

COMMON QUESTIONS AND ANSWERS

Q. How many hip preservation surgeries are performed each year at Barnes-Jewish Hospital?

A. Over 300 hip joint preservation surgeries are performed each year by Washington University surgeons.

Q. How does the doctor decide I need a surgical dislocation?

A. Each patient's needs are different. The doctor will recommend a surgical dislocation after considering a combination of information obtained from your history, physical exam and imaging studies (x-rays, MRI, CT scans). We also consider the amount of pain and activity limitation associated with your hip problem.

Q. How long does the surgery last?

A. Surgical hip dislocation typically takes between two to three hours, depending upon the condition and complexity of your hip at the time of surgery.

Q. Why do I have to take a blood thinner (aspirin) after surgery, and for how long?

A. You need to take a blood thinner after surgery to prevent blood clots. You will need to take it for six weeks.

Q. When can I shower?

A. You can shower with assistance when approved by your surgeon (usually three to four days). Protection of your incision during showers will be discussed with you.

You will not be able to sit in a tub without a tub bench for at least two months

Q. How long am I on an assistive device (walker or crutches)?

A. You will use an assistive device for four weeks. Your care team will evaluate your tolerance for weight bearing after four weeks have passed. Most patients can anticipate unassisted walking at six to eight weeks.

Q. When can I ...?

1. **Return to my activities:** You can anticipate returning to strengthening exercises and nonimpact activities (cycling, swimming, elliptical) four weeks after your surgery. For athletes, jogging generally starts three months after surgery and return to full sport is allowed at four months.

2. **Drive and go to work:** You can drive when you: 1) are full weight bearing, 2) feel safe and comfortable behind the wheel of the car, and 3) are no longer taking narcotics.

If you have a light duty or desk job, you may return to work after surgery when you are comfortable. For most individuals, this occurs between four to eight weeks after surgery.

Individuals with physically demanding jobs may require three months of recovery before returning to work.

3. **Have sex:** Sexual activity is not recommended immediately after surgery but may often be resumed safely four to six weeks after surgery. Your physical/occupational therapist will talk about safe ways to have sex without hurting your hip.

Q. How long should I keep doing my physical therapy exercises?

A. Keep exercising until your muscles are pain free and you can walk without a limp. The exercises will keep your muscles strong.

Q. Will I have numbness around my incision?

A. Numbness around the thigh and incision may occur but is usually not problematic.

Q. How often do I need to see the doctor after surgery and will I get x-rays?

A. You will come back to see the doctor four weeks after your surgery. You will return for another follow-up visit after two to three, and then on an annual basis.

You will get an x-ray at each visit.

Surgical Hip Dislocation

Barnes-Jewish Hospital and
Washington University Physicians

Why have surgical hip dislocation?

Surgical dislocation is most commonly used to treat complex disorders of the hip. This procedure allows your surgeon to visualize the entire hip joint and to treat a variety of problems.

Some individuals experience pain, limited muscle strength or range of motion in the groin, thigh or hips areas. These symptoms, which can increase over time, are often related to structural deformities or the wearing out of cartilage within the hip joint.

Surgical dislocation of the hip is commonly used to treat the following diagnoses:

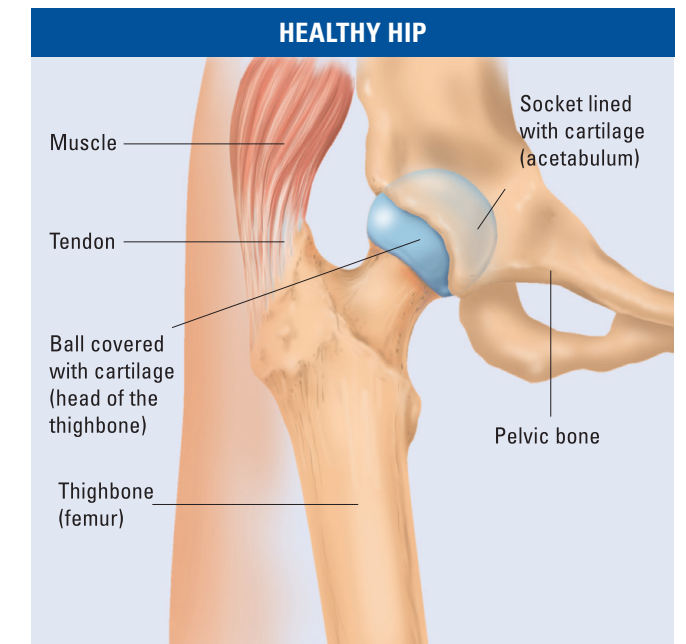
- Impingement disease
- Labral tears
- Osteoarthritis

