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## PRE-OPERATIVE INFORMATION: HIP ARTHROSCOPY

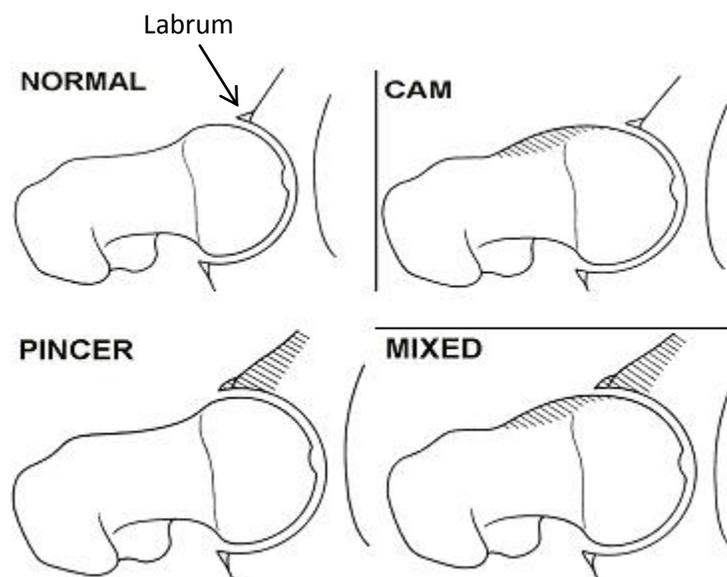
### WHAT IS HIP ARTHROSCOPY?

Hip arthroscopy is a minimally invasive procedure used to treat hip pain in patients who are not candidates for total hip replacement. Very often these are young, active patients who have never had a specific injury. The surgery is done from 3-4 small incisions in the front of hip that allow your surgeon to access the hip joint with a camera and specialized tools.

### HOW DOES MY DOCTOR DECIDE THIS SURGERY IS RIGHT FOR ME?

Hip problems that are amenable to hip arthroscopy are often under-treated, as they are often difficult to define. Many patients go for months or years without a formal diagnosis. During your first visit, your doctor will listen closely to your history, which provides valuable information. You will have X-rays and a physical examination. You may be asked to have additional tests, such as an MRI, CT scan or injection in your hip. Some problems, such as tears of the labrum, may not show up on any tests. Many conditions of the hip are found primarily through your history and physical examination!

Surgery may be indicated for conditions such as labrum tears, hip impingement (pictured below), internal snapping of the ileopsoas tendon, external snapping of the IT band, tears of abductor tendons and piriformis syndrome.



## HOW IS SURGERY DONE?

After anesthesia is started, the patient is placed on a table in the operating room that is made to allow for traction to the hip. The hip is pulled apart slightly so the surgeon can safely insert instruments into the hip without damaging the cartilage. A portable X-ray machine is used to ensure proper and safe placement of the tools. During surgery, the hip is filled with saline to allow for visualization. A small camera called an arthroscope is used to visualize structures in the hip. Based on the problems identified before and during surgery, a number of procedures may be performed. Tools are used to debride (clean up) the labrum and remove bone spurs from the acetabulum (socket) or femur. If needed, stitches are used to repair the labrum back to the acetabulum. In cases where the labrum cannot be repaired, a new labrum may be fashioned from a portion of the patient's IT band or from a donor graft.

## WHAT ARE THE RISKS?

If you decide with your surgeon that hip arthroscopy is the correct course of treatment for you, arrangements will be made for appropriate medical clearance. All of the normal risks of surgery are unlikely but possible, such as pain, bleeding, neurovascular injury, and loss of life or limb. Some degree of pain and swelling is common following surgery. Some patients complain of areas of numbness or tingling following surgery, but this is usually temporary. With the appropriate instrumentation and an experienced surgeon, the complication rate of this surgery is very low.

## WHAT CAN I EXPECT AFTER SURGERY?

Most patients will go home the night of surgery. Medications for pain and nausea are provided. Most patients will use crutches and place up to 50% of their weight on their surgical leg for 2-3 weeks following surgery to allow the body to heal from surgery. If more extensive surgery is performed, additional restrictions such as less weight-bearing or a longer time on crutches may be implemented. Pain may fluctuate for the first 2 weeks after the procedure, but most patients notice a gradual but consistent improvement in their pain level.

Patients are asked to use a stationary bike or peddler twice a day for 20 minutes with no resistance beginning the night of surgery. A peddler can be arranged through the medical assistant if you do not have access to one. Physical therapy usually begins within a few days of surgery, and lasts for up to 3-4 months. It is imperative also that the patient is diligent with home exercises as taught by the physical therapist.

## WHY DR. HANSEN?

Hip arthroscopy is a technical surgery with a steep learning curve. Dr. Hansen is one of the most experienced surgeons with hip arthroscopy in the Phoenix Valley. He has training and experience with labrum reconstruction, arthroscopic hip abductor tendon repair, and arthroscopic treatment of piriformis syndrome, as well as more common procedures such as labrum repair, psoas tendon release and treatment of femoroacetabular impingement. Dr. Hansen's desire to deliver outstanding patient care is evident in feedback from his patients.