

OS39 Arthroscopy of the Hip

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If you have any questions or concerns about your care, please contact the nurse in charge at the hospital.

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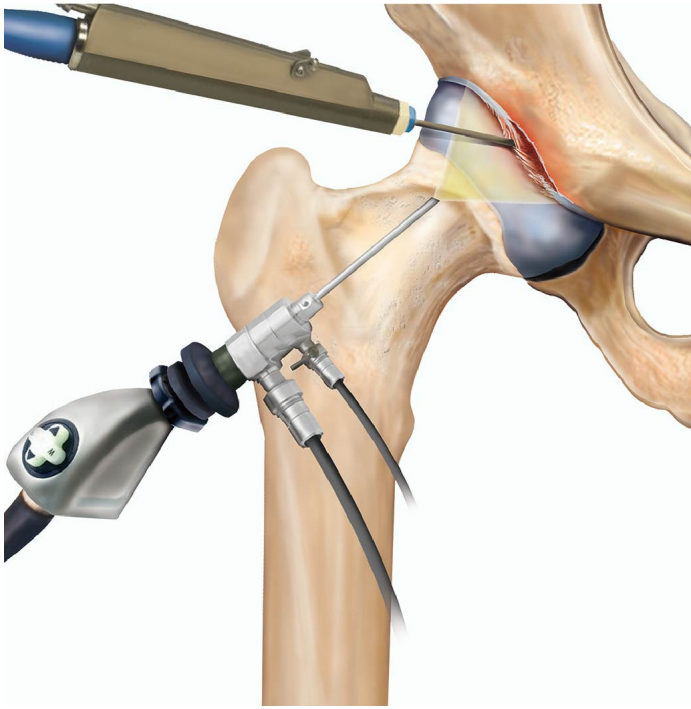
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UNITED KINGDOM

What is an arthroscopy of your hip?

An arthroscopy (keyhole surgery) allows your surgeon to see inside your hip using a camera inserted through small cuts on your skin. Your surgeon can diagnose problems such as a tear of the acetabular labrum (cartilage edge of your hip socket), impingement (bones pressing together), or damage on the joint surface. They may be able to treat some of these problems using special surgical instruments, without making a larger cut.



An arthroscopy of the hip

Your surgeon has suggested an arthroscopy of your hip. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of surgery?

The aim is to confirm exactly what the problem is and for many people the problem can be treated at the same time. The benefit of keyhole surgery is less pain afterwards and, for some people, a quicker recovery.

Are there any alternatives to arthroscopy?

You may be able to have the operation performed using open surgery. This means a larger cut on your skin, and sometimes your hip needs to be dislocated (pulled out of joint). This is a much larger operation, with a longer recovery. Your surgeon will tell you if this is an option in your case.

What will happen if I decide not to have the operation?

Damage inside your hip does not usually heal without treatment, although sometimes your hip will become less troublesome after a course of physiotherapy. If your symptoms get worse with time, treatment is usually still possible.

What does the operation involve?

You will usually have an MRI scan to confirm the diagnosis and help your surgeon to plan the operation.

If you are female, the healthcare team may ask you to have a pregnancy test as some procedures involve x-rays or medications that can be harmful to unborn babies. Sometimes the test does not show an early-stage pregnancy so let the healthcare team know if you could be pregnant.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. The operation usually takes 30 to 90 minutes.

You will be put on to a traction table (a type of operating table), which pulls firmly on your leg. This pulls your hip joint apart a little, so your surgeon can see into the joint. They will insert a camera through one or more small cuts around your hip.

Your surgeon will examine the inside of your hip for damage to the cartilage and joint surfaces. They will wash out any loose material caused by wear of the joint surfaces. It is usually possible for your surgeon to trim or repair a torn cartilage, or remove a bone spur, without needing to make a larger cut. Your surgeon will close your skin with stitches or sticky strips.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice. You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death (risk: 5 in 1,000).

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation (risk: 4 in 1,000).
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.

- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 1,000). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or inflatable boots or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.
- Fracture (break) of the bone near your hip after your surgeon removes a bone spur (risk: less than 1 in 1,000).
- Hip coming out of the joint (dislocation). This can happen after your surgeon removes cartilage from around the edge of the socket (risk: 5 in 10,000).
- Developing a lump under your wound after the operation caused by a small amount of bleeding under your skin (risk: 2 in 1,000). This usually settles within a few weeks.
- Infection in your hip joint (risk: 1 in 1,000). You will usually need another operation to wash out your hip, and a long course of antibiotics. Infection can cause permanent damage.
- Bone forming in muscles around your hip (heterotopic ossification) (risk: 5 in 100). This can cause loss of movement in your hip. You may need another operation to remove the extra bone (risk: 1 in 100).
- Softening of the bone in your hip (avascular necrosis) (risk: less than 2 in 1,000). This can cause pain in your hip. You may need another operation.
- Continuing pain in your hip (risk: 2 in 10). This is more likely if you have arthritis in your hip.

Specific complications of this operation

- Damage to nerves around your hip, leading to weakness, numbness or pain in your leg or foot (risk: 1 in 100). This usually gets better but may be permanent. When traction is used during the operation to pull your hip apart, the pudendal nerve in your groin can be damaged. This can cause numbness in your groin. For men, it can sometimes cause problems having an erection. The nerve usually recovers in a few weeks.
- Technical problems such as one of the surgical instruments breaking inside your hip (risk: 2 in 1,000) or your surgeon not being able to get a good view (risk: 3 in 100).
- Skin tear in your groin caused by the traction (risk: less than 2 in 1,000).
- Damage to the joint surface inside your hip (risk: 4 in 100).
- Fluid used during the operation leaking into your abdomen or thigh (risk: 2 in 1,000).

Consequences of this procedure

- Pain. Your surgeon may inject painkillers into your hip to help reduce the pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Unsightly scarring of your skin, although arthroscopy scars are usually small and neat.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

You will usually be able to get up as soon as you have recovered from the anaesthetic. You may need crutches to start with.

Keep your wounds dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches removed or dressings changed.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

The healthcare team will tell you when you can return to normal activities.

Your surgeon or the physiotherapist will tell you how much weight you can take through your leg and if you need to use a walking aid. Walking can be uncomfortable and you may need to take painkillers to help relieve your pain.

The physiotherapist will show you some exercises to help you to move around and improve your muscle strength.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

Most people make a good recovery and can return to normal activities.

Your surgeon will be able to tell you if you are likely to get further problems with your hip or need more surgery in the future.

Summary

An arthroscopy allows your surgeon to diagnose and treat some common problems affecting your hip, without the need for a large cut on your skin. This may reduce the amount of pain you feel and speed up your recovery.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

[Keep this information document. Use it to help you if you need to talk to the healthcare team.](#)

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

[This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.](#)

Acknowledgements

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Illustrator

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