How the hip works

The hip is a joint — a place where two bones meet. Its ball and socket structure allows for your hip joint to move or rotate in various directions within a defined range of motion. Like your knee, your hip joint is considered a load bearing joint; this means that your hip is involved in bearing the weight of your body when you move. Muscles and ligaments help keep the bones of your hip joint in place.

The head (or ball) of the thighbone (called the femur) is covered by and well positioned within the hip socket, or acetabulum.

The *articular cartilage* is a slippery tissue covering both the head of the femur (ball) and the acetabulum (socket). Around the rim of the acetabulum is a cartilage ring called the *acetabular labrum*. In addition to cushioning the bony structure of the joint surface,



this smooth cartilage provides stability, maintains fluid pressure within the joint and helps distribute weight over the head of the femur.

The hip joint is enclosed in a strong tissue called the hip capsule, which is lined with a smooth tissue called the synovial membrane. This lining produces a lubricating fluid for the joint, which helps the ball and socket glide smoothly as you move.

Orthopedics

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To speak with an orthopedic clinical specialist from Barnes-Jewish Hospital, call **(314) 362-4468**.

For more information, visit us at BarnesJewish.org or ortho.wustl.edu

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Since 1992, *U.S. News and World Report* has placed Barnes-Jewish Hospital and Washington University School of Medicine on the elite Honor Roll of America's Best Hospitals.

Impingement disease

Deformities of the bones making up the hip socket (acetabulum) and ball (femoral head) can result in problems, including pain, decreased range of motion and limited activities. Eventually, these deformities can lead to osteoarthritis.

Hip impingement, also known as femoroacetabular impingement (FAI), can occur when the bony surfaces of the hip joint rub against or catch on each other as you move. The repetitive bumping or impingement of the ball-and-socket hip joint prevents or impedes smooth and painless movement.

There are two main types of hip impingement:

- **Pincer** – is seen when the femoral head (ball) is excessively covered by a deep hip socket (acetabulum)
- **Cam** – present when the femoral head (ball) is not correctly formed and is unable to smoothly rotate within the socket

Patients may also experience a combination of pincer and cam impingement.

Hip preservation surgery can help correct problems such as labral tears, cartilage flaps and early arthritis. Surgical dislocation allows for visualization of the entire hip joint and is frequently used to correct impingement deformities with the goal of preserving the hip joint. During the procedure, the surgeon will reshape the rim of the socket or the head of the femur to relieve the impingement.

Labral tears

The cartilage inside the socket of the hip joint is known as the acetabular labrum; it acts as a shock absorber and joint sealant during weight bearing activities. A labral tear is a common hip injury and can result from repetitive motion, direct trauma or from twisting while the hip is bearing weight.

These tears are, however, more common in patients with ball or socket deformities. Labral tears may, therefore, be an indicator of an underlying hip deformity. Most commonly, they are associated with hip impingement disorders.

The labrum, which usually does not heal on its own, typically requires surgical repair.

Depending upon the tear, your overall health and your hip joint's condition, the surgeon will remove or repair the torn portion of the labrum during your surgical hip dislocation.

If your surgeon identifies an underlying hip deformity such as hip dysplasia or impingement, you may need additional surgery to correct the structure of the hip joint.

