PINEHURST SURGICAL CLINIC
Orthopaedic Surgery

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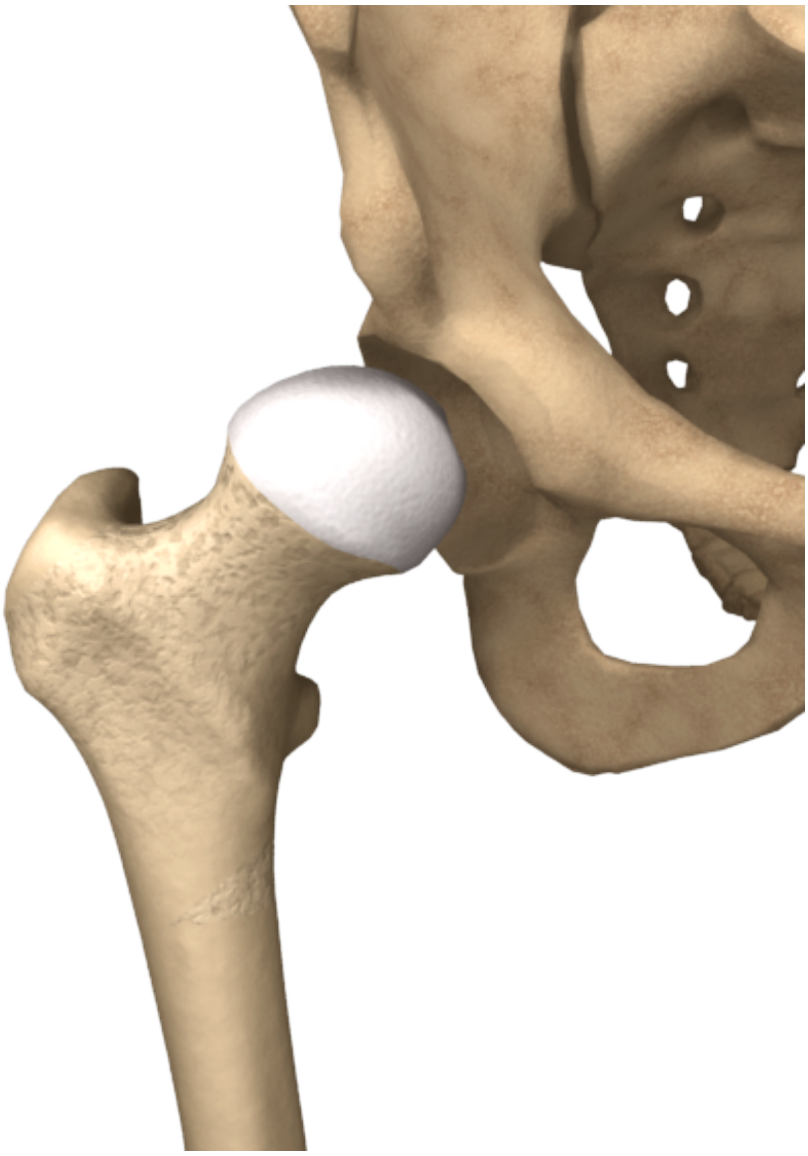
Diagnostic Hip Arthroscopy

Hip arthroscopy is a surgical procedure in which a small, flexible tube with a camera attached, called an arthroscope, is inserted into the hip joint. Two or three small incisions are typically made to allow the scope and other surgical instruments to enter a narrow space between the ball and socket of the hip joint. A monitor attached to the camera enables the surgeon to see inside the hip joint to diagnose and even treat certain hip joint problems. This minimally invasive procedure has advantages over traditional open surgery because it causes very little trauma to the hip joint, is generally done on an outpatient basis where patients return home after the procedure, and typically has a short recovery period.



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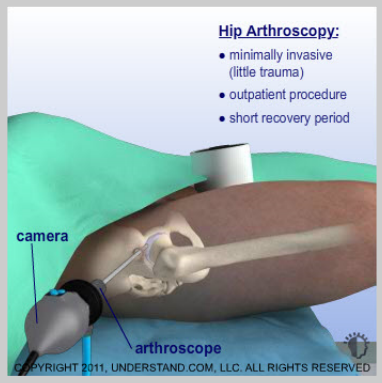

Hip Arthroscopy Introduction

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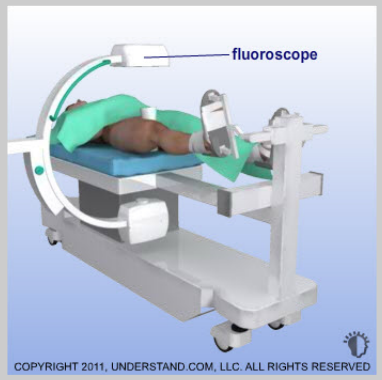
Doctor's Personal Note: ***A Message From Your Doctor***

Thank you for visiting our website and viewing our 3D Animation Library. These animations should assist you in better understanding your condition or procedure. We look forward to answering any additional questions you may have at our next appointment.



