HIP ARTHROSCOPY OF THE UNDISTRACTABLE HIP: A NOVEL EXTRACAPSULAR APPROACH

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BACKGROUND

• Hip arthroscopy requires a minimum of 8 to 10 mm distraction to avoid any iatrogenic chondral or labral injury.

• Inability to distract the joint such as is found in patients with coxa profunda or lateral overcoverage is a relative contraindication for hip arthroscopy.

Acetabular over-coverage with lateral central edge angle of 60°
MATERIALS AND METHODS

- 4 patients who failed trial of traction during positioning for hip arthroscopy
- The anterolateral portal was established under fluoroscopic guidance without traction
- The arthroscope was positioned on the lateral rim of the acetabulum under fluoroscopic guidance
- A shaver introduced through a modified anterior portal was used to facilitate capsular exposure
Intra operative fluoroscopy showing insufficient distraction of the hip joint, making safe introduction of tools impossible.
MATERIALS AND METHODS (contd’)

• An arthroscopic capsular incision was made just proximal the lateral acetabular rim and extended anteriorly proximal to the labrum with a RF probe.

• Osteoplasty of the anterolateral acetabular rim was made with a burr shaver protecting the labrum.

• Distraction of the hip was than possible allowing for introduction of the scope to the central compartment and labral repair with anchors.
- **Top left:** capsular exposure (C)
- **Top right:** exposed acetabular rim (A)
- **Bottom left:** Acetabular osteoplasty (AO)
- **Bottom right:** view of the central compartment after Acetabular osteoplasty and labral repair
Fluoroscopic control of the acetabular osteoplasty shows adequate rim resection.

Intra operative fluoroscopy showing osteoplasty of acetabular rim with bur.

Fluoroscopic control of the acetabular osteoplasty shows adequate rim resection.
Left: 4 months post-operative X-ray showing end result of osteoplasty and labral repair  
(Right: preoperative)
CASE II

- A 52 y.o. male complains of painful left hip for several years.
Postoperative Frog view: adequate femoroacetabular osteoplasty
RESULTS

• Femoroacetabular impingement with a dominant Pincer deformity was present in all 4 cases

• Needle insertion to joint during traction failed to improve joint distraction

• Acetabular osteoplasty and access to the central compartment was made possible thanks to this novel approach
CONCLUSIONS

• Extracapsular approach to the hip
  • Is safe and effective
  • Allows access to the central compartment
  • Allows labral preservation
  • Saves the need for open dislocation of the hip
THANK YOU

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