Osteoarthritis

Osteoarthritis occurs when the articular cartilage surrounding the bony structures of the hip wears out. Surgical dislocation may be used to treat mild or early stages of osteoarthritis associated with hip impingement. Surgical hip dislocation is not used to treat patients with advanced arthritis because clinical results are unpredictable.

What are the symptoms of conditions that might benefit from treatment by surgical dislocation of the hip?

In the early stages, there may be no symptoms or symptoms may be mild or vague.

Some typical symptoms include:

- Stiffness in the thigh, hip, or groin
- The inability to flex the hip beyond a right angle
- Pain in the groin area, particularly after the hip has been flexed (such as after running or jumping or even extended periods sitting down)
- Pain in the hip, groin, or lower back that can occur at rest as well as during activity

If you have been experiencing any of these symptoms, it is best to have your hip evaluated by a clinical provider who can best determine whether or not surgery is necessary and if you would benefit from surgical hip dislocation.

How does the surgeon determine I need surgical hip dislocation?

Your doctor will determine if you have hip impingement, a labral tear or osteoarthritis of the hip by completing a physical exam, reviewing your health history and obtaining x-rays or other images of your hip. Specific views with the hip in various positions are necessary to fully understand your hip problem and assess whether surgery is necessary. These x-rays are also used during surgery to guide the surgical procedure.

Your doctor may recommend a treatment called surgical hip dislocation to help correct your hip disorder. This procedure is performed through an incision on the side of the hip and allows the surgeon to view the structure of the hip joint to treat a variety of problems.

How long is the recovery?

Most patients stay in the hospital for one to two days. Full recovery takes approximately four to eight months.

The majority of patients experience major relief of pain and regain activity levels after recovery from surgery.



POSSIBLE PROBLEMS FROM HIP DISLOCATION SURGERY

Although surgical dislocation of the hip is very successful for most patients, there is also a chance that surgery will cause problems. These problems are called complications.

Although uncommon, possible complications from surgical dislocation surgery can include, but are not limited to:

- Nerve or artery injuries
- Bone fractures or a non-union of the bone
- Infection
- A blood clot in the leg
- Persistent hip pain, or osteoarthritis progression

There is only a small chance you will experience one of these problems. But, if you do, your care team will work with you to treat the problem you are experiencing. Our goal is to provide excellent care for you during your journey back to activity.

Nerve or artery injuries

A major nerve injury can cause numbness, weakness and/or tingling in the hip, lower leg, thigh and foot. Less than 2 patients out of 100 will have nerve damage. This type of complication is uncommon and patients who experience it usually recover without surgery.

Bone fractures or a non-union of the bone

Pelvic fractures or non-healing of the bone can occur. Again, these complications are uncommon but occasionally require additional surgery.

Infection

If an infection occurs, this may require oral antibiotics or surgery to treat the infection.

Blood clot in the leg

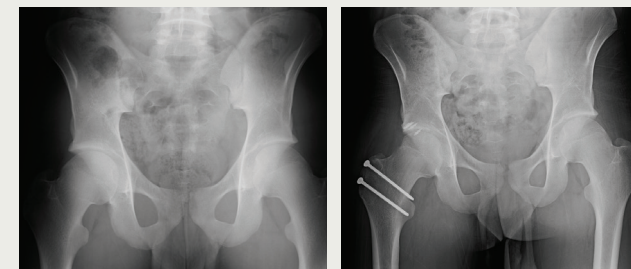
A complication of any hip surgery is a blood clot in the leg, or what is known as deep vein thrombosis (DVT). This occurs in less than 1 percent of individuals undergoing hip surgery.

As a precaution, you will be given a blood-thinning medicine such as aspirin or Coumadin to prevent blood clots. You also may be asked to wear a compression device or stockings on your lower legs to help with blood flow and prevent blood clots.

If you do experience a blood clot after surgery, you will need to take blood thinner for at least 3 months.

Persistent hip pain, or osteoarthritis progression

Most patients who choose to undergo hip procedures improve with surgery and are satisfied. Uncommonly persistent hip pain may limit activity and function after surgery.



Impingement hip before surgery (left) and with correction with the surgical dislocation (right).