Preparation

Your symptoms, history, imagery (X-rays, CT scans, and/or MRI), range of motion tests, and other factors will help your physician determine if hip arthroscopy is right for you. Prior to the procedure, you will be given anesthesia to prevent the sensation of pain. You may undergo general anesthesia, in which a gas puts you to sleep, or regional anesthesia, in which an injection or small tube (catheter) delivers medication to the spinal column, numbing you from the waist down. Most often, you will be positioned with your leg pulled in traction, which creates space in the hip joint and allows instruments to access the joint without injuring surrounding cartilage. Accessing the narrow space in the hip joint is complicated by the orientation of surrounding nerves and blood vessels. To ensure the arthroscope and instruments are inserted properly, a portable X-ray device called a fluoroscope will be positioned for use during the procedure.

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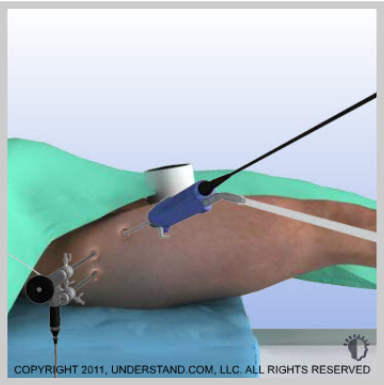
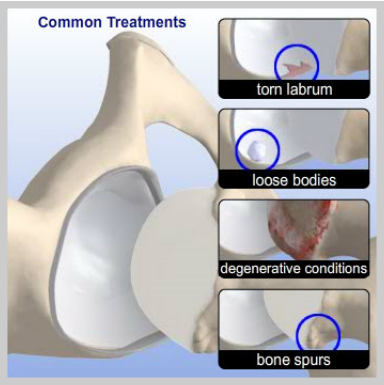


Incisions and Accessing the Joint

Two or three small, one-quarter to one-half inch long incisions called portals, will be made along pre-marked sites. First, a needle will be inserted into the joint space, and when positioning is confirmed with the fluoroscope, the joint is injected with a sterile, water-based solution, creating fluid pressure to help hold open the joint. An incision is made, and a guide wire is passed through the needle, which is withdrawn. Next, a thin tube, called a cannula, is inserted over the guide wire into the joint space. The wire is withdrawn, and an arthroscope is inserted through the cannula to visualize the joint. The other one or two portals are accessed similarly, and once complete, the location of the arthroscope or instruments can be changed to view the joint or repair tissues from a variety of positions. Fluid may be directed into and out of the joint through attachments on the arthroscope or via other portals to aid viewing inside the joint.



Diagnosis and Repairs

Typically, the physician will examine the condition of the articular cartilage covering the head of the hip ball socket (femoral head) and inside the socket (acetabulum). This cartilage allows the bone surfaces to slide against each other smoothly. The condition of ligaments attaching the bones to each other and the firm ring of cartilage surrounding the socket, called the labrum, will be examined for tears. The space within the joint will be examined for loose bodies of cartilage material and signs of inflammation or degenerative conditions. Removing loose fragments of cartilage, diseased or inflamed joint lining, or painful bone spurs from the hip joint, and repairing or trimming a torn labrum are among the most common hip arthroscopy treatments.

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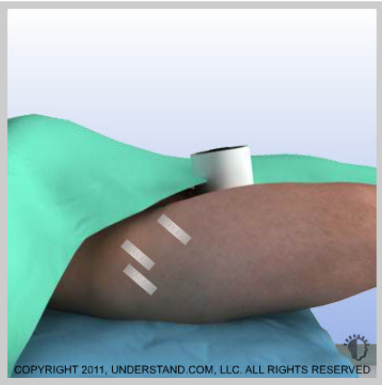

End of Procedure

Depending on the findings and treatment, hip arthroscopy may take from thirty minutes to two hours. Once complete, the arthroscope and other instrumentation are withdrawn. Incisions may be closed with two to three non-dissolvable sutures and covered with small bandages, or they may be held closed with steri-strips. You may be given a prescription for pain and directed to ice the area, wear a brace, walk on crutches, or limit weight bearing for a period of time. Symptoms often improve immediately following the procedure, but recurrence of some pain can occur as the irritated joint lining heals, and temporary tenderness in the hip and knee from the traction may occur. You may also feel a sensation of water in the hip or hear gurgling noises resulting from the fluid used during surgery, but this will quickly be absorbed by the body. Swelling should subside within about a week and any sutures will typically be removed in seven to ten days. Time for full recovery varies depending on the specific treatment performed during the procedure.

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