Hip Arthroscopy: A New Technique To Treat Persistent Hip Pain

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raditionally, hip pain was often attributed to a strain of the various muscles or tendons around the ball and socket of the hip joint.

An example would be a hip flexor strain from, say, sprinting or jumping. With the development of more sophisticated imaging modalities such as MRI, we have been able to “see into the hip joint” and now recognize that many hip injuries, which had previously gone unrecognized and untreated, occur inside the ball and socket joint of the hip itself. Arthroscopy of the knee and shoulder is well known to the public. The technique, which entails placing a camera and instruments through small incisions into joints, has allowed minimally invasive treatment of injuries. The benefit to patients has been faster recovery and less pain when compared to “open surgery” in which large incisions and the splitting of muscles and other soft tissues in order to see joints is necessary.

A New Option

Since the recent development of hip arthroscopy, many people with hip pain that previously went undetected and therefore untreated are now being managed arthroscopically. Hip arthroscopy has become a viable option for many people relegated to living with their pain and modifying their lifestyles. Hip arthroscopy has recently been in the limelight with celebrated athletes, such as Alex Rodriguez of the New York Yankees, having undergone successful surgery to help them return to a higher level of play.

The hip joint consists of a ball called the femoral head that moves inside of a deep socket called the acetabulum. A layer of soft tissue that is very smooth called cartilage is bonded to the bone of the femoral head and acetabulum to help them move smoothly against each other. There are ligaments or soft tissue ropes that help keep the femoral head contained in the acetabulum with physical activity. There is also a structure called the labrum, which forms a lip around the edges of the acetabulum. Injuries to the cartilage, ligaments and labrum can cause debilitating hip pain. These injuries, since they occur inside the joint itself, are referred to as intra-articular causes of pain.

There are many different symptoms associated with intra-articular hip injuries. Usually the location of pain is in the groin and along the inside part and front of the thigh. Patients can complain of pain just simply walking and discomfort with prolonged sitting with the hip bent. However, pain is often exacerbated by activities involving sudden rotation and torquing of the trunk on the hip joint as seen in soccer, baseball, hockey and golf. There may be pain or catching with arising from a seated position. Pain associated with going up and down stairs is often present. Difficulty with getting on socks and shoes is a common complaint.

Although there are several causes of intra-articular hip pain, osteoarthrosis, which is a result of wear and tear with softening and degeneration of the cartilage is the most common. This condition often presents after middle age, but can be found in younger people with hip dysplasia. Hip dysplasia is a condition in which the shape of the femoral head and/or acetabulum has developed abnormally causing increased stresses on the hip joint leading to accelerated wear and tear of the cartilage. Some people have an abnormal bump at the base of the femoral head called a CAM lesion and/or an abnormal shelf of bone at the edge of the acetabulum called a pincer lesion. These lesions cause femoroacetabular impingement resulting in damage and injury to the cartilage and labrum of the hip joint. Hip arthroscopy can address osteoarthrosis, abnormal CAM and pincer lesions, cartilage damage and labral tears by introducing a tube like video camera thinner than a BIC pen into the hip joint through small incisions instead of open surgery which necessitates making large incisions and even dislocating the hip joint in order to see inside. Hip arthroscopy is often unsuccessful in treating advanced osteoarthrosis in which joint cartilage has been worn down to the underlying bone. In these cases hip replacement surgery would be more appropriate.

When All Else Fails

Non-operative measures should be tried first in the treatment of most cases of intra-articular hip pain. A consistent program of strengthening the muscle about the hip can take stress off the joint. Any tight muscle and tendons around the hip should be stretched. Anti-inflammatory medications with appropriate precautions can be used to decrease pain. Cortisone injections into the hip joint can be performed for cases of recalcitrant and severe pain. This can be an office procedure if fluoroscopy or x-ray guidance is available.

When all else has failed and MRI with intra-articular dye reveals an abnormality remediable by arthroscopy then surgery is indicated.