



**Spire**

Edinburgh Hospitals

Murrayfield and Shawfair Park

## **Patient information**

### **Having a hip arthroscopy**

This leaflet provides some information about having a hip arthroscopy operation. The treatment described here may be adapted to meet your individual medical needs, so it's important to follow your surgeon's advice. Please raise any concerns or questions with your surgeon or nurse. It is natural to feel anxious before hospital treatment but knowing what to expect can help.

#### **What's involved**

Arthroscopy is a "keyhole" operation that is used to look inside and treat joints. It is performed through very small cuts in the skin, using a narrow, tube-like telescope called an arthroscope.

Arthroscopy is useful for finding out what is causing symptoms, deliver treatment for conditions such as arthritis and inflammation, take small samples of tissue, or repair damage to tissues and cartilage. The procedure is usually done as a day-case.

Your surgeon will explain the benefits and risks of having a hip arthroscopy, and will also discuss the alternatives to the procedure.

#### **Preparing for your operation**

The hospital will send you a pre-admission questionnaire. Your answers help hospital staff to plan your care by taking into account your medical history and any previous experience of hospital treatment.

You will be asked to fill in this questionnaire and return it within three days.

If you normally take medication (eg tablets for blood pressure), continue to take this as usual, unless your surgeon specifically tells you not to. If you are unsure about taking your medication, please contact the hospital.

Before you come into hospital, you will be asked to follow some instructions.

- Have a bath or shower at home on the day of your admission.
- Remove any make-up, nail varnish and jewellery. Rings and earrings that you prefer not to remove can usually be covered with sticky tape.
- Follow the fasting instructions given in your admission letter. Typically, you must not eat or drink for about six hours before general anaesthesia. However, some anaesthetists allow occasional sips of water until two hours beforehand.

Spire Healthcare operate a strict no smoking policy. If you are a smoker you may wish to bring nicotine patches to use for the duration of your stay.

When you arrive at the hospital, your nurse will explain how you will be cared for during your treatment and will do some simple tests such as checking your heart rate and blood pressure, and testing your urine.

You may be asked to wear a compression stocking on the unaffected leg to help prevent blood clots forming in the veins in your leg (deep vein thrombosis, DVT).

Your surgeon will usually visit you before the operation, and the leg to be treated will be marked clearly. This is a good time to ask any unanswered questions.

## **Consent**

If you are happy to proceed with the hip arthroscopy, you will be asked to sign a consent form. This confirms that you have given permission for the procedure to go ahead.

You need to know about the possible side-effects and complications of this procedure in order to give your consent. Please see the back of this leaflet for more information about these.

## **About the operation**

This is keyhole surgery and is normally done as a day case. However the hip joint is very deep and it is quite an involved procedure.

In most cases you will get a full anaesthetic as well as an injection in the base of your spine to make the lower half numb and this also paralyses the muscles making it easier to undertake the operation.

The procedure involves placing the hip under traction to pull the ball away from the socket allowing a camera to be put into the joint to look at the internal structures. If soft tissue damage is found this may be repaired at the same time. In some cases there may be bony prominences that need to be removed (Femoro-Acetabular Impingement).

A hip arthroscopy can take from 60-90 minutes, depending on how much work your surgeon needs to do inside the joint.

### **After your operation**

You will be taken from the operating theatre to a recovery room, where you will come round from the anaesthesia under close supervision.

After this you will be taken back to your room or the day care ward, where your nurse will assess the operation site, and record your blood pressure and heart rate at regular intervals.

### **Back on the ward**

You will need to rest on your bed until the effects of the anaesthesia have passed. As the anaesthesia wears off, you may start to feel some discomfort in your hip. Painkillers will be available.

Your surgeon will visit you to discuss the outcome of your operation. A physiotherapist will also visit you to guide you through exercises to get your joint moving.

Suffering from pain can interfere with your recovery, particularly if it prevents you from doing your exercises, so please discuss any discomfort you have with your nurse, anaesthetist or surgeon.

When you feel ready, you can begin to drink and eat, starting with clear fluids.

After the operation you will be bearing full weight within a few hours post-op, and you will be encouraged to mobilise as soon as you are able.

### **Going home**

You will be able to go home once you have made a full recovery from the anaesthesia. However, you will need to arrange for someone to drive you home and you should have someone stay with you for the first 24 hours.

Before you go home, your nurse will advise you about caring for the healing wounds and will arrange a follow-up appointment for you.

You will be given two elbow crutches for comfort and you may need to use these for up to three–four weeks but you can wean off them as comfort allows. You are not allowed to drive whilst you are on crutches.

You will be given some initial exercise to do by a physiotherapist and it is important that you do these from the outset. Most patients are off work for six–eight weeks.

### **After you return home**

If you need them, continue taking painkillers as advised by the hospital. General anaesthesia can temporarily affect your co-ordination and reasoning skills, so you should not drive, drink alcohol, operate machinery or sign legal documents for 48 hours afterwards.

The joint area needs to be kept clean and dry for about a week.

For more information, please see the separate Spire Healthcare patient information leaflet Caring for surgical wounds.

After two-three weeks you will begin outpatient physiotherapy with specific rehabilitation involving exercises and work using gym equipment. The full rehab takes four to six months before you can return to your pre-injury activity levels.

### **What are the risks?**

Arthroscopy is a commonly performed and generally safe surgical procedure<sup>1</sup>. For most people, the benefits in terms of improved symptoms, or from having a clear diagnosis of a joint problem, are greater than the disadvantages. However, all surgery carries an element of risk. This can be divided into the risk of side-effects and the risk of complications.

#### Side-effects

These are the unwanted but mostly temporary effects of a successful treatment. An example of a side-effect is feeling sick as a result of the general anaesthesia, although medicines are available to help with this.

You are likely to have some pain, stiffness and swelling around the joint, which may last a few weeks.

#### Complications

This is when problems occur during or after the operation. Most people are not affected. The main possible complications of any surgery include an unexpected reaction to the anaesthesia, excessive bleeding or infection.

This may require further treatment such as returning to theatre to stop bleeding, or antibiotics to treat an infection. Specific complications of arthroscopy could include accidental damage to the inside of the joint or a loss of feeling in the skin over the thigh or groin. Uncommonly, it is also possible to develop a blood clot in the veins of one of your legs (deep vein thrombosis, DVT)<sup>1</sup>.

There are some specific risks from hip arthroscopy, including traction injury which can give skin damage or numbness around the groin or ankle. There is a risk of permanent nerve damage though this is very rare <sup>1</sup>.

The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain how these risks apply to you.

Reference:

<sup>1</sup> <http://www.nice.org.uk/guidance/ippg408>

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