OCR
ORTHOPAEDIC & SPINE CENTER OF THE ROCKIES

SPECIALISTS IN THE MEDICINE OF *motion*

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Hip Arthroscopy & Sports Medicine Surgery

Please take a moment to look over the following instructions regarding your surgery. We know that surgery can be a very stressful experience for you and your family and that you may be nervous. This is normal, and we will make every effort possible to make your experience the best it can be! We are dedicated to achieving the best possible outcome for you. This takes a team effort between you, us, and many other healthcare professionals.

The following packet will hopefully be informative and decrease your stress prior to surgery! There are many other great resources about your condition, hip arthroscopy, and sports medicine surgery. We encourage you to learn more about Dr. Snyder, your condition, and access links to helpful websites and videos at www.OrthoHealth.com.

We strive for nothing less than excellence in our quest to help you be the best version of you. We look forward to seeing you on the day of surgery!

HIP ARTHROSCOPY CONSENT

Possible Complications:

We have listed possible complications/problems, which have been reported with arthroscopic hip surgery. IN GENERAL, HIP ARTHROSCOPY IS EXTREMELY SAFE, HIGHLY SUCCESSFUL, AND HAS MINIMAL COMPLICATIONS ASSOCIATED WITH THE PROCEDURE. Certain risks may be increased or decreased depending upon the types of arthroscopic surgery and the extent of the injury that you have.

1. **Postoperative bleeding and hematoma** within the hip joint and around incisions. This is unusual as the incisions are relatively small and avoid larger vessels. Patients that are on blood thinners are at higher risk. Postop bleeding normally resolves shortly after surgery and hematomas normally will resorb over time as well. Rarely a second surgery will be needed to stop bleeding or to remove a hematoma.

2. **Postoperative infection.** Superficial (skin) or deep (within the joint) infections may occur. The incidence is reported at <1%, (1/250). A skin infection is generally treated with oral antibiotics. If you develop a deep infection, you would require re-admission to the hospital, re-arthroscopy or an open procedure to wash out the infection, and a variable period of intravenous antibiotics.

3. **Phlebitis (blood clots).** Deep vein thrombosis or blood clots are unusual in arthroscopic hip surgery, but can occur, as in any other surgery involving a lower extremity. A blood clot may require readmission to the hospital and treatment with blood thinners.

4. **Pulmonary Embolus.** When a blood clot becomes dislodged it may travel to the lungs resulting in acute shortness of breath, rapid heartbeat, and in rare situations, sudden death.

5. **Broken instruments.** The instruments that are used to perform your surgery may potentially break within your joint. This is a rare complication. If this occurred, the piece almost always could be uneventfully removed arthroscopically. However, if this was not possible, your hip may need to be opened surgically to extract the broken instrument. Occasionally broken pieces may be stuck safely in bone and are not removed.

6. **Synovial Fistula.** This rare complication results when the skin incompletely heals around the hip and joint fluid leaks out through the skin.

7. **Nerve injury.** In order to increase visualization of the hip joint we have to put traction on your leg. The positioning device requires the use of tight shoes on your feet and a post in your groin for counter-pressure. These can place traction on the sciatic nerve causing sciatic nerve palsy-numbness in the foot and potentially a foot drop with weakness of your foot musculature. This is a rare complication and almost always resolves with time. In addition some patients may notice numbness in the perineal area and have difficulty with sexual function or have urinary issues. This again is rare and also resolves with time but may take 4-6 months. A final complication is numbness in the lateral thigh secondary to traction on the nerve that feeds the skin.

8. **Vessel injury.** Rarely the major artery/vein in the lower extremity is injured. If this occurs it is generally quickly detected. In a major injury to these vessels, which course through the back of the knee, immediate vascular repair by a vascular surgeon is required with a subsequent hospitalization. Very rarely, vascular injuries have resulted in an amputation of the extremity.

9. **Avascular necrosis to the femoral head.** Another rare complication is losing blood supply to the head of your femur. This is an extremely rare possible complication of the traction device as well. If this does occur arthritis is a possibility.

10. **Reflex sympathetic dystrophy.** This rare entity is characterized by pain out of proportion. If this occurred postoperatively it would require referral to a pain clinic, prolonged rehabilitation, and epidural spinal pain blocks.

11. **Compartment syndrome.** This rare complication occurs when fluid leaks out of the hip into the muscle compartments. Massive swelling could result in compromise of the neurovascular structures as a -- potential complication. If this were suspected or detected, emergency surgical decompression of the muscular compartments is required.

12. **Equipment failure.** Arthroscopic surgery is “high tech” and extremely demanding. The surgery is performed while observing the magnified images of the hip joint structures on a television screen. Motorized equipment (cameras, light sources, video recorders, etc) could possibly malfunction resulting in the inability to complete your surgery. In our operating room we have backup systems should this occur.

13. **Femoral neck fracture.** A very rare complication would present as an inability to move the hip or to put weight on the leg secondary to groin pain. This would require surgery to stabilize the fracture.

14. **Heterotopic Ossification.** There is a dense muscle envelope around the hip joint that can be damaged during surgery. Most often this injury resolves without difficulty but rarely the damaged muscle can change into bone. This bone may decrease range of motion and lead to pain. Treatment could require medications, radiation therapy, or sometimes removal.

15. **Hip instability or dislocation.** The hip is an inherently stable joint but some factors preoperatively may create less stability such as hip dysplasia, ligament or chondral injuries and fractures. Careful preoperative planning and precise surgery should keep the risk of dislocation of the hip very low but still a few cases of instability of the hip after surgery have been documented.

16. **Cartilage injuries** can occur by placing and removing tools or implants into the hip joint. Great care is taken to avoid this but in the event it happens restoration of the cartilage is possible but arthritis can occur due to these injuries.

Common Occurrences:

1. Some patients will note **bruising** around the hip. This is not a complication.

2. **Hip flexor tendonitis.** Some patients may develop new symptoms or exaggerated current symptoms during the course of their rehabilitation. Hip flexor tendinitis is often the cause and is prevented with strict adherence to postoperative physical therapy protocols.

3. **Persistence of arthritic symptoms.** In some patients who have arthritis, the results of arthroscopic surgery are more variable. Some patients significantly benefit from surgery, while others do not. In the patient who has arthritis it is difficult to predict preoperatively to what extent the patient will benefit.

4. **Portal discomfort.** The small arthroscopic skin incisions as they heal may feel nodular. This generally resolves over time. Some incisions may heal slower or open slightly after removing the sutures. They will still heal, but from the bottom of the incision to the skin.

5. **Swelling** is common and in fact expected to occur in your hip after surgery. Icing your hip is extremely helpful.

6. **Stiffness** is very common after surgery therefore physical therapy will be given and is extremely important for a positive result. Most people will break through the scar tissue and stiffness with therapy. A small percentage may need additional treatment like a steroid injection or repeat surgery to decrease scar tissue. A CPM (Constant Passive Motion) Machine is also used to help decrease stiffness.

7. **Discoloration** in the leg or foot, cool temperature to the skin and sometimes numbness on the foot happens in about 10% of people. This is due to the traction table pulling the leg during surgery. The blood flow becomes slower, temporarily causing these symptoms. It normally goes away in 2-4 weeks and resolves with physical therapy and weight bearing. These symptoms also resolve when the foot is elevated. If it does not resolve with elevation please call the office.