

What to expect when you have Hip Arthroscopy

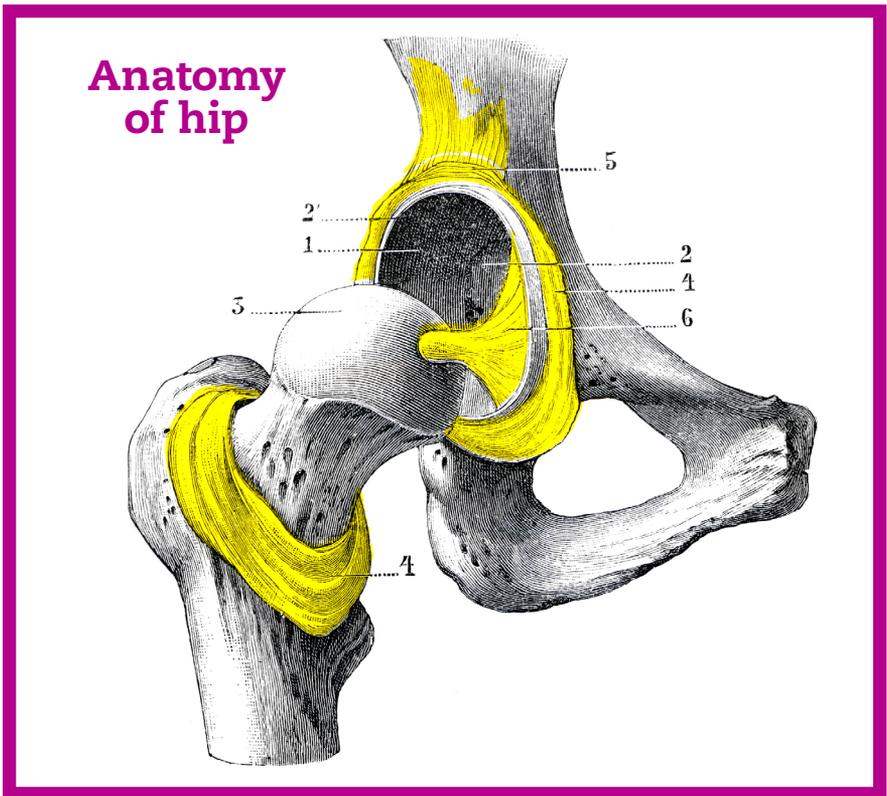
Patient Guide



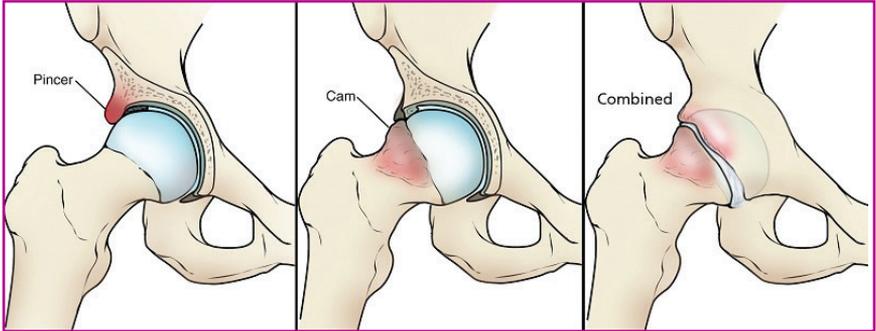
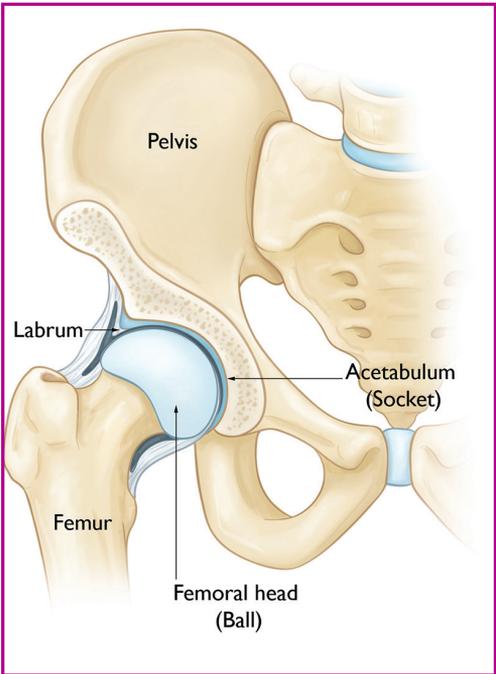
Introduction:

The hip is a ball and socket joint formed by the head of the femur (ball) and the acetabulum (socket). The hip joint is stabilized by ligaments and the acetabular labrum. The acetabular labrum is a ring of cartilage that wraps around the edge of the acetabulum and creates a suction seal, similar to a gasket.

Proper function of the hip joint requires a congruent relationship between the femoral head and acetabulum. An abnormal shape of the femoral head or acetabulum may lead to femoroacetabular impingement, whereby the femur impinges against that edge of the socket. This impingement can cause injury to the labrum and/or cartilage of the hip joint. Common types of femoroacetabular impingement include “Cam type” from an aspherical femoral head, “pincer type” from acetabular overcoverage, and mixed from a combination of the two.



