CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Hip arthroscopy

Why this operation has been suggested

Dr Kieran Hirpara, a hip surgeon at our practice, offers hip arthroscopy, a keyhole operation that uses small cuts and a camera to treat problems inside the hip joint. 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. We assess your history, examine your hip, and arrange imaging such as X-rays, MRI or CT scans where needed. The main reason we suggest this operation is wear of the labrum and cartilage caused by extra bone at the front of the hip, a condition called femoroacetabular impingement, or FAI. It can also help with labral tears, loose pieces of cartilage, and some causes of hip instability.

We usually try non-operative care first, such as changing your activities and working with a physiotherapist. Surgery follows when those steps have not given you enough improvement. The aim is to relieve your groin pain and help you return to walking, sitting, running and pivoting with less pinching. With the right reasons for surgery, people of all ages can improve, and the operation aims to slow the progress of arthritis as well.

Before the operation

In the weeks before surgery, we confirm the plan using imaging such as X-rays, MRI or ultrasound, and we will tell you which scans you need. On the day, stop eating and drinking seven hours beforehand. We ask for seven hours so we can bring your operation forward if the theatre list runs early. Some medicines need to be paused before surgery, and your surgeon will give you exact instructions about your own medications. Bring a written list of everything you take, including any supplements. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Wear loose, comfortable clothing that is easy to get on and off. If you have other medical conditions, you may also need blood tests or a review with the anaesthetist before the day.

On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will then meet the anaesthetist, the doctor who gives the anaesthetic and looks after you during the operation. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative

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Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

When the operation is finished, you will wake up in the recovery area. Nurses will monitor you there while the anaesthetic wears off. Once you are stable, you will either move to a ward or go home the same day, depending on the procedure and how your recovery is going.

What the operation involves

Hip arthroscopy is a keyhole operation. Your surgeon makes two or three small cuts, each about 1 cm long, around your hip. Through these cuts they place a thin camera and small instruments inside the joint.

Before the instruments go in, your leg is placed in gentle traction. This means the leg is pulled steadily to open up the joint, creating a small working space between the ball and the socket. X-ray guidance helps your surgeon find the right spots for the small cuts and to work safely inside the hip.

Once inside, your surgeon treats the problem that was found on your scans. For FAI, this means trimming the extra bone at the front of the hip that is pinching the labrum and cartilage. A torn labrum can be smoothed or repaired. Loose pieces of cartilage can be removed. The aim is to stop the bone catching during movement and to protect the joint surface.

At the end of the operation, your surgeon closes the layer of tissue around the joint, called the capsule. Stitching this layer back together helps hold the hip stable as it heals. The small skin cuts are then closed with stitches and covered with a dressing.

The operation treats problems in different parts of the hip: the central compartment (the main ball-and-socket joint), the peripheral compartment (just outside the joint lining), and the peritrochanteric compartment (the outer side of the hip where some tendons sit). Your surgeon will explain which areas are involved in your case.

After the operation

You will wake up in the recovery area, then move to the ward once you are stable. Your hip will feel sore and stiff, and the nurses will give you pain relief to keep you comfortable. Someone should stay with you for the first 24 hours after you get home. You will have a dressing over the small cuts, and we leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. Most people start walking with crutches soon after surgery, and your physiotherapist will guide your first steps. Your team will tell you whether you go home the same day or stay one night in hospital.

Recovery

Your hip will feel sore and stiff for the first few days. Swelling around the hip and thigh is normal and settles as the days pass. Rest, ice and the pain relief prescribed for you will ease the discomfort. Keep the dressing on for about 10 days, as described earlier.

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In the early days you will walk with crutches, and your physiotherapist will guide your first steps. You will start gentle exercises soon after surgery. These may be done at home or with formal physiotherapy sessions; both work well, so you can choose what suits you. Your program will be shaped around your own goals and daily demands, and your physiotherapist will watch your progress closely to avoid irritating the soft tissues around the hip.

As the soreness settles, you will notice your walking return first. Step length, walking speed and your usual daily step count come back as you move through the early phase of rehabilitation. Once your surgeon clears you to drive, and you are off strong pain medication and can react in an emergency stop, you can drive again. Our separate guide covers the rules in detail. When your strength and movement are back, you can return to work and, later, to sport, following the milestones your team sets with you.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you at each stage.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Some people notice numbness, tingling or a patch of altered feeling around the hip, groin or thigh after surgery. This is called neurapraxia, a temporary irritation of a nerve. It usually settles on its own, but tell your surgeon at the next review if it does not. Numbness or weakness that appears suddenly and does not ease should be reported sooner.

The leg is held in traction during the operation, which means it is pulled steadily to open the joint. This pressure can occasionally irritate nerves or affect the skin near the groin or buttock. If you notice a sore patch of skin, or tingling in the groin or genital area, mention it to your team.

Instruments are placed inside the joint through small cuts, and the cartilage or labrum can occasionally be nicked while they go in. Your surgeon works carefully to avoid this. If your hip feels worse rather than better in the weeks after surgery, bring it up at review.

The hip can occasionally become unstable after this operation, and in rare cases it can dislocate. A dislocation means the ball comes out of the socket. If your hip suddenly gives way, locks, or you cannot move it, go to the emergency department.

A fracture of the thigh bone just below the hip is a rare complication. Sudden, severe pain in the thigh or groin after surgery, especially when putting weight on the leg, needs urgent attention.

Blood clots can form in the leg veins after any operation. Watch for sudden swelling, warmth or tenderness in the calf. Report these signs promptly. Your team will assess your own risk factors and decide whether you need medicine to prevent clots.

Infection is uncommon. If the skin around the small cuts becomes red, hot, swollen or weeps fluid, or you feel feverish, contact the clinic straight away.

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Some hips develop stiffness, or small patches of new bone forming in the soft tissues around the joint. A clicking or grinding feeling, or movement that will not loosen up with exercise, is worth raising at review.

A few people need further surgery later, either another keyhole operation or, in some cases, a hip replacement. If your pain returns or never fully settles, your surgeon will reassess you and discuss the options.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Most problems show up in the first days or weeks. Call us if you feel feverish, or the skin around the small cuts becomes red, hot, swollen or starts weeping fluid. Call us if your calf becomes suddenly swollen, warm or tender, or if you become short of breath. Tell us about any new numbness, tingling or weakness in your leg that does not ease, or a sore patch of skin near the groin or buttock. Go to emergency if you have sudden severe pain in your hip, thigh or groin, especially when putting weight on the leg. Go to emergency if your hip suddenly gives way, locks, or you cannot move it.

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