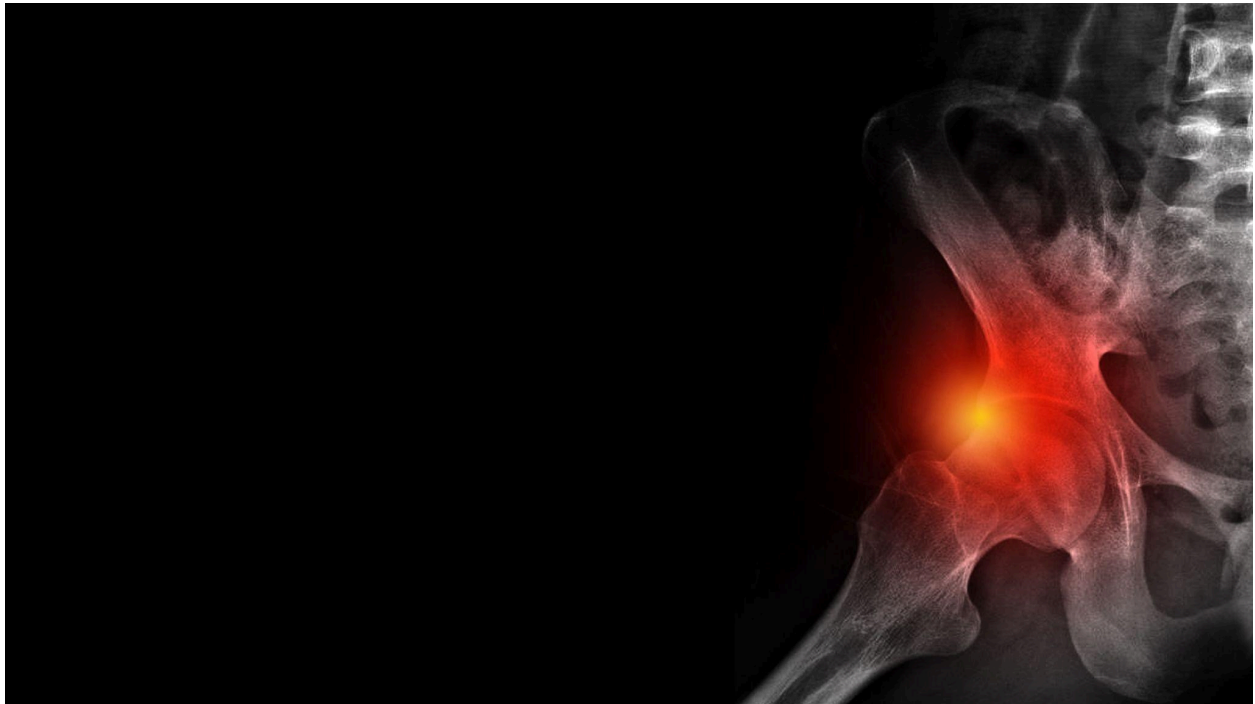


Treatment of Femoroacetabular Impingement Syndrome



Femoroacetabular Impingement Syndrome is a condition where excessive contact is made between the neck of the femur and the rim of the hip socket. This results in damage to the labrum and the cartilage next to the labrum. This abnormal contact is created from excess bone at the junction of the head and neck of the femur, a deep hip socket, or a combination of both. Patients will often present with pain in the groin region of the hip that is made worse with activities such as prolonged sitting, running, or squatting activities.

Treatment begins with an accurate diagnosis. Hip pain can be caused by other factors such as back conditions, tendinitis, and hip dysplasia (shallow hip socket) to name a few. I utilize specific X-rays geared towards detecting abnormalities in the hip as well as perform a complete exam to investigate all these conditions. Non-operative care begins with the use of medications such as non-steroidal anti-inflammatories, physical therapy, and consideration of injections.

In the event that non-operative treatments provide inadequate improvement, an operative discussion is had. The goal of hip arthroscopy is to access the hip joint through small incisions to repair the damaged labrum and other structures in addition to addressing the cause of the impingement. I utilize suture anchors that allow me to repair the labrum to the hip socket. For this, it is important to do so in a way that restores the function of the labrum and creates normal contact with the femoral head. In treating the impingement we utilize a small burr to remove the extra bone that caused the damage in the first place. There are subtle nuances to this that can have important consequences for the success of surgery. Here I use special techniques to retract the capsule that aids in the visualization of the hip. I also use a device attached to my X-ray machine that provides a double check of the adequacy of the recontouring of the femoral neck as the surgery is being performed. Following this, I repair the capsule. This is a step that is important to restore the stability to the hip and has been shown to improve patient outcomes compared to those who do not have their capsule repaired.

Following surgery, patients are kept 20% weight bearing on crutches for 2 weeks and then weaned off crutches. For the first 6 weeks, patients are restricted to a specific range of motion to protect the hip capsule. Following these first 6 weeks patient progressed to stretching the hip, but is still to avoid running, jumping, or lifting more than 50lbs. After 3 months from surgery, restrictions are lifted and patients work to get back to their desired activities.