Insert 4 images two per column of normal hip, cam lesion, pincer lesion, and combined cam/ pincer



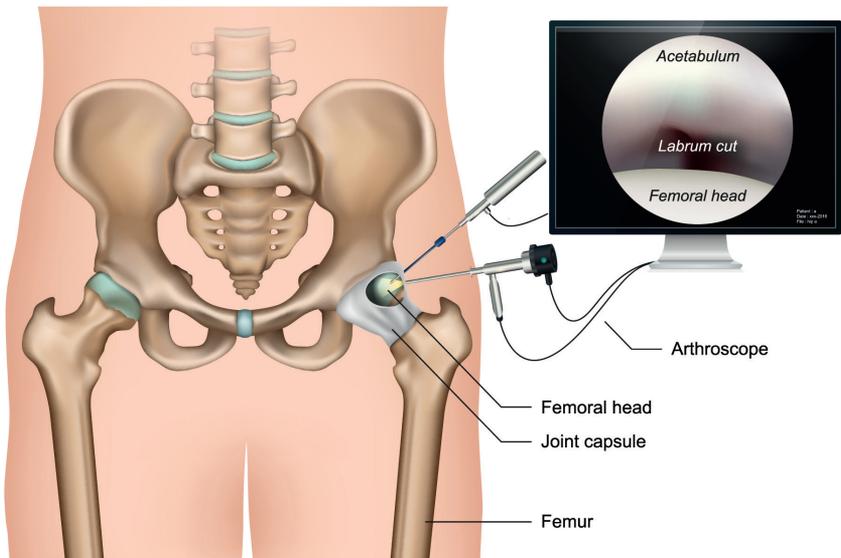
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The signs and symptoms of femoroacetabular impingement include:

- Pain in the anterior hip or groin. This pain may radiate along the front of the thigh
- Symptoms aggravated by deep squats, sitting upright, pivoting on planted leg
- Occasionally there may be a catching sensation with activity

Management of femoroacetabular impingement starts with conservative treatment most often. If this fails to improve the symptoms, surgery is considered. Surgery can be performed using an open incision and dislocating the hip. However, equivalent outcomes can often be achieved with less invasive means using hip arthroscopy.

Hip arthroscopy is performed with small incisions made in the skin while the patient is under anesthesia. A small camera (arthroscope) is advanced into the hip socket while the lower extremity is in traction. This allows full visualization of the articular cartilage and labrum. Using specially designed instruments the labrum can be repaired or reconstructed. Bony abnormalities are addressed at the time of surgery to prevent impingement. Following the surgery, the small incisions are closed and a padded dressing is applied to the hip. In some cases, a hip brace will also be applied.



Pre-operative rehabilitation:

Even if surgical intervention is expected, preoperative rehabilitation can help with maximizing core stability, balance, and flexibility, which will improve postoperative recovery.

Your physical therapist will provide you with exercises and treatment techniques to help decrease pain, increase range of motion, reduce swelling, increase strength, and improve your hip function. The frequency and duration of rehabilitation will depend on several factors including prior treatment, current symptoms, and impairments identified on examination.

Modalities: The physical therapist may use modalities such as, electrical stimulation, ultrasound and ice to reduce your pain and swelling.

Range of motion: Your Physical Therapist will teach you and perform techniques to help you improve your range of motion and flexibility. Maximizing hip flexor, hamstring, and iliotibial band flexibility will be helpful.

Strength: Core strengthening is of utmost importance both for non operative treatment, preoperative conditioning, and post operative recovery. Core strengthening starts with how you breathe. Your physical therapist will work with you on addressing any strength deficiencies.

Crutch education: If you are not familiar with using crutches or feel unsafe using them, your physical therapist will teach you how to use them safely and effectively. They can teach you how to use crutches while walking, on stairs, in the community, in and out of a car and in and out of a chair. They will also fit you with the crutches so they are adjusted to your height and needs.

Day of surgery:

When you are planning your trip to the surgical center, be sure to wear loose-fitted, comfortable clothing. During cold weather months, baggy sweat pants are recommended. Also make sure you wear sneakers and are not wearing flip flops or sandals. You will use crutches after surgery and loose shoes can increase your risk of a trip and fall.

The anesthesia team will perform a nerve block or injection of local anesthetic around the hip, which reduces pain immediately after surgery. Equipment that you may go home with include crutches and often a cold therapy pad (cryocuff) that will connect to a cooler and helps with icing the hip by circulating cool water through the cuff. For certain conditions you may also be fit with a brace.

First 24 hours post-operative:

You may feel drowsy for the first several hours after surgery, so try to get as much rest as possible. Pain after hip arthroscopy can vary depending on the procedure performed and the individual. We recommend you stay ahead of the pain as best as possible, using a combination of prescription and non-prescription medications as recommended by your surgeon. Cold therapy helps reduce pain significantly and should be used often, particularly in the first 24-48 hours after surgery. Pain medication can cause constipation and other side effects. Discuss these side effects with your doctor or pharmacist and have a plan in place if you experience any of the adverse effects.

