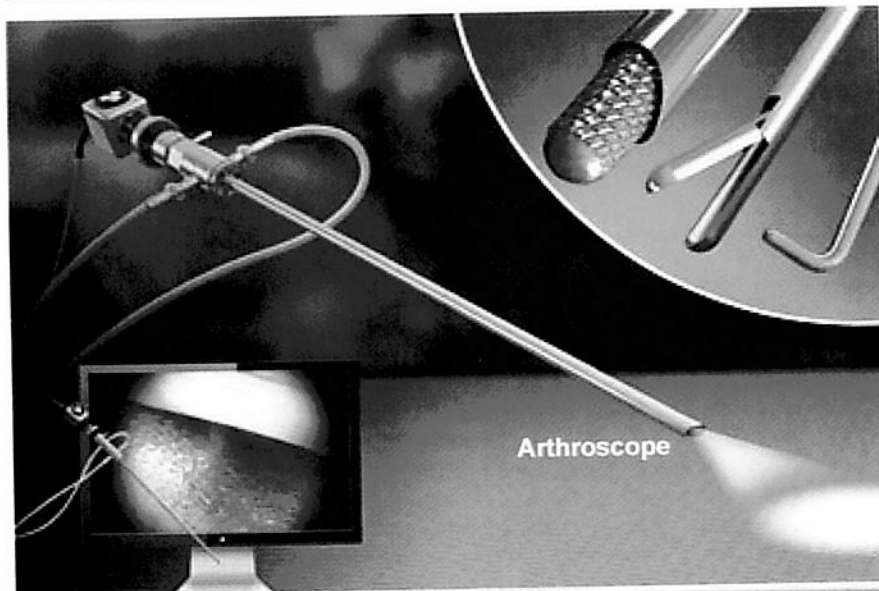


Hip Arthroscopy



Overview

This outpatient procedure is an examination of the inside of the hip joint. The surgeon uses miniature instruments and a small camera (called an arthroscope) to see inside the joint. Arthroscopy can be used to diagnose and treat problems of the joint.

Preparation

In preparation for the procedure, anesthesia is administered. The patient may be given general or regional anesthesia. The hip is placed in traction to expand the joint.

