CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Acetabular labral tear

What you're feeling

A torn labrum usually causes pain deep in the groin or the front of your hip. The pain can move around and change in intensity. It often flares with certain movements or activities, then settles when you rest. Walking on flat ground may barely bother you, while twisting, pivoting or getting out of a low chair can bring the pain on.

Many people also notice mechanical symptoms. These are sounds or sensations from the joint itself: clicking, catching or locking, or a feeling that the hip might give way. Some people find the hip stiff, with less range of movement than usual. The pain can wake you at night or be there first thing when you get out of bed.

Day to day, the things that become hard are the ones that load a twisted or bent hip. Getting in and out of the car, squatting to pick something up, or turning to reach behind you can all aggravate it. Sitting for long periods, then standing up, is another common trigger.

One thing worth knowing: these symptoms are not specific to a labral tear. Groin pain like this can come from several different hip problems, and even a careful examination cannot always pin down the cause on its own. That is why your surgeon will want scans before talking about any treatment.

A labral tear also rarely happens in isolation. Most hips with a torn labrum have some underlying change in the shape of the joint, and many also have early wear in the smooth cartilage lining the socket, often in the same spot as the tear itself. Your surgeon will look for these on your imaging, because treating the tear alone without addressing the shape of the bone around it tends not to last.

If any of this sounds familiar, bring a note of when the pain strikes and what you were doing at the time. That pattern is genuinely useful at your appointment.

What's actually happening

Inside your hip, where the ball of the thigh bone meets the socket, there is a ring of tough, rubbery tissue called the labrum. Think of it as a gasket that sits around the rim of the socket. It does three jobs at once: it deepens the socket so the ball is held more securely, it acts as a shock absorber, and it forms a tight seal that keeps fluid inside the joint. That seal matters. It helps the joint glide smoothly and protects the smooth cartilage on the bone surfaces from taking too much pressure.

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A labral tear is a split or fraying in that ring. When the gasket is torn, the seal is lost. The ball can shift slightly within the socket, and the load that used to be spread evenly across the cartilage gets concentrated in one spot. That is why a torn labrum can ache deep in the groin, click or catch, and why the pain tends to flare with twisting or bending movements.

Tears come in different patterns. Some are a small flap of tissue catching in the joint. Some are fraying, where the edge of the labrum wears rough. Some run lengthways along the rim. A few are unstable, where a strip of the labrum flips in and out of the joint. The pattern matters because it affects what can be done about it.

Most labral tears do not happen on their own. In most hips there is some change in the shape of the bones around the joint, and that shape difference puts extra pressure on the labrum every time the hip moves. Over time, that repeated rubbing is what wears through it. The tear is often the first part of the hip to give way, and once it does, the cartilage underneath starts to take more of the strain.

What we can do about it

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your first visit we take a history, examine your hip and review your scans to confirm the tear is the cause of your pain.

The first step is usually not surgery. Rest, changing the activities that flare your hip, and physiotherapy come first. Physiotherapy aims to settle the pain and improve how the hip moves and works. Give it a fair run: people with a painful labral tear can keep improving for at least a year of non-surgical care, even if some discomfort stays.

Anti-inflammatory medicine can help with the pain while you work on the other measures. We do not use injections for this problem, so we will not offer you cortisone or similar joint injections here.

If a year of good non-surgical care has not settled things, we then talk about keyhole surgery on the hip. The surgeon looks inside the joint with a small camera and repairs the torn labrum, keeping as much of your own tissue as possible. Because most torn labrums sit in a hip whose bones are shaped in a way that rubs the labrum, that shape is corrected at the same time. Fixing the tear without fixing the shape tends not to last, and leaves the tear likely to come back.

Whether surgery suits you depends on several things we will talk through together: the quality of the remaining labral tissue, the size of the tear, the state of the cartilage lining the socket, and whether there is any arthritis already. Your age is not a barrier on its own. What matters more is the health of the joint surface.

This is a shared decision. We will explain what we found on your scans, what surgery would involve for your hip, and what non-surgical care can still offer, and you decide with us which path to take.

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What to expect

Left alone, a torn labrum rarely settles for good. The pain tends to come and go, flaring with twisting or bending and easing with rest, much as you have already noticed. Without treatment, the rubbing that wore through the labrum in the first place usually keeps going, so the symptoms tend to persist rather than fade. There is also a risk of new damage: if the shape of the bone around the joint is not addressed, a tear can form again even after surgery that repaired the first one.

With well-matched treatment, the outlook is steadier. Non-surgical care can keep improving your hip for at least a year, though some discomfort may stay. When surgery is the right fit, most people report meaningful improvement in pain and day-to-day function, and those gains hold up over the years. Results have been followed for five years and beyond, and for some people past ten years, with the improvement lasting. Surgery that treats both the tear and the underlying shape of the bone also lowers the chance of arthritis developing in the joint later, compared with exercise programs alone.

A few things shape how well you personally do. The state of the smooth cartilage lining the socket matters: damage there is linked with less improvement two years after surgery. The shape of your pelvis plays a part too, as some pelvic shapes are linked with less improvement than others. Your age, on its own, does not rule out a good result.

It is honest to say that not everyone is happy with the outcome. Some people who have keyhole surgery for this problem still feel dissatisfied afterwards. And if the tear is severe and cannot be repaired, rebuilding the labrum rather than trimming it away gives better results, with far fewer people needing another operation.

None of this is a promise about your hip. It is a realistic picture of what tends to happen, which we will tailor to your scans and your examination when we talk it through together.

When to see someone

See your GP if you have had groin or hip pain for more than a few weeks, especially if it flares with twisting, bending or sitting, and rest is not settling it. Ask for a specialist review if the hip is also clicking, catching, locking or feels like it might give way, or if the pain is disturbing your sleep or getting in the way of your work. If your hip has already been scanned and a tear was seen but you have no pain, you do not need to rush: many tears on scans never cause trouble. But if that hip starts to ache, do not wait it out, because a tear that is causing symptoms is worth assessing before it wears the joint surface.

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