specialty.

Office Website and Gratiot County Herald Archive

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All past articles are listed by title and the complete text is available at the click of a mouse.

All the information available concerns what I treat daily in the office and hospital. Log on and check it out.

Our goal is simple - To help people return to more pain free, functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush