ORTHOPÆDICS

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Aaron A. Bare, M.D.

Hip Pain: The Role of Arthroscopy

As entertainer Barry Manilow experienced, total joint replacement is no longer the only surgical option for chronic hip pain. Following arthroscopic repair of both hips, he is performing again, symptom-free.

For years, hip pain without arthritis presented a diagnostic dilemma for physicians. With modern imaging modalities and new technology, specialists are now able to treat a spectrum of hip pathology through minimal invasive (arthroscopic) approaches.

The majority of hip injuries and chronic pain can be treated with traditional nonoperative measures such as rest, physical therapy and non-steroidal anti-inflammatory medications. Certain non-arthritic conditions in the hip that fail nonoperative measures may be alleviated by hip arthroscopy.

Similar to the knee and shoulder, arthroscopic techniques are now available to repair or remove offending tissues. The cartilage, or labrum, surrounding the hip joint may be torn by repetitive hip stress or from acute, traumatic injuries. Groin pain with occasional catching or locking suggests an abnormality to the supporting hip labrum. Some patients can live and function well with a torn labrum, but some tears cause persistent discomfort despite rest, anti-inflammatory medication and physical therapy. Based on the location and severity of the labral tear, some tears are treated surgically with debridement and others with surgical repair. All tears requiring surgery are amenable to arthroscopic treatment. Arthroscopy creates minimal morbidity to the patient and leaves no metal or hardware behind.

Hip impingement may also create a condition of pain in the hip and groin region. Symptoms usually surface in the middle-aged population. In this condition, the neck of the femur (femoral neck) abuts against the socket (acetabulum) and labrum. The impingement can be irritating to the hip and cause discomfort that is usually activity-related. Prolonged standing, walking, walking up/down stairs, getting up from a chair and/or crossing one's legs often exacerbate the pain. This is typically a congenital problem, believed to be a form of mild hip dysplasia. Similar to labral tears, a large portion of patients with hip impingement can be improved with rest, activity modifications and therapy. For refractory cases, plain radiographs (X-rays) provide a good sense of the severity of the dysplasic hip and a plan for surgery. MRI scans are used in addition to X-Rays if an associated labral tear is suspected.

For those patients electing operative treatment for hip impingement, this non-arthritic condition usually responds very well to surgical arthroscopy. First, the hip joint is entered and the labrum is visualized and treated as necessary. Next, the arthroscope is placed outside the hip joint along the femoral neck in preparation for removing the excessive bone from the superior femoral neck. Following surgery, patients use crutches for two weeks followed by therapy and resumption of normal activities, typically at approximately 12 weeks/three months.

Hip impingement and labral tears are two common non-arthritic hip problems. After continued conservative care, applicable patients may be successfully treated with arthroscopic

intervention. As Barry Manilow discovered, hip arthroscopy offers a minimally invasive treatment option that allows a person to resume an active lifestyle.

This article was submitted by Aaron A. Bare, M.D., an OAD Orthopaedics' fellowship-trained sports medicine specialist who has expertise in shoulder and knee injuries/conditions and hip arthroscopy.

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