Inserting the instruments

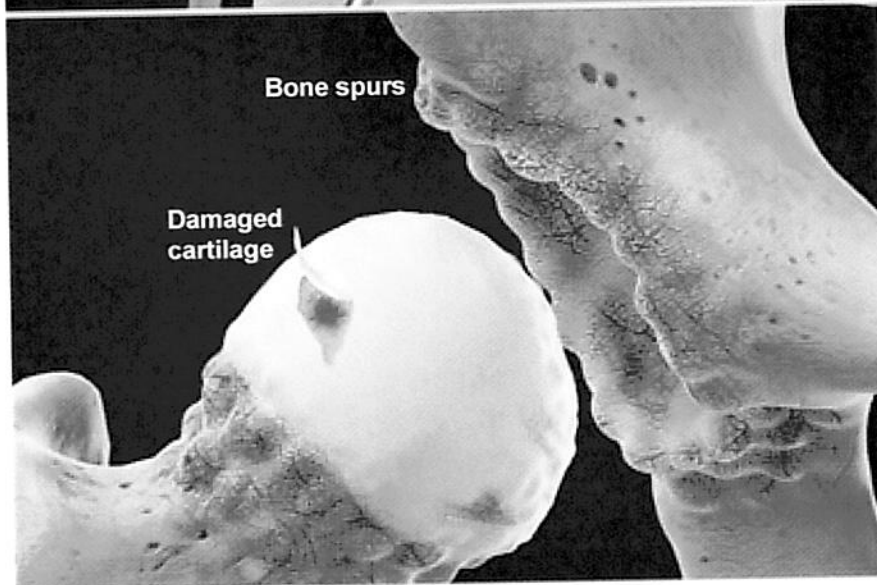
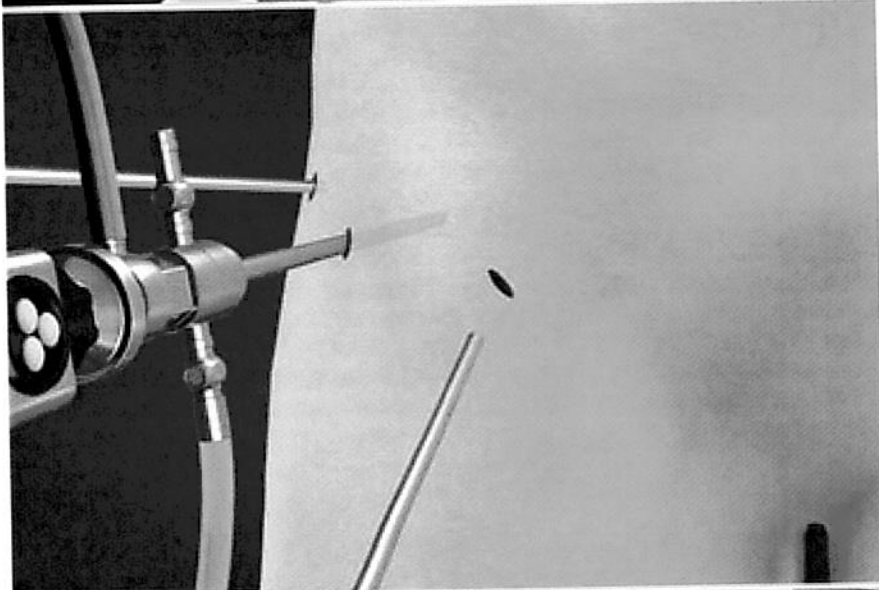
The surgeon makes a series of tiny openings in the skin. The arthroscope and instruments are inserted. Fluid is injected to help cleanse the joint and provide a clear view. The surgeon inspects the hip with the aid of a video monitor.

Repairing the Joint

The surgeon can use the instruments to repair some types of problems. Loose or damaged cartilage may be removed. Bone spurs may be shaved down. Severe damage to the hip may require open surgery.

End of Procedure

When the procedure is complete, the instruments are removed and the openings are bandaged. The patient will be observed for a short time and then discharged. The patient will require crutches or a walker while the joint heals. Physical therapy may be recommended to help restore strength and mobility.



Total Hip Replacement

Overview

This surgery replaces diseased and damaged portions of the hip with implants designed to restore function to the hip joint. The surgeon uses an incision on the anterolateral part of the hip, instead of a more traditional incision on the side or back of the joint.

The Anterior Approach

The anterior incision allows the surgeon to work between the major muscles of the hip instead of cutting through them or detaching them from the hip or femur. By preserving muscle tissue, the anterior approach can minimize recovery time and reduce the risk of future dislocation.

Preparation

In preparation for the procedure, anesthesia is administered and the patient is positioned. The surgeon makes an incision in the front of the hip. The surgeon gently separates the femur from the hip socket and removes the damaged ball of the joint.

Hip Socket Cleaned

Damaged cartilage and bone are removed from the hip socket.

Metal Shell & Liner Inserted

A metal shell is pressed into the hip socket. The shell may be held in place with bone cement or screws. A plastic, metal, or ceramic liner is locked into the metal shell, and the artificial socket is complete.

Femur Prepared

The surgeon now focuses on the femur implant. First, the end of the femur is hollowed out.

Implant Inserted

The metal implant is placed into the top of the femur. Bone cement may be used.

Ball Attached

A metal or ceramic ball component is attached to the stem.

End of Procedure

The new ball and socket components are joined to form the new hip joint. The surgeon tests the components by guiding the hip through a range of movements. When the procedure is complete, the surgeon closes the incision and bandages the hip.

