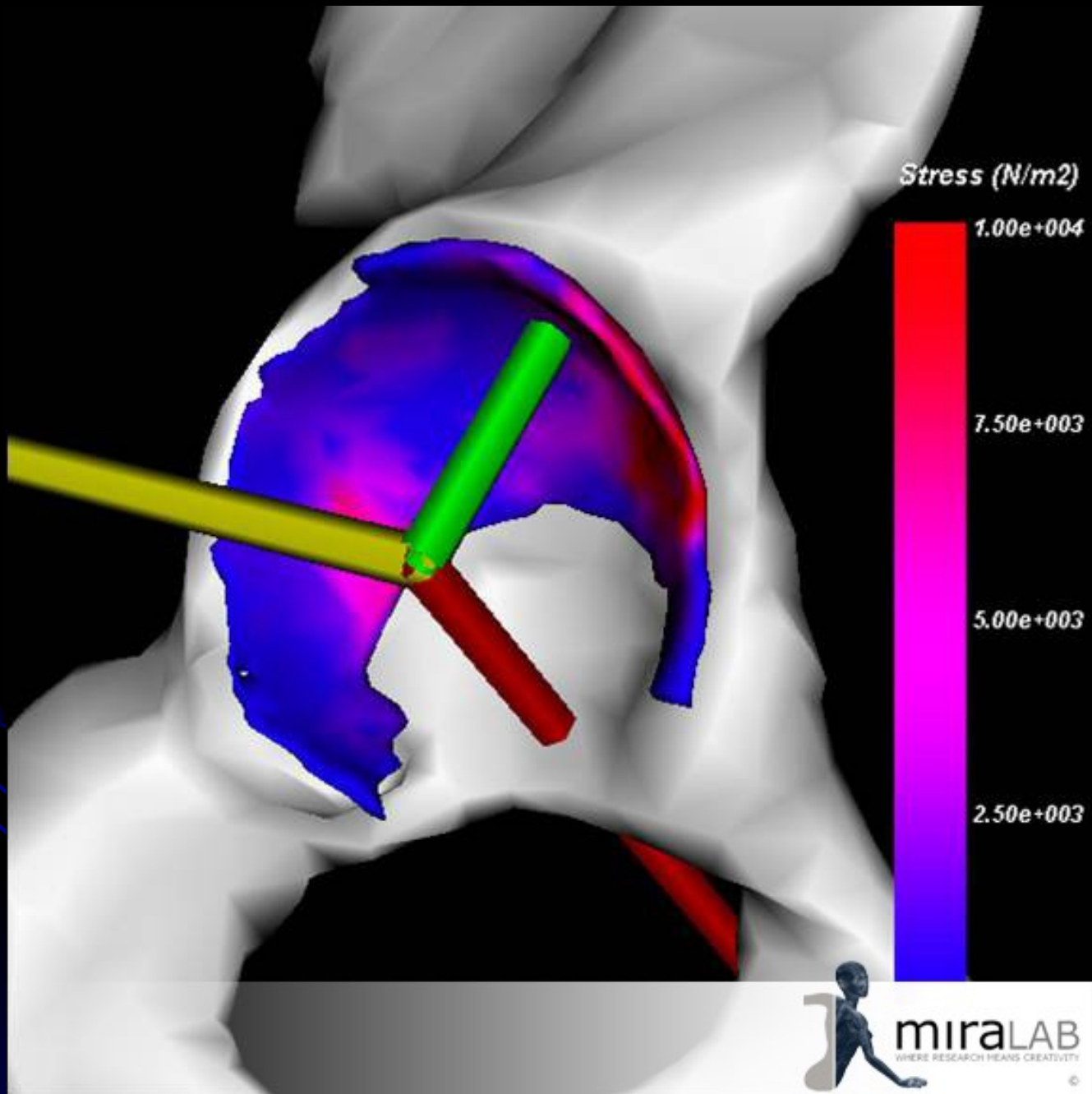


# Hip Arthroscopy

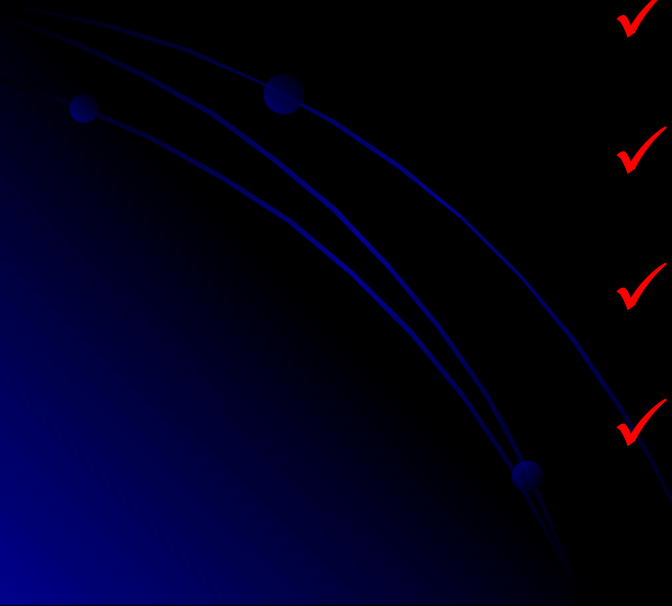
## Principles, Indications and Limitations

Christos K. Yiannakopoulos, M.D.

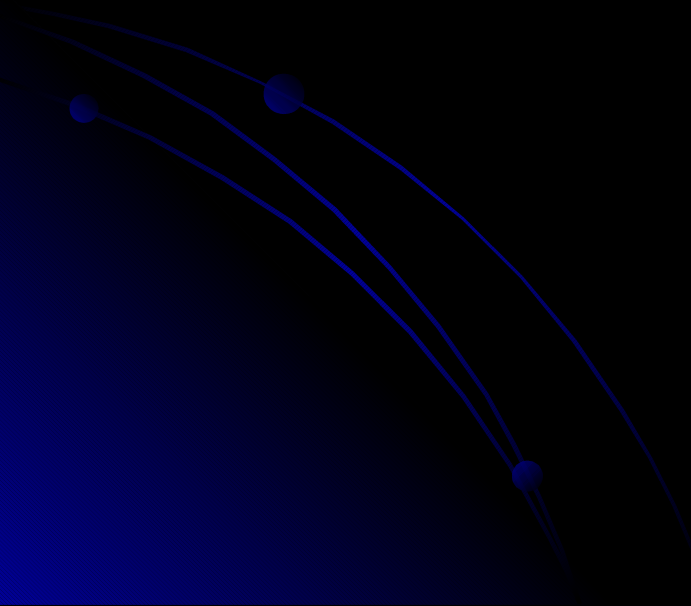
Centre for Arthroscopic and Shoulder Surgery  
IASO General Hospital  
Athens, Greece



# Hip Pain

- ✓ Congenital
  - ✓ Trauma
  - ✓ Sepsis
  - ✓ Overuse
  - ✓ Degeneration
  - ✓ Arthritis
  - ✓ Instability
  - ✓ AVN
- 

**60%** of intraarticular hip injuries are  
mis- or non-diagnosed and treated as strains



# Hip Arthroscopy

✓ Alternative to arthrotomy for traditionally recognized hip pathologies

Loose bodies, sepsis, arthritis

✓ Management of previously unrecognized & untreated diseases

Labral tears, articular injuries, ruptured ligamentum teres, FAI

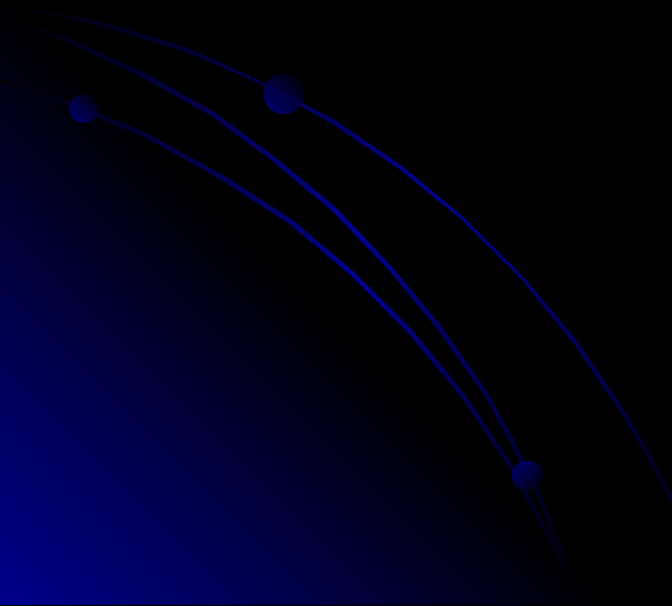
We can treat only what we can see



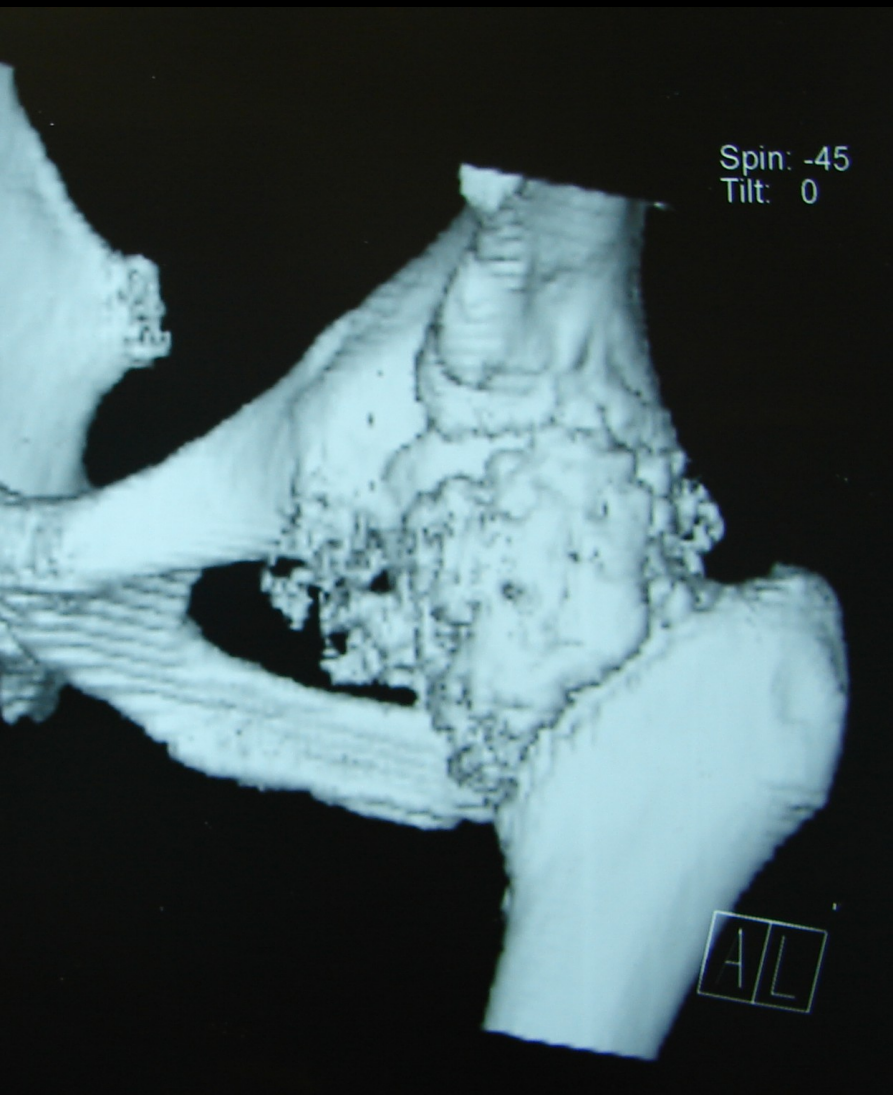
# Hip Arthroscopy Indications

- Sepsis
- Loose or foreign body removal
- Synovial Biopsy
- Arthritis/Synovitis/Chondromatosis/Crystalline Arthropathies
- Labral tears
- Ruptured or impinging ligamentum teres
- Cartilage damage
- Dysplasia
- Femoroacetabular impingement
- Capsular shrinkage (Ehlers-Danlos syndrome)
- After total hip arthroplasty
- Osteonecrosis (early stages prior to collapse)
- Extra-articular conditions / Iliopsoas bursoscopy

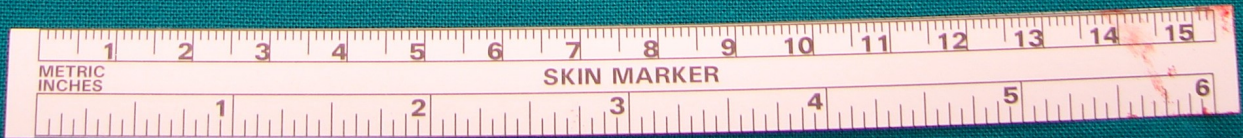
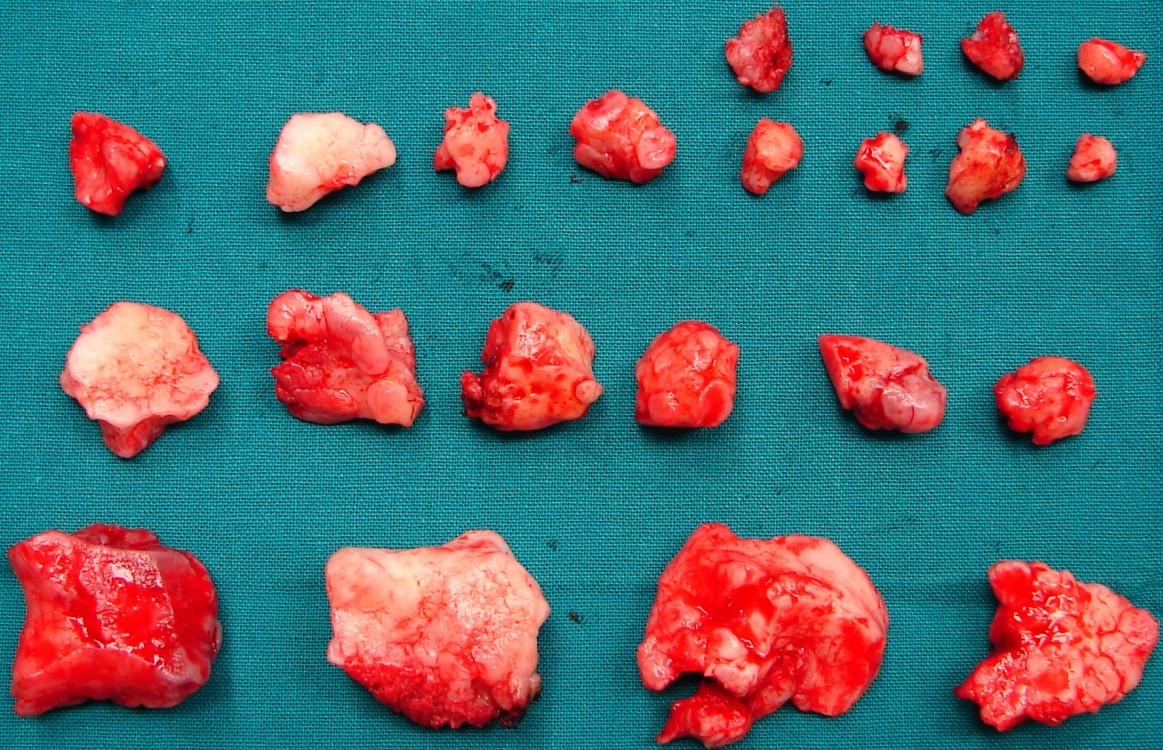
# Contraindications

- technical insufficiency
  - no distractability / ankylosis / HTO
  - skin infection
  - incorrect diagnosis / periarticular conditions
- 






W.4

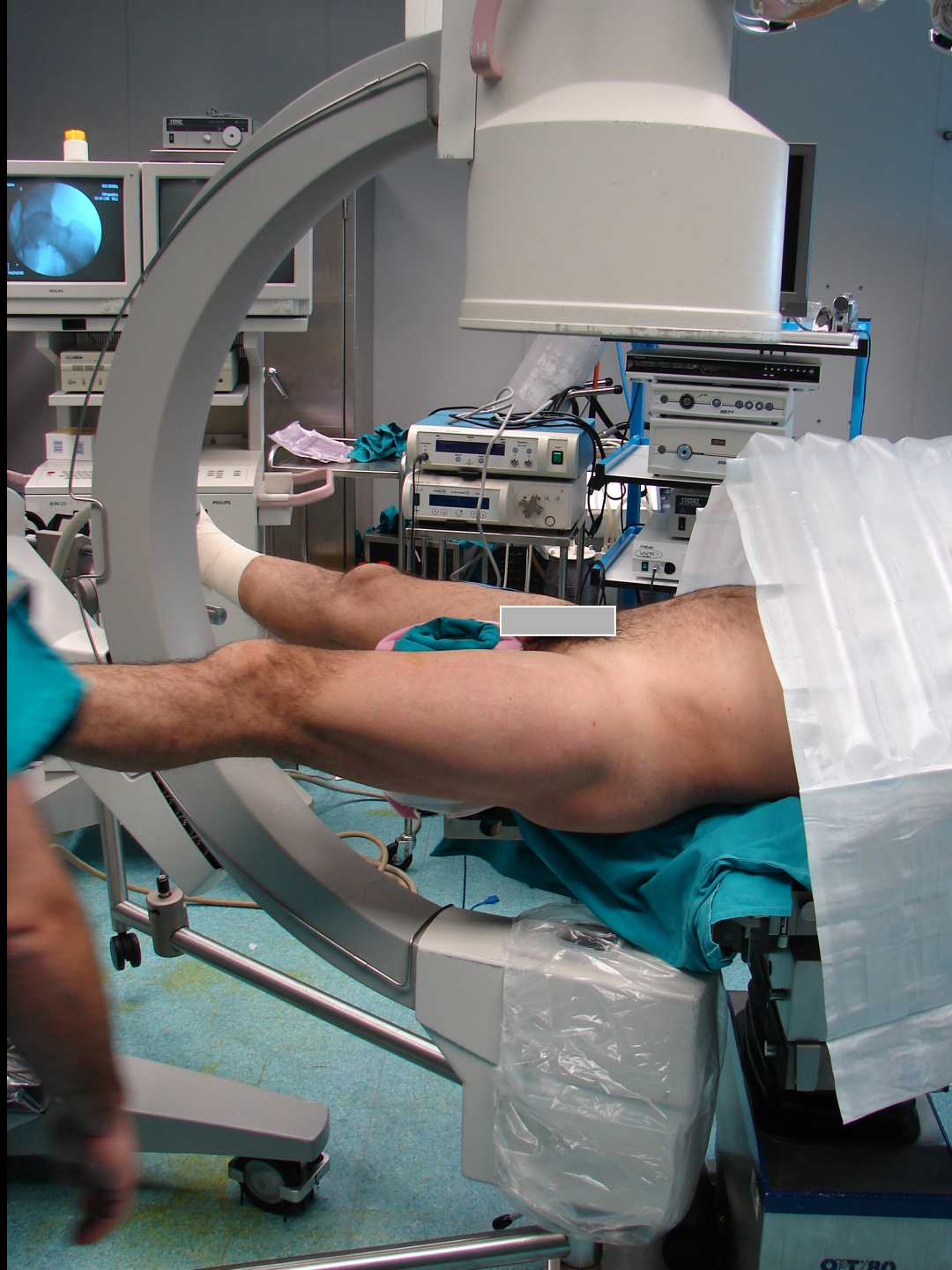


# The Ideal Candidate

- memorable traumatic event
  - reproducible mechanical symptoms  
(intermittent pain or catching, locking)
  - failed an adequate trial of conservative treatment
  - reasonable expectations
- 

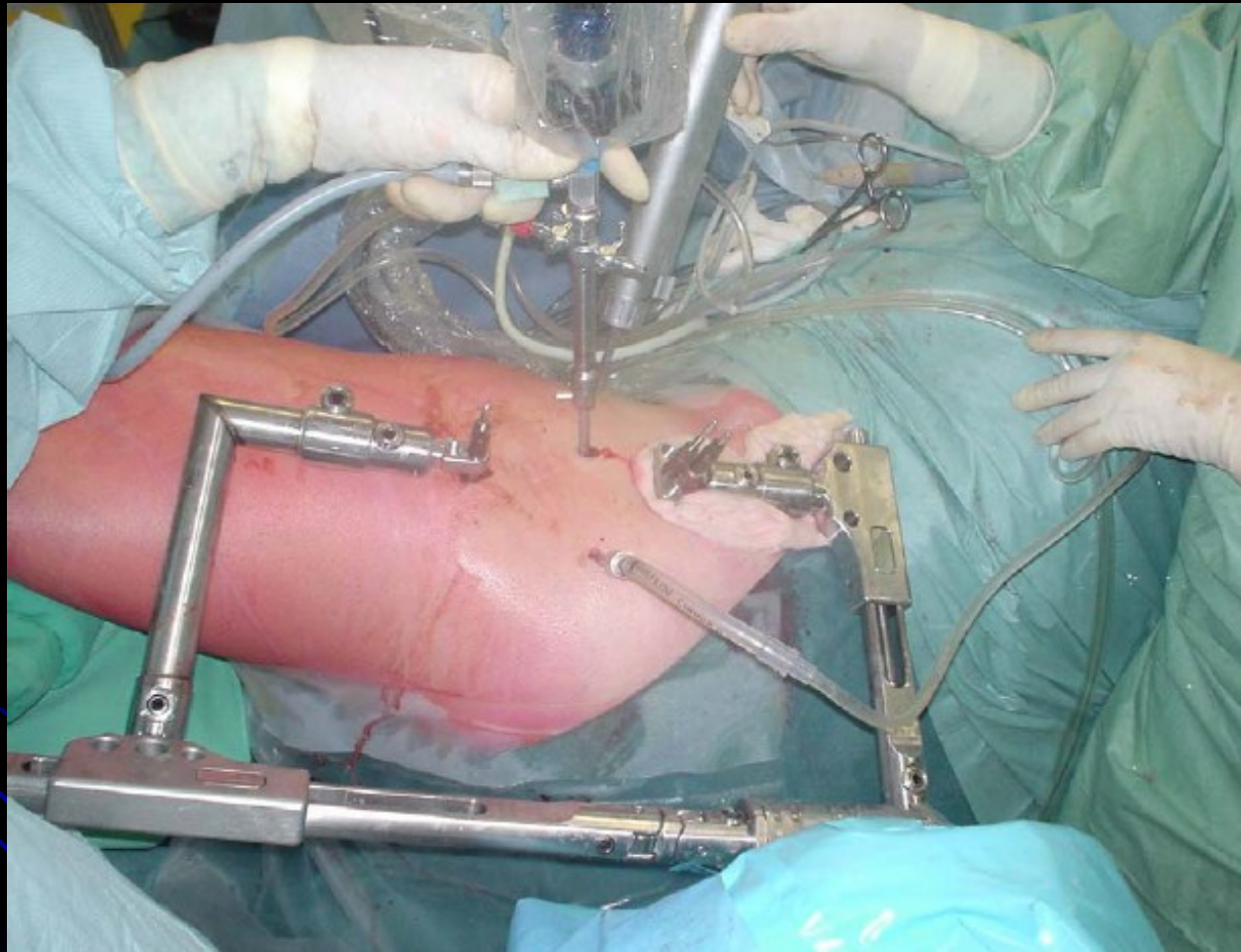
# Surgical Technique Positioning

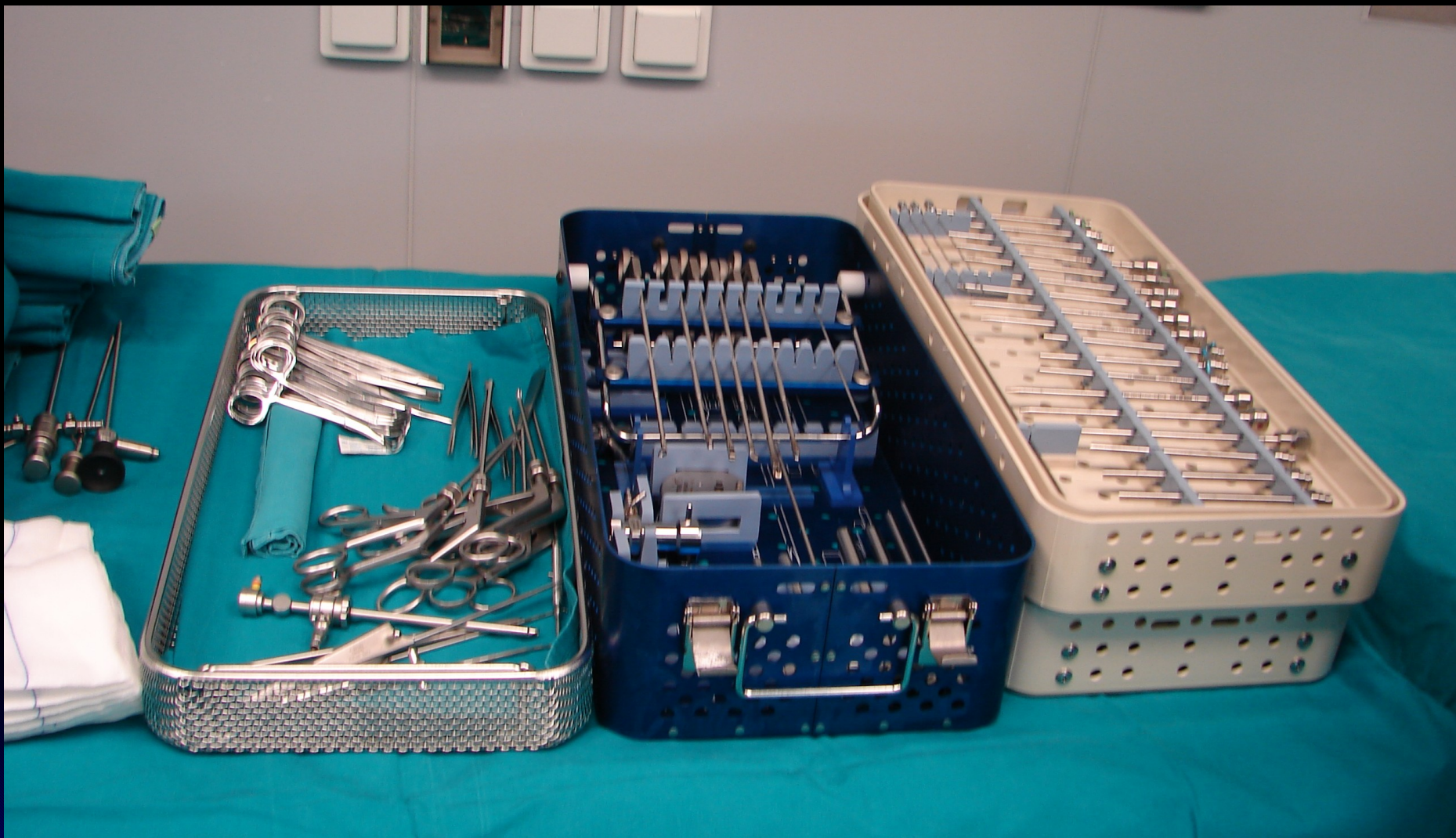
Supine vs Lateral



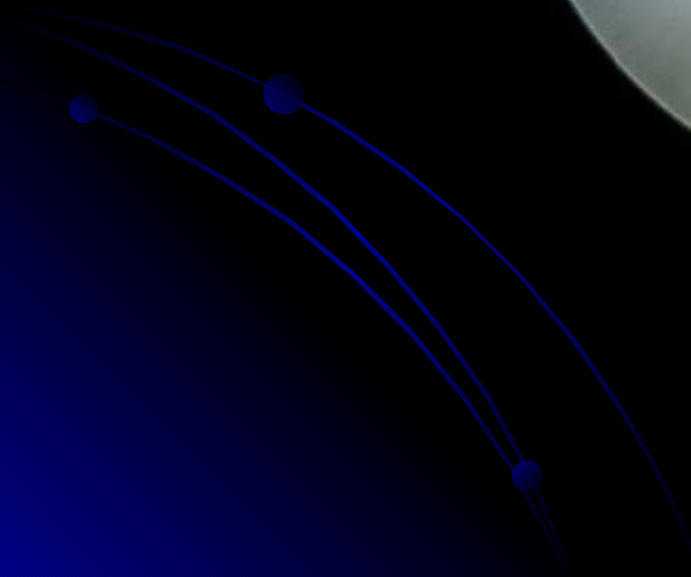
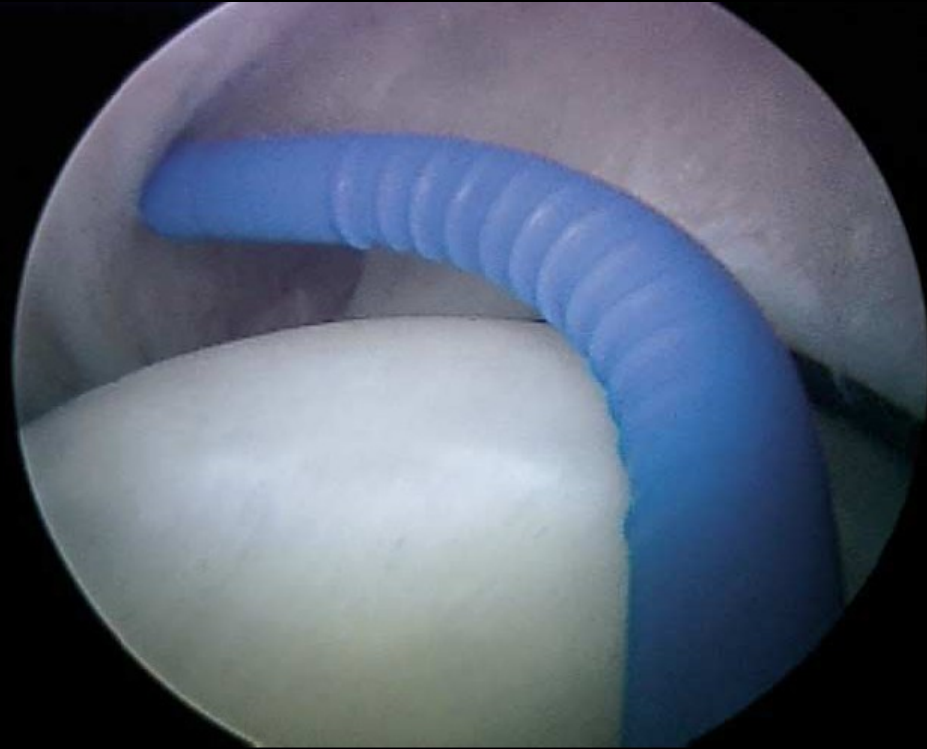
## Lateral Position





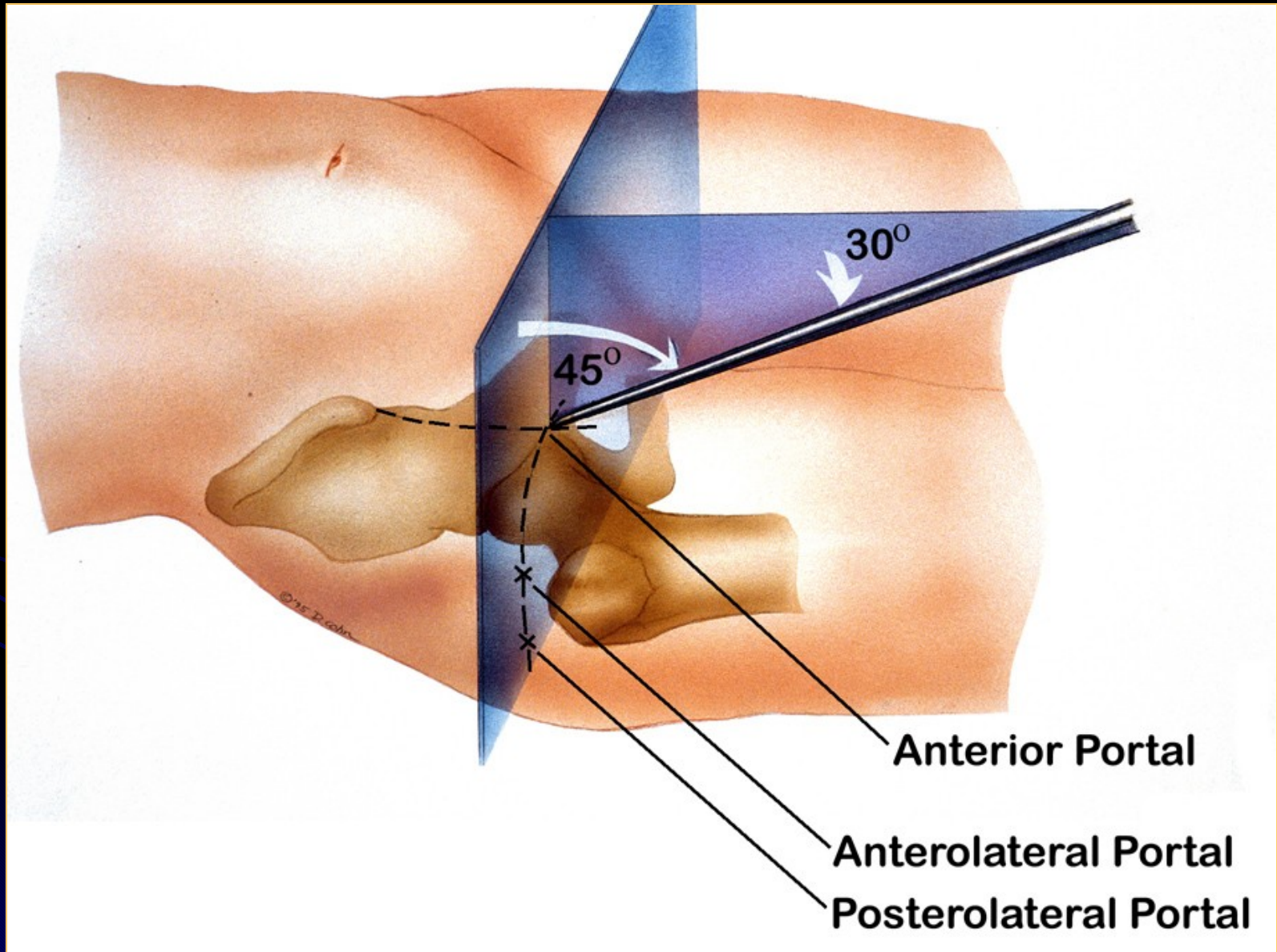


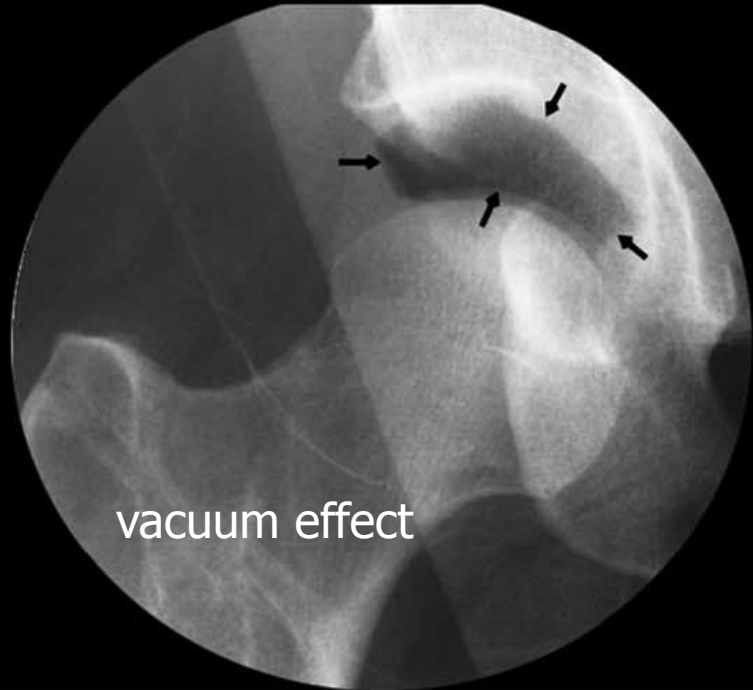
Instruments, pump, cautery, cannulas, C-arm

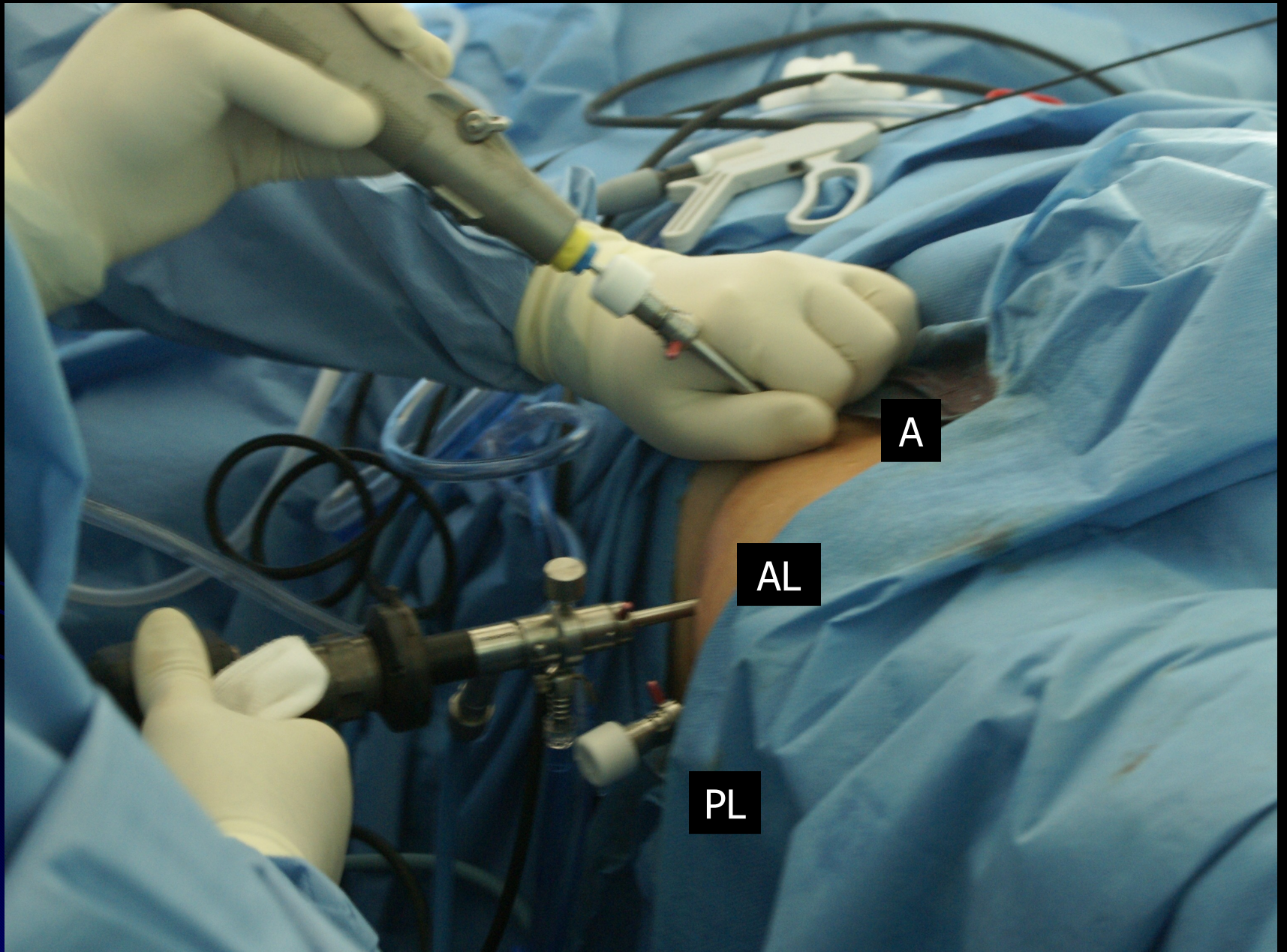




# Portals





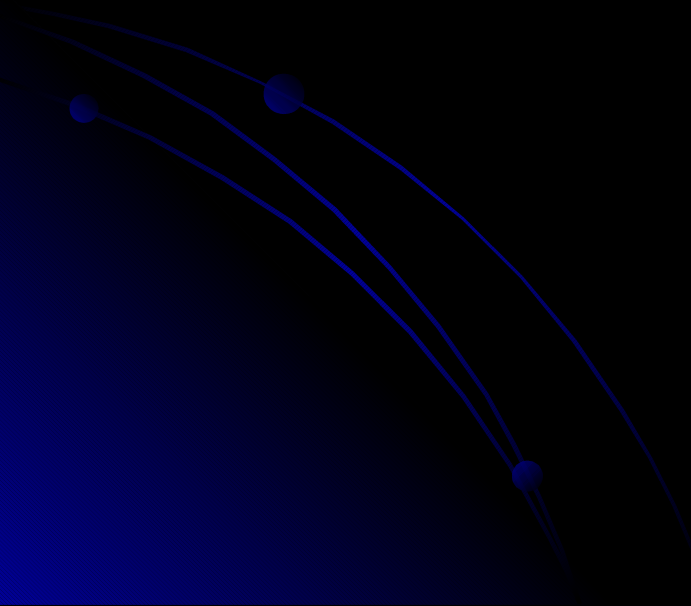


A

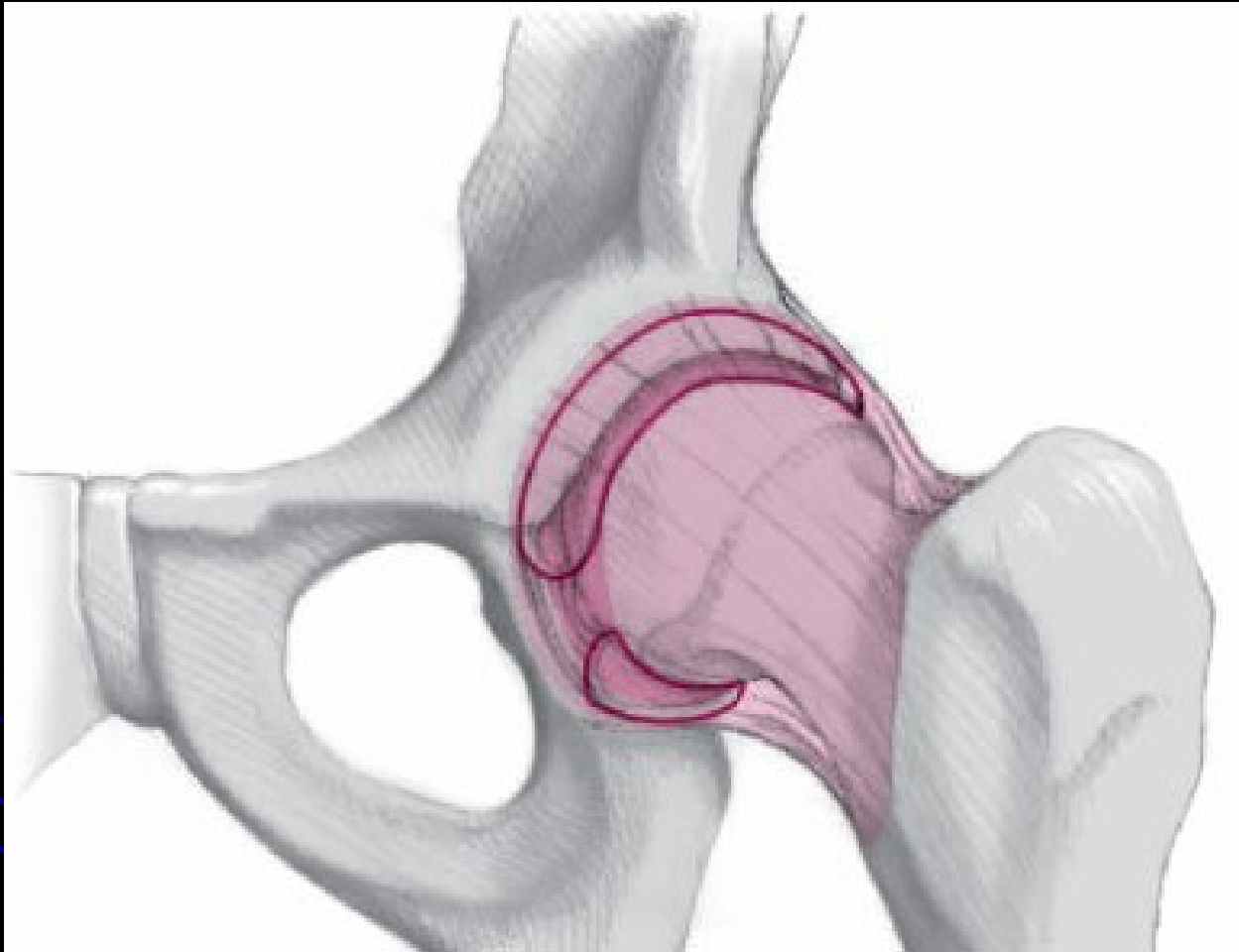
AL

PL

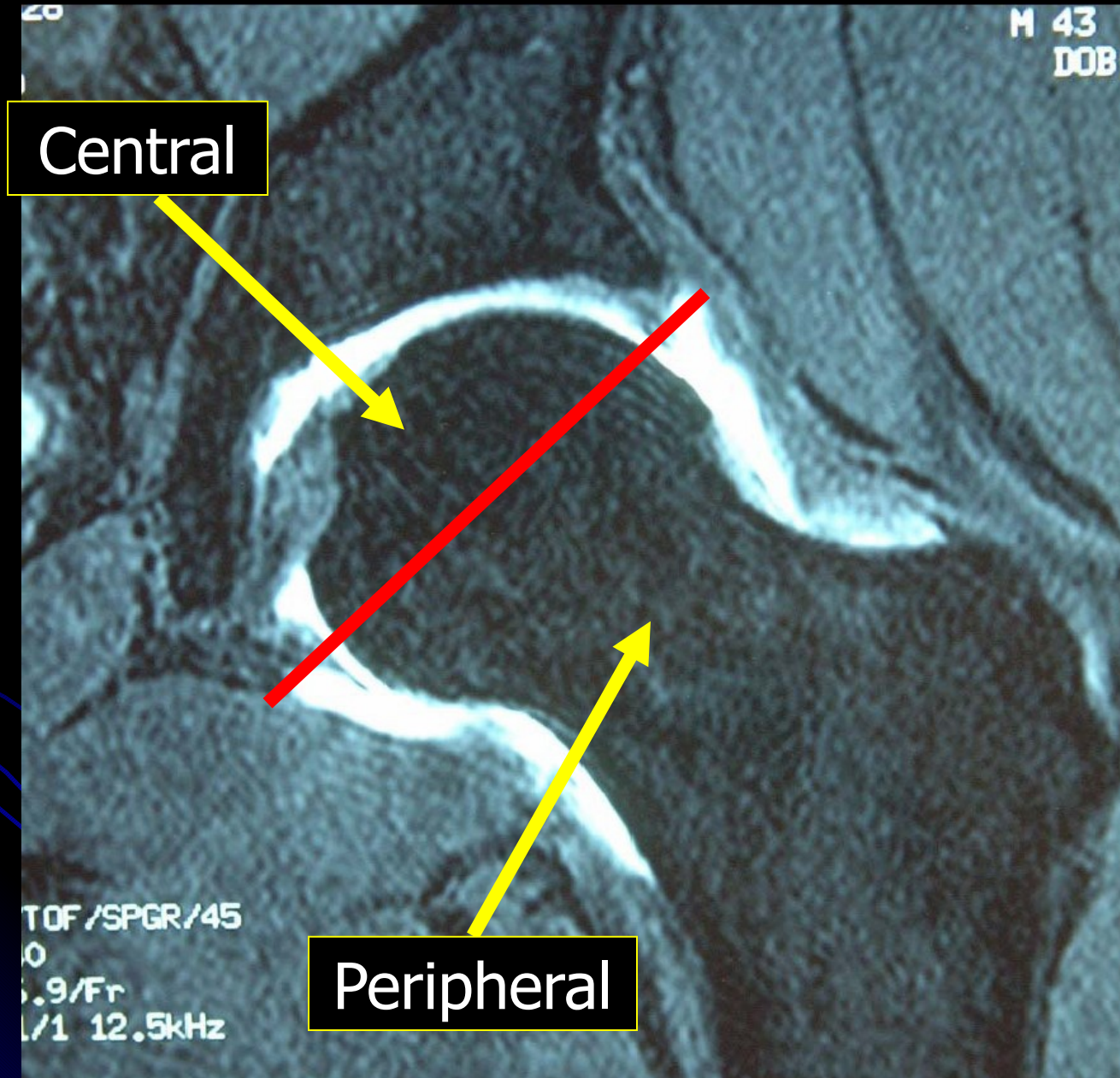
# Arthroscopic Anatomy



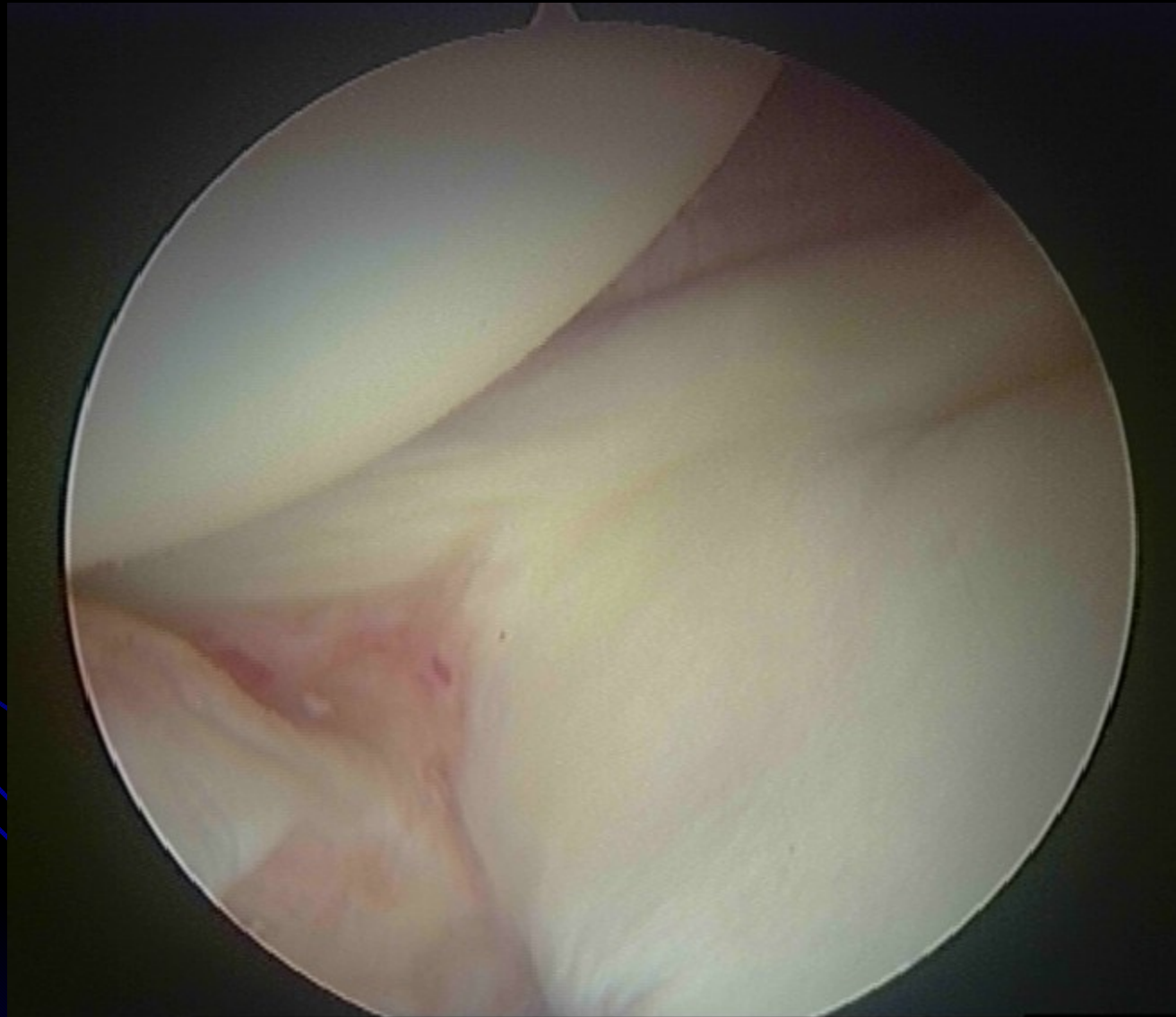
# Central and Peripheral Compartment

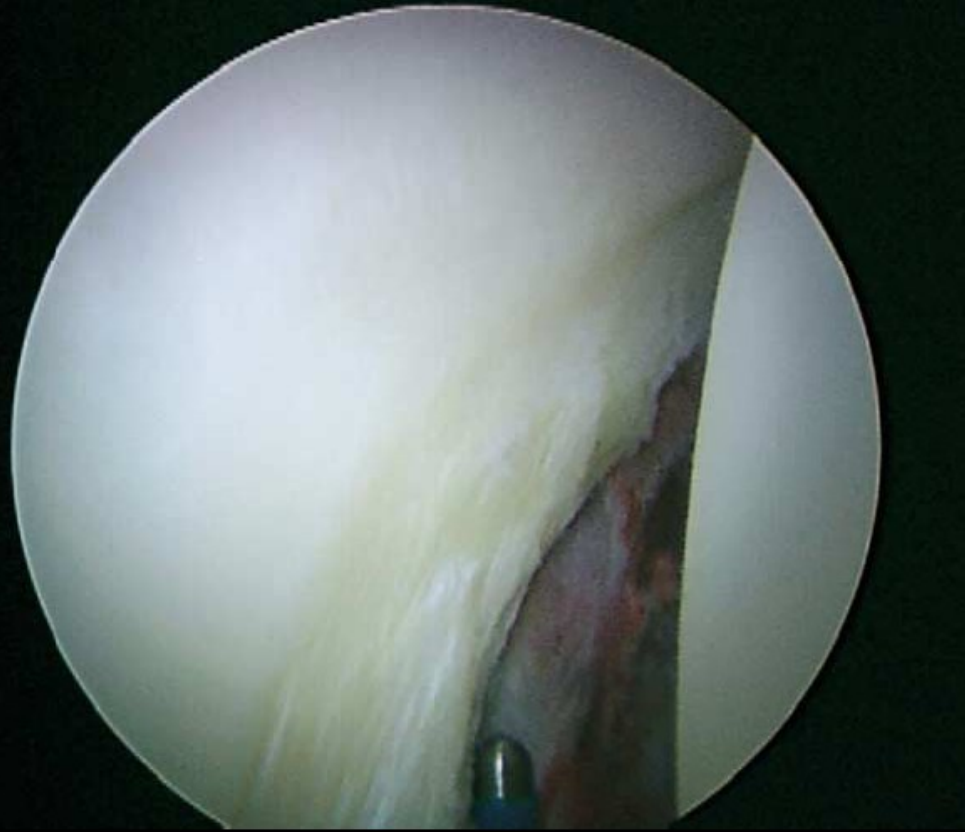


# Hip Arthroscopic Anatomy



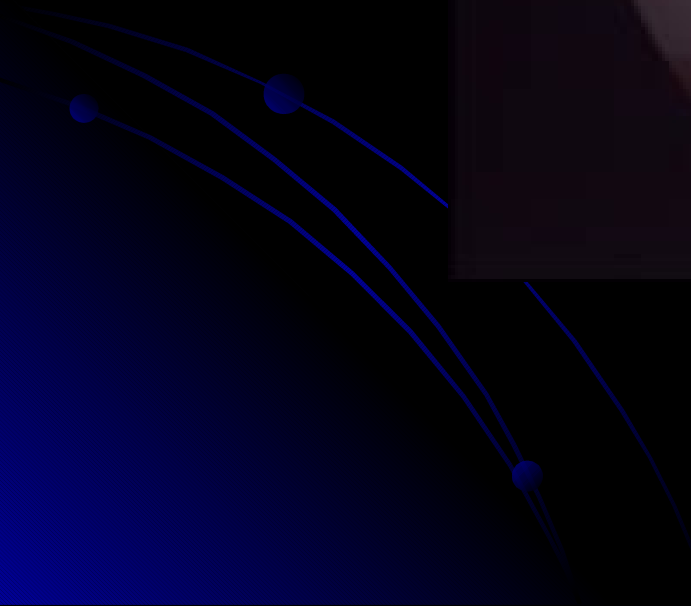
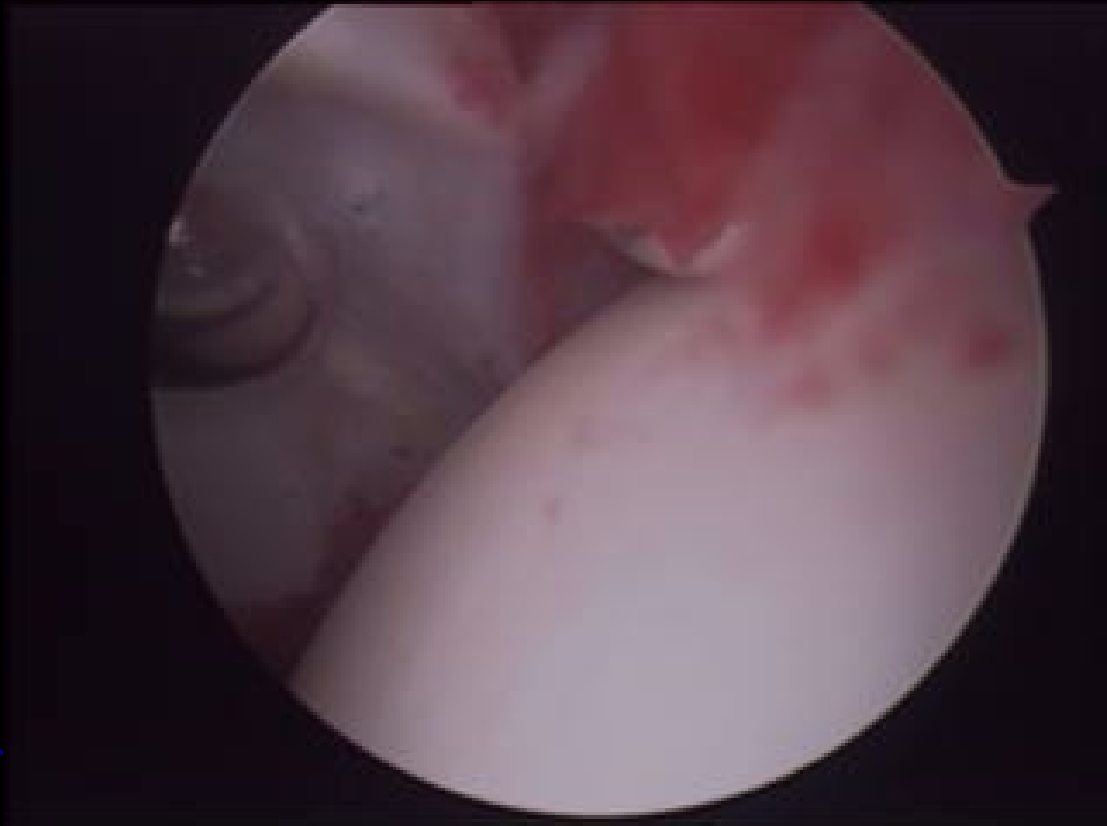
# Normal Labrum



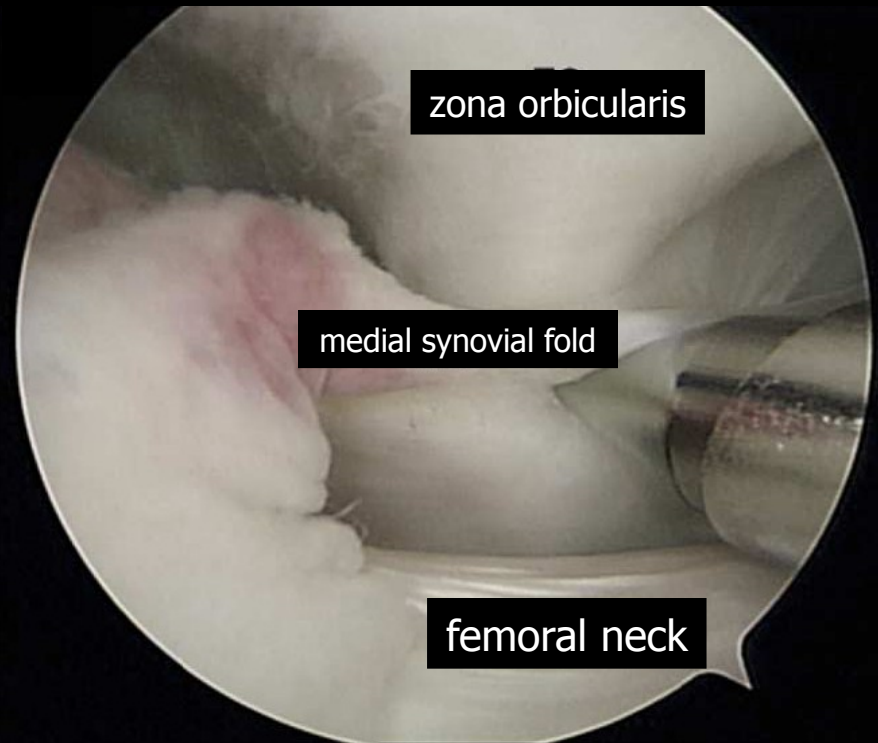
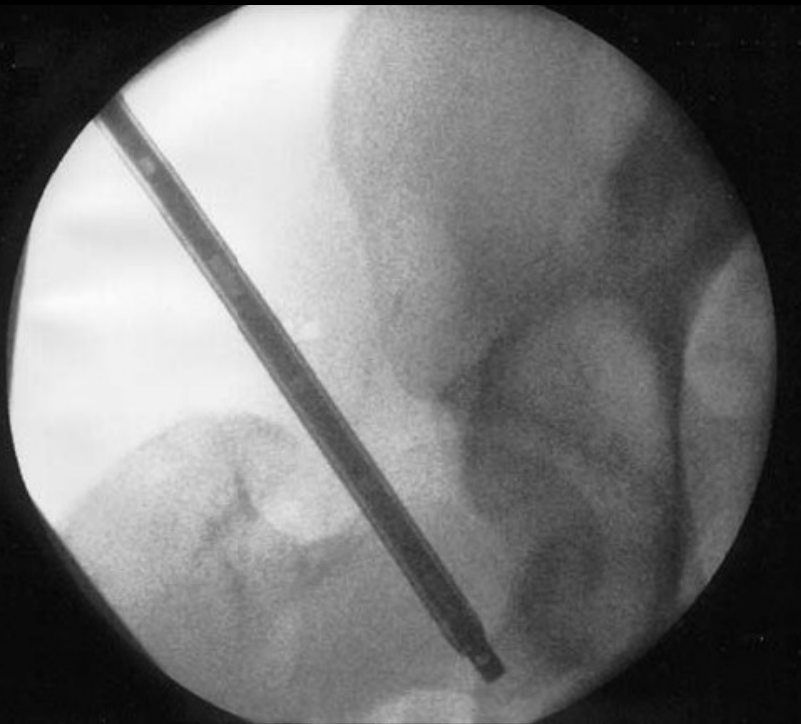


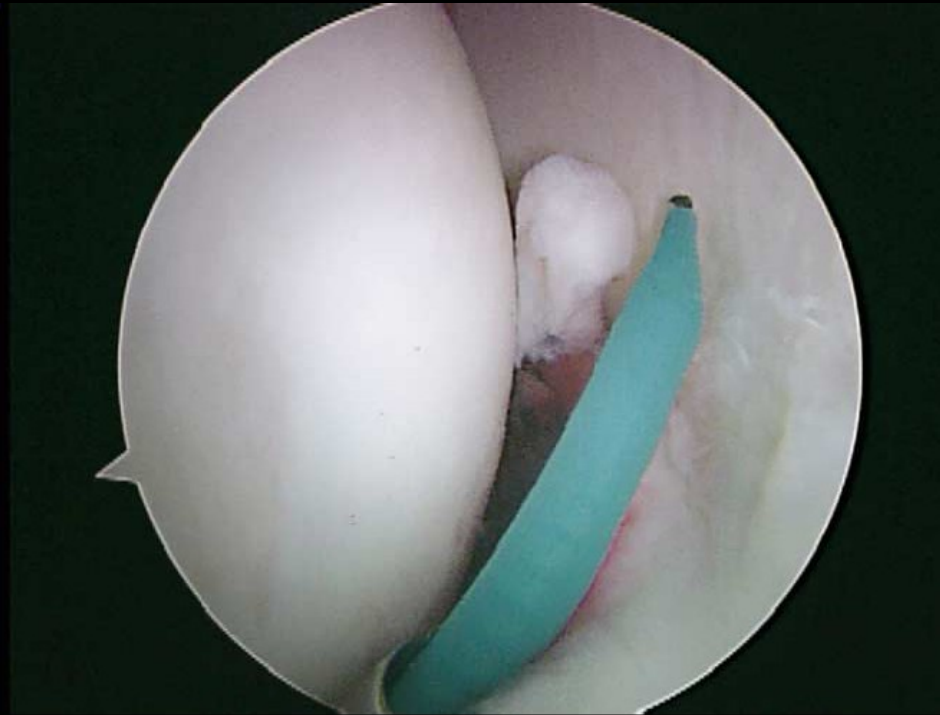
Complete view of the posterior labrum  
from the anterior portal



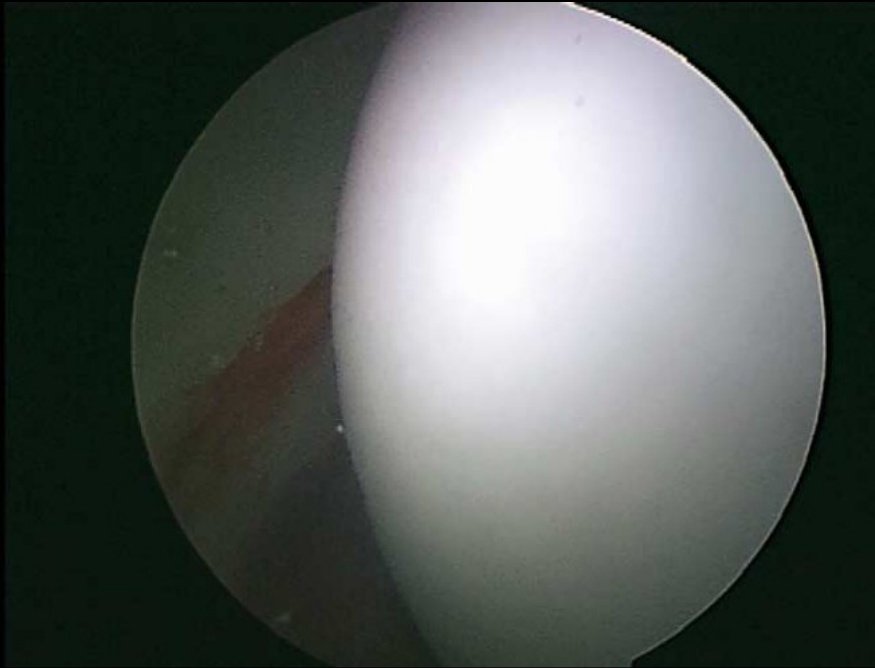


# Central and Peripheral Compartment (Extraarticular, Intracapsular)





The posterior recess is a common location for loose bodies and intra-articular debris to hide

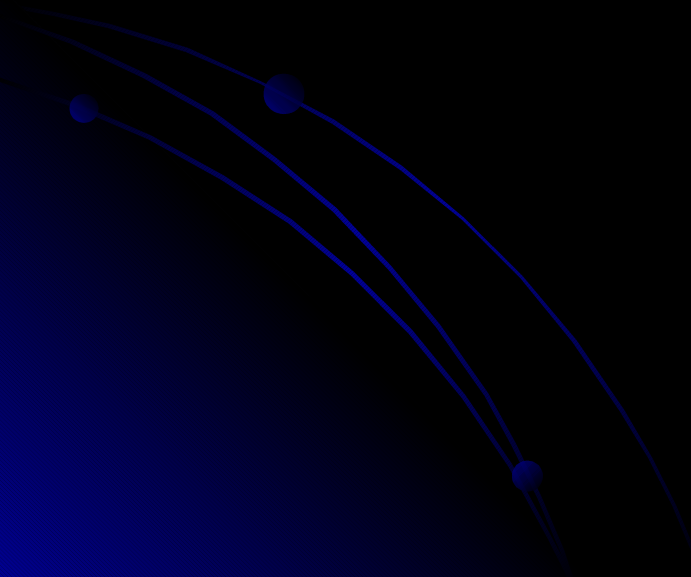


Normal articular cartilage  
of femoral head

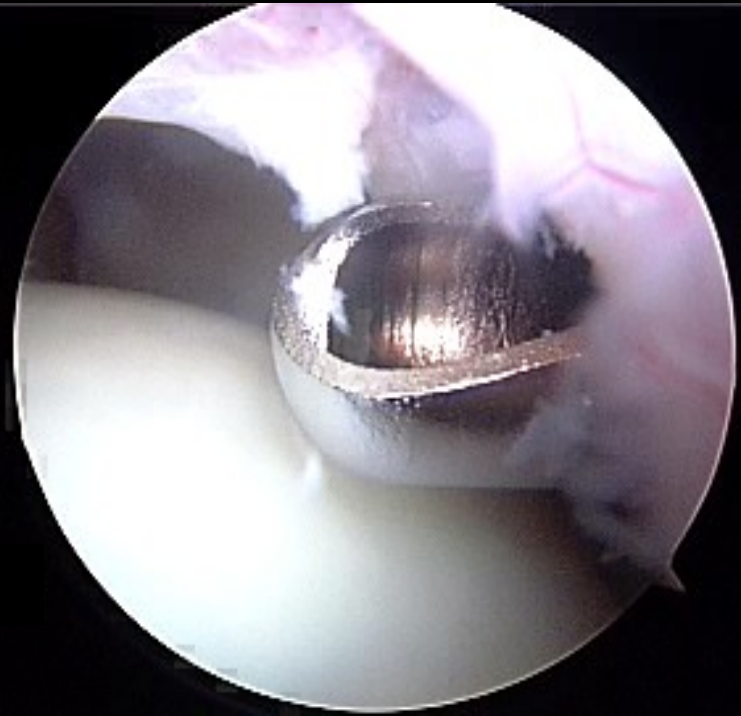
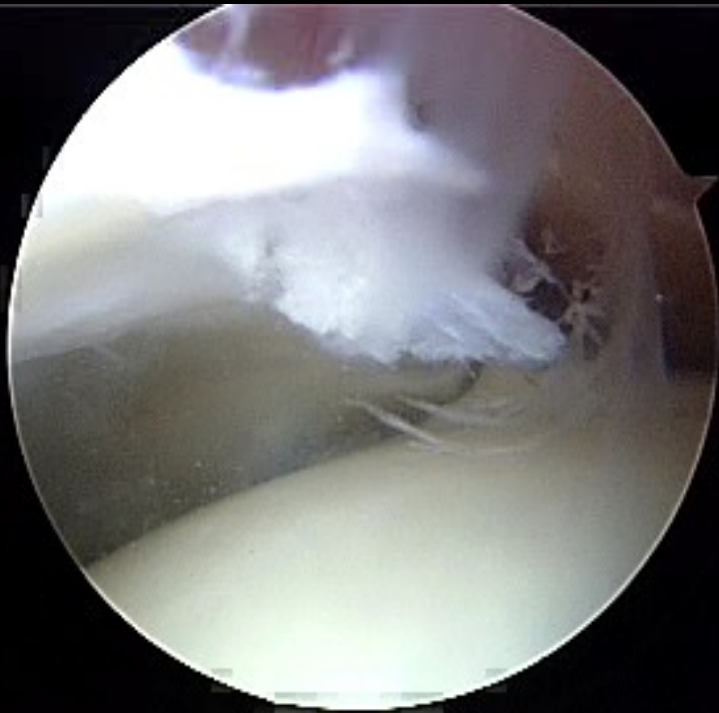


Fibrillation

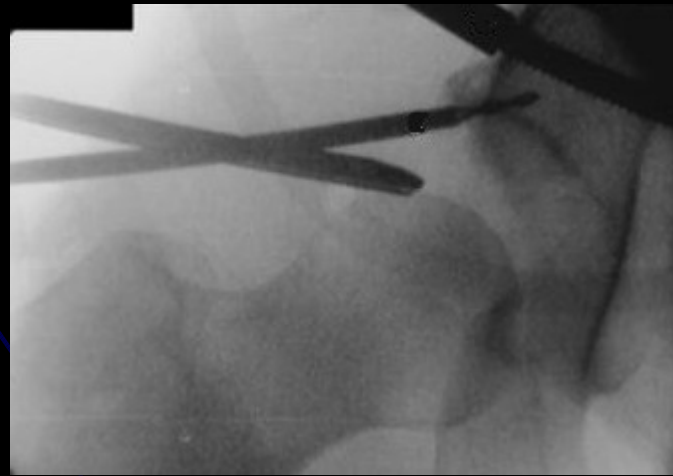
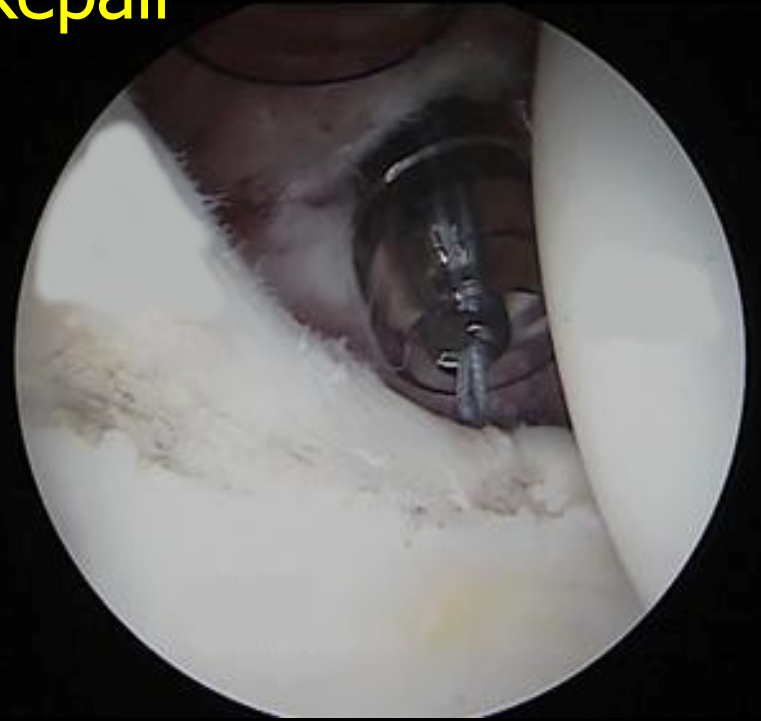
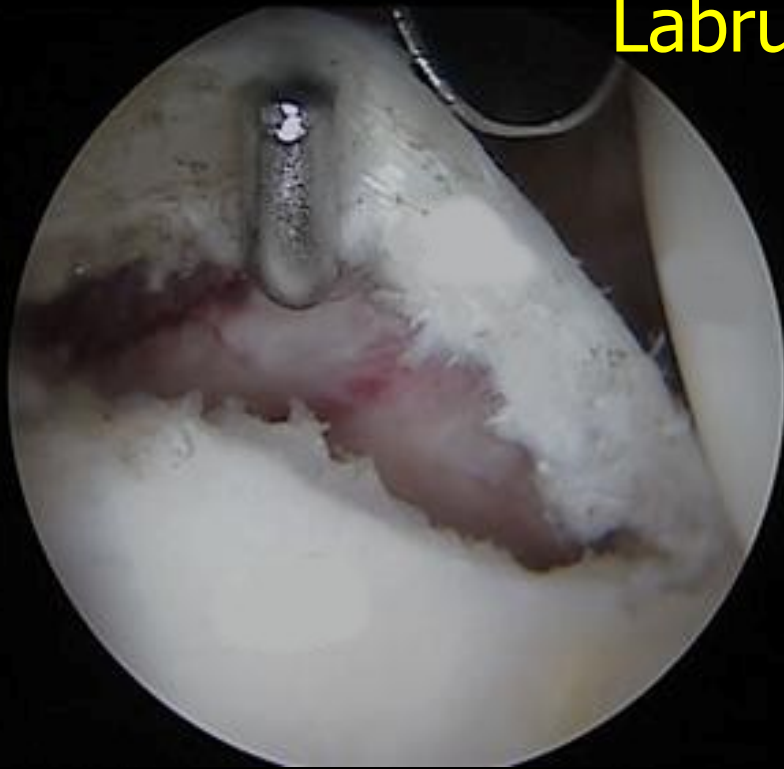
# Labral fraying

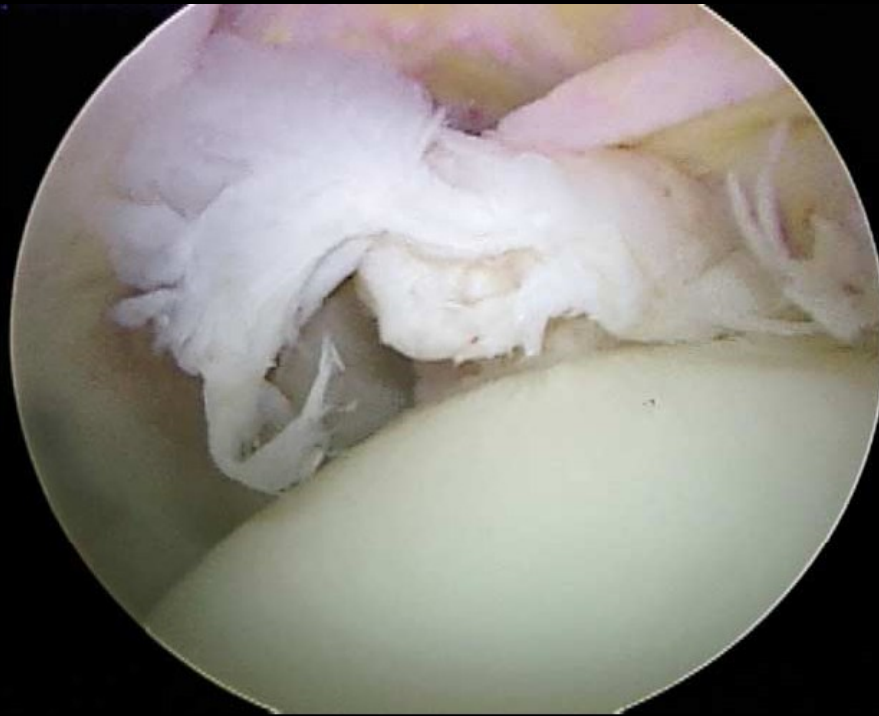


# Labral Tear



# Labrum Repair

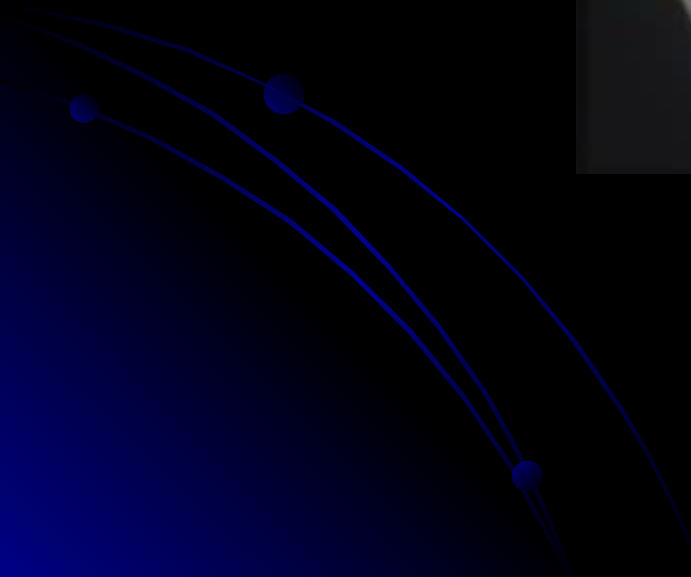




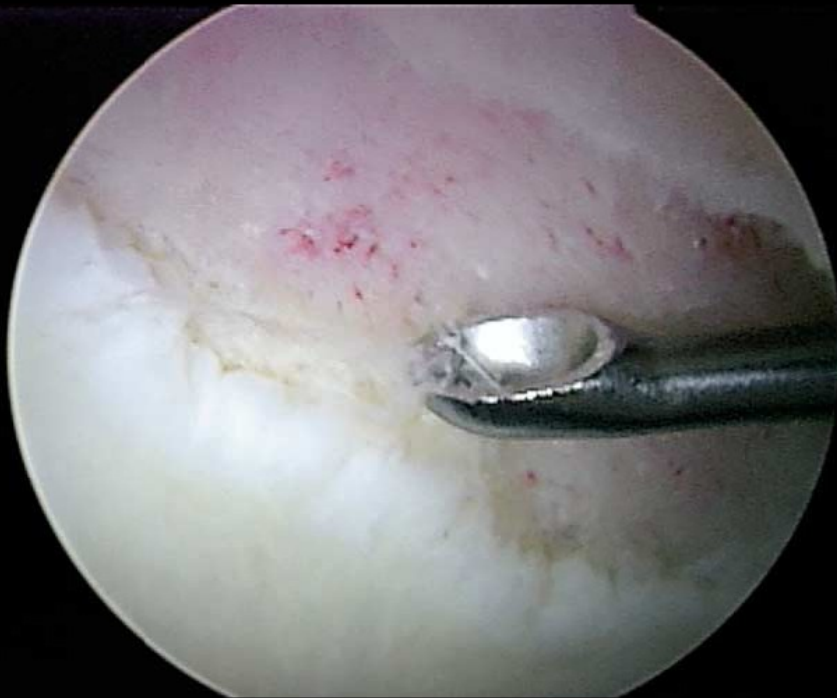
Arthroscopic view of a torn ligamentum teres



# Chondral Injury

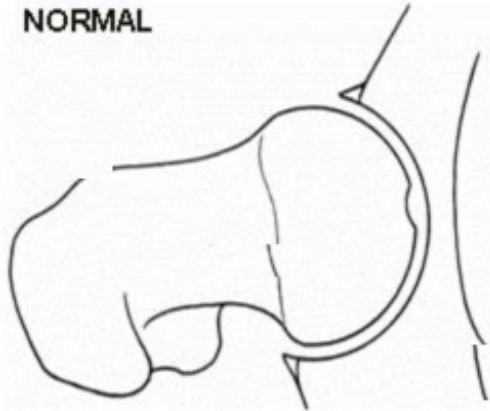


# Microfractures

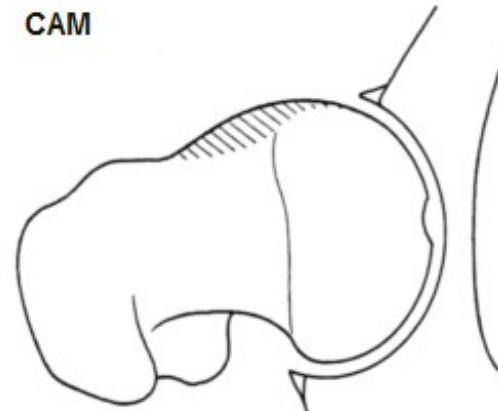


# Femoroacetabular Impingement Forms

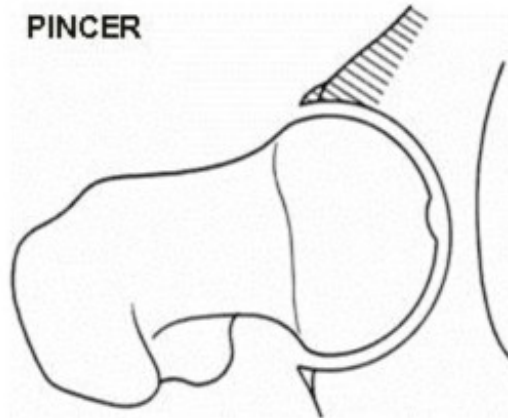
NORMAL



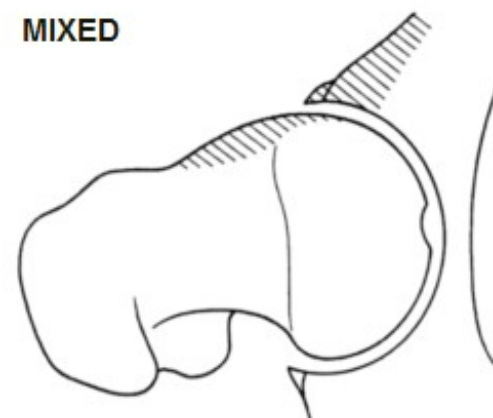
CAM



PINCER



MIXED



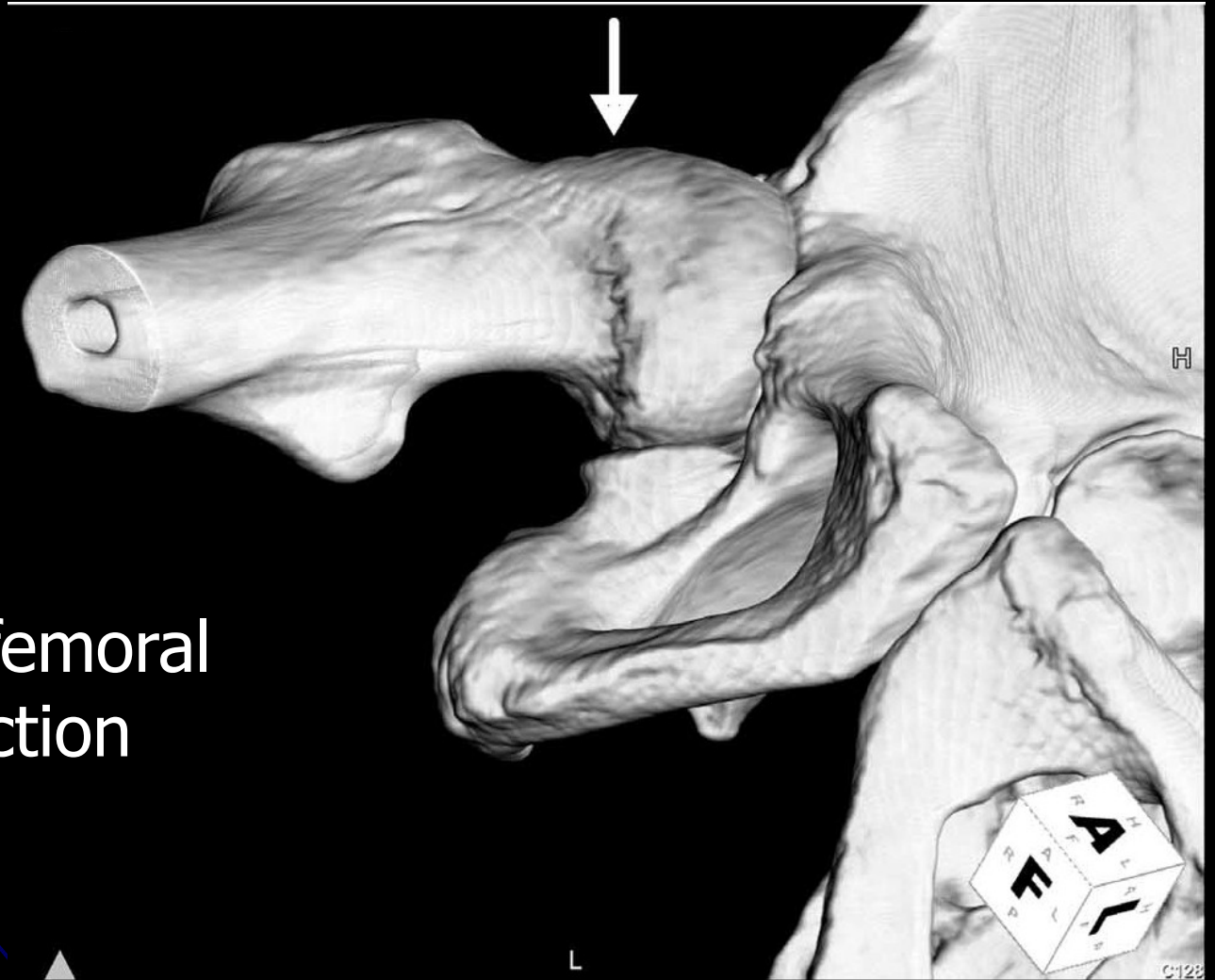
36-year-old male

cam-type FAI



- pistol grip deformity of the lateral femoral head–neck junction
- calcification of the labrum

obvious bump  
on the anterior  
surface of the femoral  
head-neck junction

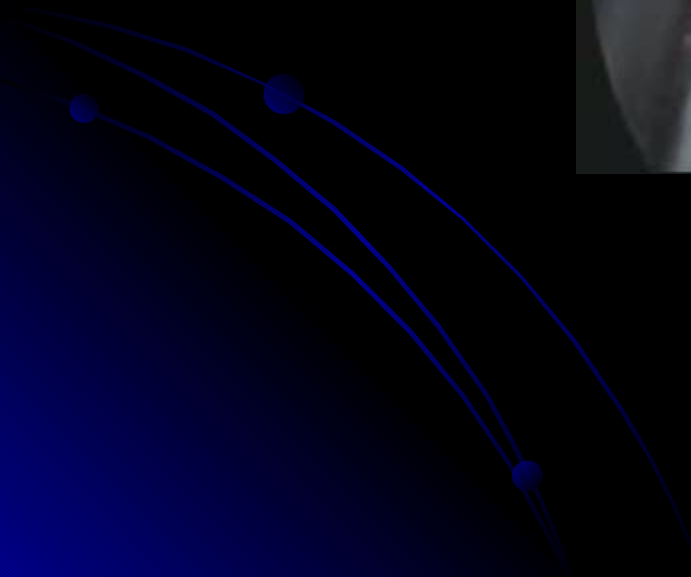


anterior

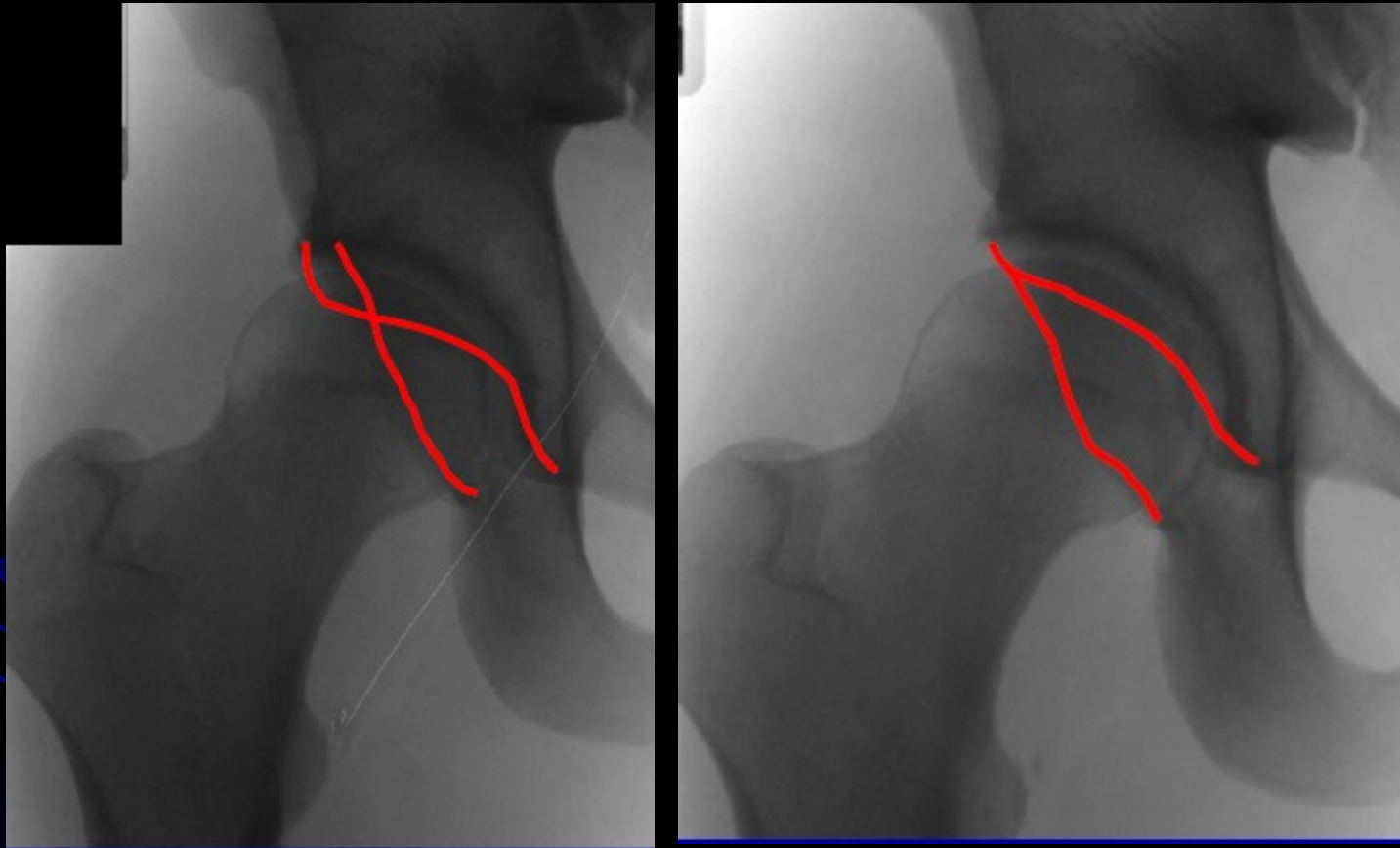
posterior



# FAI: bump removal



# Acetabular Retroversion: Rim Trimming





# Hip Arthroscopy and Osteoarthritis

OA with associated lesions

**YES**

OA alone

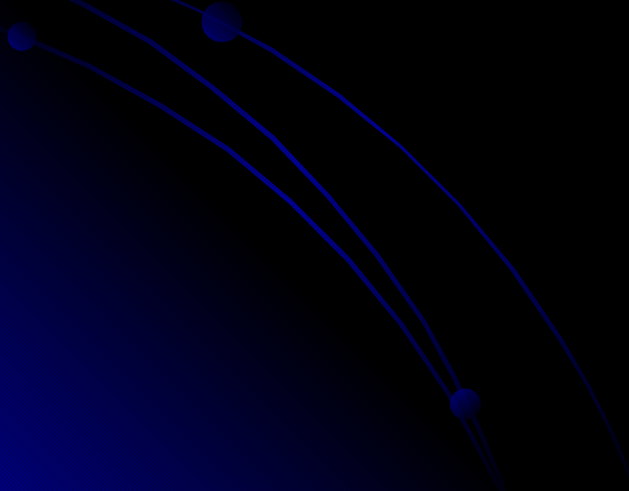
**NO**

# Complications

- overall complication rate **1.6%**
  - none is major or long-term
  - traction <2 h
- 
- Pudendal nerve neurapraxia
  - Lateral femoral cutaneous neurapraxia
  - Chondral scuffs from inadequate distraction
  - Sciatic and femoral neurapraxia
  - Portal bleeding
  - Trochanteric bursitis
  - Intra-articular instrument breakage
  - Keloid scar formation - Perineal splitting - Pressure sores

# Hip Arthroscopy

- ✓ Hip arthroscopy cannot treat all hip disorders
- ✓ It is effective in the treatment of intraarticular hip problems
- ✓ Early diagnosis and prompt treatment are essential



# Hip Arthroscopy

- ✓ Expanding therapeutic possibilities
  - ✓ Correct diagnosis essential for success
  - ✓ Not always easy access
- 