

Personal Experiences in Hip Arthroscopies Over 1500 Cases Done

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Femoral Acetabular Impingement (FAI)

- **Sports** related repetitive motions with trauma can tear the labrum by squeezing it between the femoral head (CAM lesion) and the hip bone (Pincer lesion).

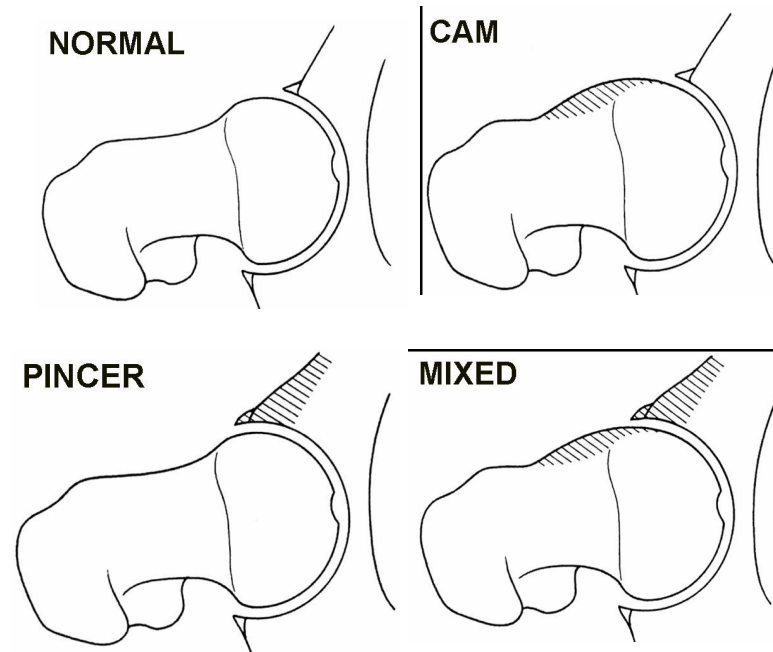
Activities Causing Femoral Acetabular Impingement (FAI)

- Ice Hockey
- Horseback Riding
- Yoga
- Football (American)
- Ballet / Dance / Acrobatics
- Golf
- Tennis
- Baseball
- Field Hockey
- Bike Riding / Cycling
- Martial Arts
- Deep squatting activities such as power lifting



Impingement (FAI)

