Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Operative Hip Arthroscopy

1. Introduction

1.1. Injury or orthopaedic problems like synovitis, loose bodies, joint abnormality or infection may damage labrum, articular cartilage, or other soft tissues surrounding the hip joint.
1.2. Hip arthroscopy is a surgical procedure to diagnose and treat hip problems. It allows surgeon to view unilateral hip joint without making a large incision through the skin and other soft tissues.
1.3. Operative hip arthroscopy is considered if femoral side of the hip or/and the acetabular side is abnormal.
1.4. This results in less pain, less joint stiffness, and often shortens the time for recovery.

2. Procedural Preparation

2.1. Tests may be ordered include blood test, type and screen, electrocardiogram (ECG), X-Ray, Magnetic Resonance Imaging (MRI) or CT scan +/- contrast of the hip before the procedure.
2.2. Inform doctor for any drug allergy, regular medications or other medical conditions.
2.3. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
2.4. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
2.5. Do not eat or drink at least 6 hours before operation if under general anesthesia.

3. Procedure

3.1. The operation will be performed under general or spinal anesthesia.
3.2. The surgeon will make a small puncture in a unilateral hip for the arthroscope to identify any hip problem under the X-ray guidance.
3.3. The surgeon will then insert small instruments through separate incisions for bone spur shaving, removal of inflammatory tissue or labral repair etc.
3.4. The length of the surgery depends on the findings and the amount of work to be done, usually 2-4 hours.
3.5. After surgery, the arthroscopy incisions are usually stitched or covered with skin tapes. An absorbent dressing is applied to the operative hip.

4. Recovery Phase

4.1. Patient will be closely monitored until fully awake.
4.2. Resume diet when patient return conscious.
4.3. Wound pain can be minimized by taking or injecting analgesic as prescribed.
4.4. During the initial period, patient should not ambulate without health care professional's supervision.
4.5. The recovery will depend on the type of damage of the hip.
4.6. Patient will have different degree of weight bearing activities depending the guidance of the surgeon.
4.7. Once condition is stable, physiotherapy (around 28 weeks) may be considered depending on surgeon's rehabilitation plan.
4.8. Wound stitches will be removed around two weeks after the operation.

5. Possible Risks and Complications

5.1. There are complications that relate to surgery in general. These include the risks associated with anesthesia, wound infection, damage to nerves and blood vessels, and bleeding or blood clots. Sometimes, the damage or complication can be severe that it may require another surgery or therapy.

6. Remark

6.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

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Procedure Information Sheet – (Operative) Hip Arthroscopy

7. Reference

7.1 Rehab protocol for hip arthroscopy. Retrieved from Gleneagles Hong Kong, Website.

7.2 Thomas, J. W. American Academy of Orthopaedic Surgeons. In Hip Arthroscopy.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____