



Hip Arthroscopy Referral Summary Sheet:

Who should be referred?

1. Active or sporting patients with acute or chronic groin/hip or thigh pain
2. Patients with developmental abnormalities of the hip who are symptomatic e.g. Perthes', DDH. SUFE
3. Patients with early osteoarthritis
4. Any patients with unexplained hip related symptoms

What are the symptoms and signs?

1. Initially, pain with activity/sports especially with flexion and rotation of the hip
2. More constant groin aching/discomfort with walking/sitting/driving
3. Increasing stiffness and tightness, especially following activity
4. Instability and painful clicking of the hip
5. Decreased range of motion on examination most notably flexion/internal rotation and adduction, limited by pain and stiffness.

Investigations:

1. *AP Pelvis* and a *true lateral* of the affected hip
 - a. Early signs of osteoarthritis
 - b. Flattening of the normal sphericity of femoral head/dysplasia
 - c. CAM/Pincer deformity – impingement signs
2. *MRI (arthrogram)*
 - a. FAI: Labral tear/detachment, Chondral damage/wear, Paralabral cyst
 - b. Psoas tendonopathy, capsular laxity
 - c. Ligamentum Teres disruption
 - d. Loose bodies

What does the surgery involve?

Daycase procedure with protected weight bearing (if osteoplasty or repair) for two weeks. Post operative rehabilitation mainly pool based. Majority will return to competitive sport within twelve weeks.

What is the likely outcome following surgery?

More than 75% of patients with a labral tear/FAI will benefit significantly from surgery; 20% will have moderate or little benefit; there is a <5% minor complication rate.

How do I make a referral?

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For further information regarding hip and groin pathology, investigation and treatment please visit our website:

Website: www.hipandgroinclinic.ie