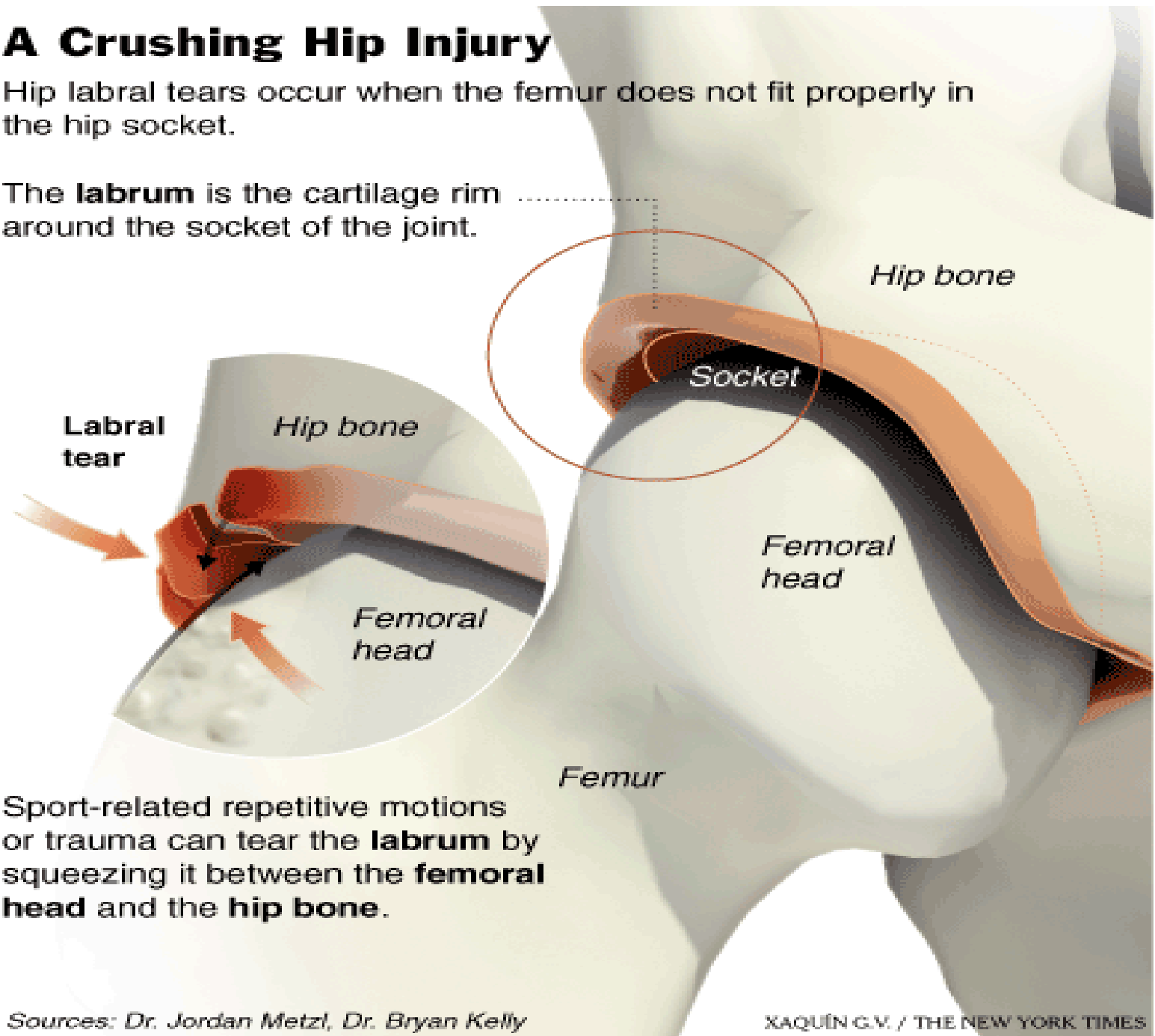
- Femoroacetabular Impingement (FAI):
- Femur and Acetabulum rub abnormally causing wear or lesions
- “Snapping Hip Syndrome”
- CAM, Pincer, or both



A Crushing Hip Injury

Hip labral tears occur when the femur does not fit properly in the hip socket.

The **labrum** is the cartilage rim around the socket of the joint.



Sport-related repetitive motions or trauma can tear the **labrum** by squeezing it between the **femoral head** and the **hip bone**.

Diagnosis for Hip Arthroscopy

- History
- Clinical Examination
- Plain x-rays
- Ultra Sound
- CT Scan
- MRI Scan

Examination & Special Investigations

- One common test is the *impingement sign*. This test is done by bending the hip to 90 degrees (flexion), turning the hip inward (internal rotation) and bringing the thigh towards the other hip (adduction).
- X-rays provide a visual picture of any changes out of the ordinary of the entire structure and location of the hip position.
- Magnetic resonance imaging (MRI) gives a clearer picture of the soft tissues (e.g., labrum, cartilage, tendons, muscles).



A new Arthroscopic approach for hip surgery: The “out-inside” technique.

I started performing hip arthroscopic surgery in 2005
I use to do conventional hip arthroscopies with the use
of a c-arm up until 2011, thereafter I changed to the
“out–inside” technique with better outcomes.

“Out-inside” Technique

- Peri-capsular approach with capsulotomy.
- Correction of the lesions in the pelvic and femoral aspects.

Benefits of Out-Inside Technique

1. Technique is technically easier to perform:

- Basic 2/3 Portal technique similar to Shoulder Arthroscopy.
- Visualisation portal easy access to joint – "soft spot" area with no restriction from capsule and muscle.
- Easy access to joint – with pericapsular approach & capsulotomy.
- Portal placement is a direct replica of familiar anterior Hip Arthroplasty approach.
- Use familiar 30 degree optic system.
- No joint specific instruments/implants required. Normal shoulder instruments are being used.

2. Less traction time:

- Eliminate complications e.g. transient neuropraxia etc.

