

Hip Arthroscopy

Physiotherapy Department



Patient information leaflet

This leaflet explains what is involved in a hip arthroscopy and what to expect following the procedure.

What is a hip arthroscopy?

A hip arthroscopy is a type of keyhole surgery performed through small cuts in the skin. An instrument called an arthroscope is connected to a small video camera and inserted into the joint allowing the surgeon to look at the inside of the hip without performing open surgery.

It can be used for a variety of purposes including:

- Removal of extra bone around the hip
- Cartilage trimming within the hip

What are the alternatives?

Not everyone with a hip problem will need to have an arthroscopy. X-rays and MRI scans can be used to help identify problems in the hip joint. An arthroscopy is just one way of identifying, and sometimes treating, any long standing or underlying problems.

In many cases, physiotherapy can be helpful in relieving symptoms without the need for an operation. Your orthopaedic doctor will decide which treatment is most appropriate for your condition.

Are there any risks or complications?

Complications during and following this procedure are unusual. However, they can include:

Haematoma: A build-up of blood within the joint, which can be painful and may require surgical drainage.

Deep vein thrombosis (DVT): The development of blood clots in the legs carries a 1% risk. This can be avoided through regular pumping movements of the ankles.

If you notice a tight, painful, red, warm area in your calf, see your GP as soon as possible or attend Accident and Emergency.

Infection: Signs and symptoms of an infection of the joint or wound site include:

- Spreading redness
- Increased swelling
- Increased pain causing difficulty mobilising
- Oozing and/or odour from the wound
- Increased heat to touch

If your wound becomes red, swollen or very tender, or you develop a discharge, please contact your GP.

Nerve damage: Damage to the nerves can occur, leading to small areas of numbness, this is usually temporary and recovers over time.

Soft tissue damage: Damage to the structures in the hip including cartilage, tendons and ligaments.

Will it hurt after surgery?

You will have a local anaesthetic injected into the joint to keep your hip comfortable after the procedure. Once the local anaesthetic has begun to wear off (later the same day), you will need to take painkillers for a few days.

What happens to the dressings?

The wounds are usually sealed with steristrips (adhesive surgical tape) and covered in plasters. The wounds underneath must be kept covered, clean and dry until they have healed. The nursing staff will inform you of when you can peel off the steristrips and replace with a plaster if needed. If you have stitches the nursing staff will inform you of arrangements to get these removed.

Will the hip be swollen?

Some swelling of the joint is to be expected for a few days; this is temporary. Try to do as many ankle movements as you can manage. This helps to improve the general circulation which in turn reduces swelling.

Will I be able to walk normally after the surgery?

You are advised to get up and about on the day of surgery and your doctor will be able to inform you if you can take full weight through your operated leg. You may need to use walking aids depending on what procedure has been performed or temporarily due to pain. A physiotherapist will see you on the day to show you how to use a walking aid if necessary.

Climbing stairs when using crutches:

Use the aid of a bannister if possible. Hold onto the bannister with one hand and have the crutch in the other hand. Climb the stairs using the good leg first then the operated leg (ensuring the whole foot is flat on the step) and then the crutch.

On descending the stairs the order is the reverse, crutch then- operated leg- then good leg.

When will I be seen again?

An outpatient physiotherapy appointment will be arranged for you at your local hospital or clinic. This will be approximately two weeks after your surgery.

You will also be sent an appointment to see the surgical team in fracture clinic a few weeks after your surgery.

Are there any exercises I should perform after the surgery?

It is important to perform these exercises regularly as pain allows for the following six weeks post surgery.

Exercise 1: Static quads

Lying on your back on the bed.

Pull your foot up and push your knee into the bed tightening your thigh muscles.

Hold for 5 seconds.

Repeat 10 times, 4 times a day.



Exercise 2: Knee extension over roll

Place a rolled up towel under your knee, pull your foot up and keep the knee in contact with the pillow whilst straightening the leg.

Hold for 5 seconds.

Repeat 10 times, 4 times a day.



Exercise 3: Heel digs

Lying on your back with your knees bent.

With your toes pointing towards the ceiling, push your heel into the bed and hold for 5 seconds.

Repeat 10 times, 4 times a day.



Exercise 4: Ankle pumps

Move both your ankles up and down in a pumping action to aid circulation. If your heels are sore you could ask someone to put a pillow under your heel so the heel does not rub on the bed.

Repeat as often as you can.



When can I go back to work?

You are advised to take at least two days off work to allow you to recover from your anaesthetic. If your job is manual, you may be signed off work for two weeks. Please be advised by the nurses who can provide you with a doctor's certificate if required.

When can I drive?

You must not drive for at least 24 hours after a general anaesthetic. Driving is usually possible after a few days to a week when your hip is feeling more comfortable.

It is your responsibility to make sure you can operate the pedals with control and without pain and be able to do an emergency stop safely. The Driving Licence Vehicle Authority (DVLA) advice is to contact your insurance company to inform them when you are driving again.

Relevant websites/references

- www.nhs.uk/conditions/arthroscopy
- <https://orthoinfo.aaos.org/en/treatment/hip-arthroscopy>
- <https://www.verywell.com/hip-arthroscopy-2549476>

Contact details

For further information or advice please contact us.

Day Surgery Unit

Telephone: 01483 406783 (Monday–Friday)

Physiotherapy Department

Telephone: 01483 464153 (Monday–Friday)

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Author: Steph Palmer

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