You will also want to keep your leg elevated as much as possible and sleep in a comfortable place such as your bed or couch with your lower extremity elevated. Ask for help when you go to the bathroom as you will feel unsteady while using your crutches for the first few days. Typically, during the initial stages of healing, you will be resting at home. It is often helpful to spend a few minutes each day lying flat on your stomach. The first follow up occurs usually 5-7 days post-operatively. Your surgeon will direct you on when to begin physical therapy after that.

Rehabilitation:

Physical therapy and rehabilitation will progress in phases. Phase I of rehabilitation is focused on decreasing pain and inflammation, restoring range of motion, and preventing muscle inhibition. It is important that during the whole rehabilitation process that you listen to your body and your therapist who is directing your care. You may choose to take your pain medication or any types of medication that the doctor prescribed for you at least 45 minutes before your scheduled appointment. That allows for the medication to be effective and for physical therapists to get the most out of your hip during that hour or so of your appointment.

After the first phase of rehab, which usually is 4 to 6 weeks in length, your physical therapist will work with you to normalize your gait, restore range of motion, and begin functional exercises incorporating your core and pelvic stabilizers. Phase 3 typically involves maximizing strength and endurance along with neuromuscular control to reduce your risk of reinjury. The final phase of rehab will be focused on sports specific progression to get you safely back to sports.

Your progress will be closely monitored by your physical therapist and surgeon. Your physical therapist will incorporate functional testing to ensure you are on target for return to sports/normal activities.



Things to expect:

- Running does not usually occur until after the 3-month mark
- Return to sports is usually around the 6-month mark
- There are published protocols established by Hartford Hospital Rehabilitation Network for each individual sport and we will progress you as we see fit to return to your sport
- We have available a bridge program that will return to you to your sport once you have completed your physical therapy that is allowed by insurance
- Ask for more information on the bridge program as we have that available to you



Treating the whole athlete

Hartford Healthcare Sports Medicine Specialists believe there is more to your treatment than the hip. We have specialists in Behavioral Health and Sports Nutrition to help optimize your recovery as well

Behavioral health

There is a newly emerging theme in the scientific literature on recovery from an injury regarding athlete's mindset toward recovery. Some of these findings indicate that lack of psychological readiness to return to sport may contribute to risk of re-injury. Recovery from a hip injury can be challenging for athletes for a variety of reasons. As such, behavioral health services can assist throughout an athlete's recovery from a hip arthroscopy via the following:

- Normalize an athlete's emotional response to injury via supportive discussion
- Teach skills to cope with emotional distress associated with recovery pre- and post-surgery
- Provide collaborative care to assist athlete in navigating pain sensations through different phases of care
- Educate family and supports to best assist athlete in psychologically recovery from injury



Sports nutrition

Nutrition is one method which may counter the negative impact of exercise induced injury. The field of nutrition support for exercise induced injury is a newly emerging topic in the scientific literature. It is clear that deficiencies in energy (calories), protein and other nutrients should be avoided. While somewhat obvious and intuitive the current literature concerning proper nutrition is extensive but the evidence remains unclear as to its specifics.

Energy expenditure for athletes during sport is significant. After injury the level of exercise decreases significantly and with it a decrease in energy expenditure. However, the stress of surgery and the healing process does increase energy expenditure by as much as 15% to 50% depending on the type and severity injury over baseline levels. For instance, when on crutches the energy needed to move around is 2-3x higher than walking without them. Protein is the most prominent nutrient analyzed for nutrition support for injuries. Reduction in protein intake is detrimental to muscle metabolism. A great starting point for athletes is consuming at least 1.6 gram/kilograms of athlete's bodyweight of protein to maintain protein synthesis following the injury.



Careful evaluation of the athlete's situation and injury with nutritional services from a registered dietitian can assist throughout an athlete's recovery via the following:

- Assessment of energy intake and avoiding energy deficit.
- Assessment of overall protein intake as well as bioavailability of sources.
- Provide individualized care to assist athlete with individualization of nutritional needs based on religious/cultural dietary needs, dietary eating style (vegetarian, etc.), food allergies and more.
- Advise to limit (exclude) variety of nutrients which may delay healing process (ex. alcohol).
- Educate family to best support athlete with nutritional needs to recovery from injury.
- Assist athletes with meal preparation and meal ideas which meets energy and protein needs with use of food processing database software.



We are here to help.

The Bone & Joint Institute Sports Medicine Specialists are here to help you become not only as good, but better than you were before your injury.

Call for a referral to one of our:

- Orthopedic Surgeons
- Physical Therapists
- Athletic Trainers
- Strength & Conditioning Specialists
- Sports Psychologists
- Sports Neurologists
- Sports Cardiologists
- Sports Dentists
- Integrative Medicine Providers
- Sports Nutritionists
- Biomechanists

Functional testing available:

Golf swing, tennis, throwing, running, and vocational training



Our Team of Experienced Providers

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