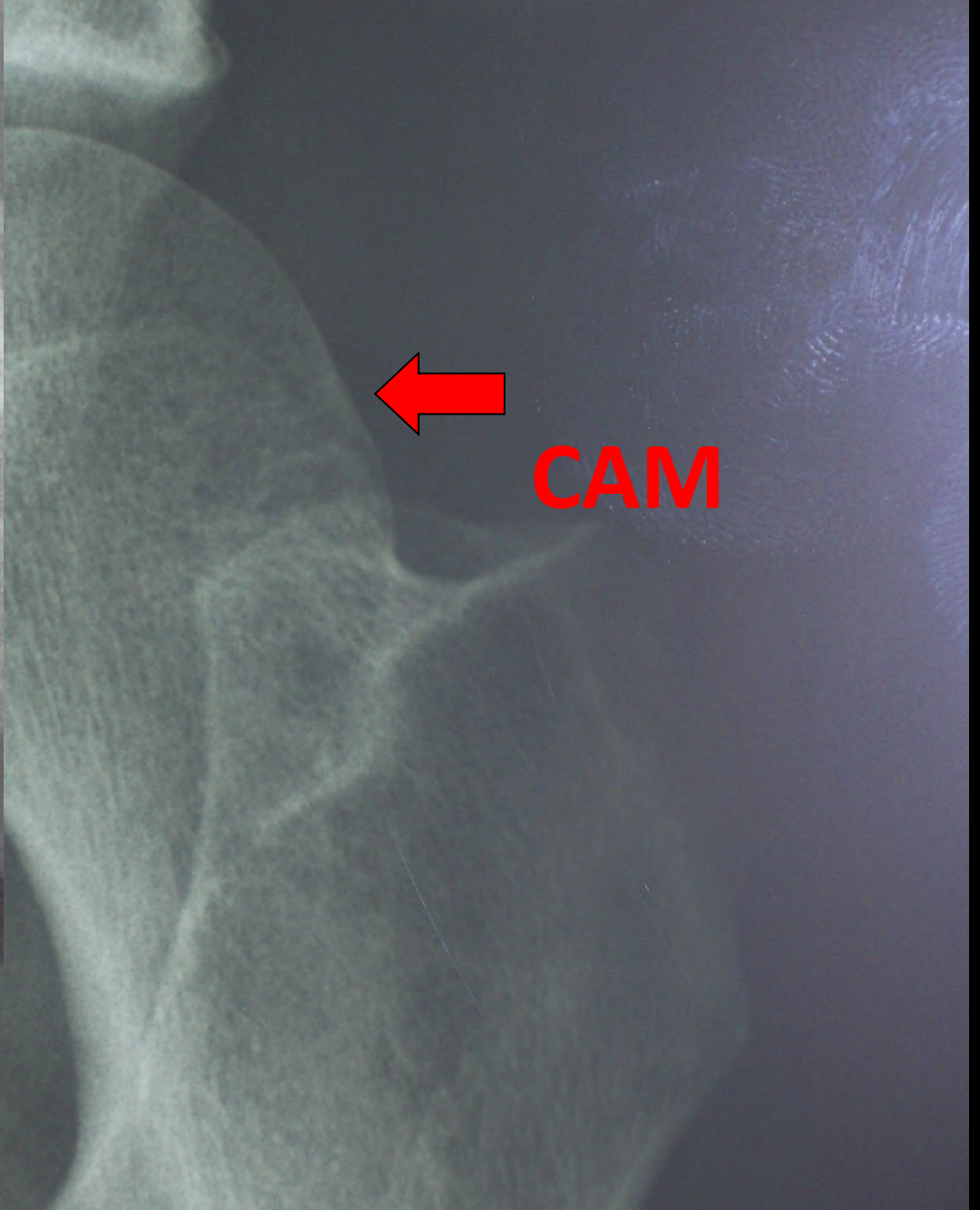
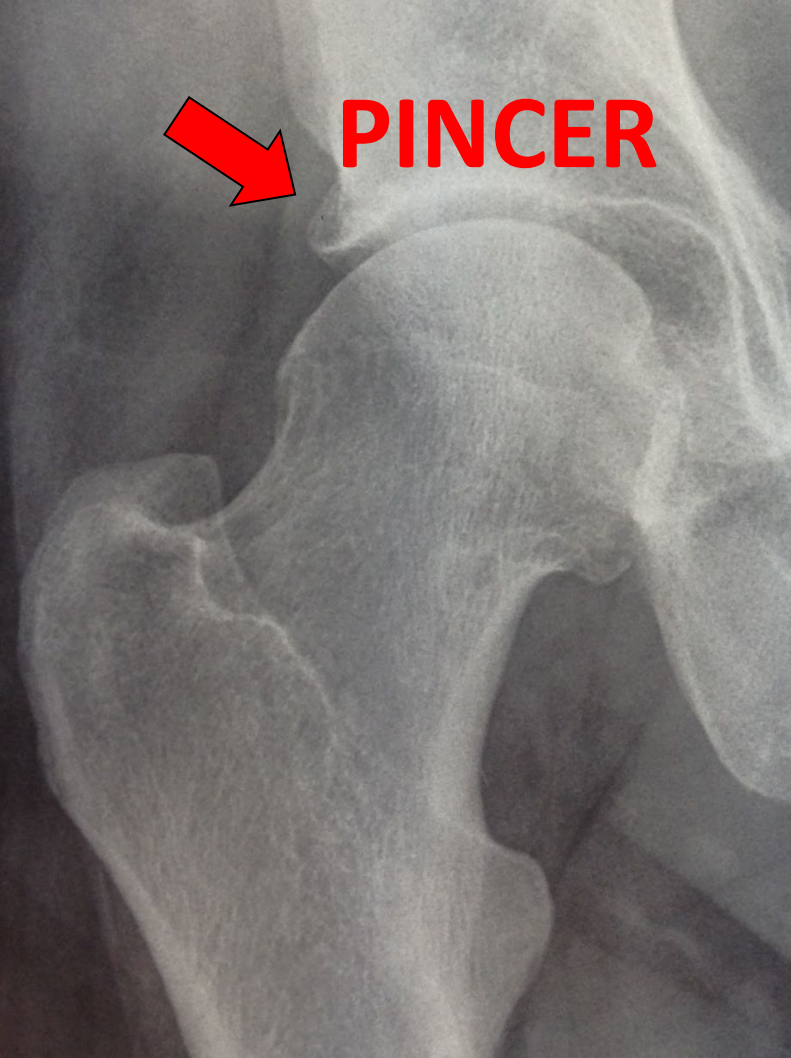
3. Less costly:

- Fluoroscopy not needed.
- Less theatre time .

4. Quicker recovery for patient.

Indications for Hip Arthroscopy:

- Source of pain & symptoms cannot be determined through examination and diag. imagery.
- Femoral Acetabulum Impingement (FAI).
- Labrum repair & resection.
- Psoas Tenotomy.
- Debridement/removal of loose bodies/adhesions.
- Biopsy .
- Treatment of synovitis.
- Osteo-arthritis .
- Chondral injuries.
- Avascular necrosis.
- Instability .
- Adhesive capsulitis.
- Sepsis .
- Pain following THR.



Conclusion:

- Hip Arthroscopy for femoral acetabular impingement involves time spent working on the central and peripheral compartment.
- The New approach is technically easier than the conventional way and a 30° optic system and shoulder and knee arthroscopic instruments were used with no fluoroscopy needed.
- I use hip arthroscopy specific instruments in obese patients.

- Lower aggressiveness in exposure was used and the 70° optic only in the central compartment.
- *Virtually no cartilage damage anymore.*
- No new surgical portals are used - rather a new surgical approach.

Hip Arthroscopy as compared to knee and shoulder scope surgery is now made an easy procedure. With the new out-inside technique, hip arthroscopy has now become easier to perform and thus making it a reality to perform for more and more orthopods.

The general reaction that hip scopes are a difficult procedure, is indeed not so. The benefits of the out-inside technique is phenomenal. Less invasive and by-far very effective at treating problems of the hip.

**The out-inside technique is revolutionary ,
effective and reproducible in treating patients .**

THE END

THANK YOU