

FREQUENTLY ASKED QUESTIONS ABOUT FAI SURGERY

After surgery, How long would I be out of work?

Answer: Sedentary work can be resumed in one to two weeks. Labor intensive work maybe 12 – 20 weeks.

After surgery, How long until I could drive?

Answer: Once you have good control of your leg and you are not taking any narcotic medications. This is usually 1-2 weeks

Would there be any rehabilitation involved after surgery?

Answer: Yes, though the amount and duration depends on what is done for your hip. Usually Physical Therapy (PT) starts the week after surgery. PT is twice a week for 3-4 months, then weekly to every other week for another 2-3 months. This is in addition to home exercises to be performed daily after surgery.

After surgery, How long before I can exercise?

Answer: Stationary bike is part of the recovery process and may begin as soon as the day after surgery. However, you are not to go into a swimming pool or get the wounds wet until your sutures are removed (usually 10 – 14 days). You may have to wait 2 – 6 weeks before being able to put weight on the operative leg depending on what needed to be done in the hip. Physical Therapy starts the week of surgery, and you will be doing exercises as part of your therapy. You can do upper extremity strengthening immediately, as long as you do not use your legs to assist in the lifting (and you cannot carry the weights while walking with crutches)

During surgery, would I be put under complete anesthesia?

Answer: Yes but you don't need to. Spinal anesthesia is possible but general anesthesia is recommended to reduce complication risk.

Would I have crutches after surgery, how long would I use them?

Answer: Yes, though how long depends on what is done. If only bone is removed from your hip you may be on crutches for 2 weeks, but if you are a woman over 39 years old or man over 49 years old, you will be on crutches an extra week per decade. Also, if we have to try to get new cartilage to grow in your hip, then you may need to be on crutches for 6 weeks. A labral reconstruction requires that you are on crutches 3-4 weeks. Your rehabilitation progress will determine the weaning process as well as the extent of the tear and/or associated problems.

Is it possible that I have damaged articular cartilage (the cartilage that lines the joint surfaces)? Would you find this out prior to surgery or during?

Answer: Yes. The ability to detect articular cartilage injury before surgery still is not perfected, even with MRI. As hip arthroscopy techniques become more refined the incidence and ability to treat cartilage problems are both increasing. The presence of cartilage lesions (articular cartilage) is identified at the time of surgery and is treated by debridement (cleaning it up) and/or microfracture (where we poke holes in the bone to stimulate growth of a scar cartilage to replace the lost articular cartilage).

Will surgery prevent further damage to the ligament/cartilage? What are the changes of recurrence?

Answer: Surgery is done to treat your symptoms, usually groin pain, as well as to reduce worsening of the tear. There is no guarantee that a recurrent tear will not occur nor is there any guarantee that surgery will prevent arthritis. Recurrent tears are, however, unusual. Also, it is not known whether removing the torn cartilage will prevent further damage.

What are the main risks of Arthroscopic FAI treatment?

Answer: *Complications from FAI hip surgery are uncommon but include the following:*

DVT (blood clot) that may break off and go to the lungs (pulmonary embolus)

Infection

Bleeding

Femoral neck fracture (broken hip)

AVN of the femoral head (dead bone)

Heterotopic ossification (abnormal bone formation in soft tissues)

Nerve injury

 Sciatic or femoral nerve {leg numbness or weakness}

 LFCN {numb outer thigh}

 Pudendal {numbness in the groin / genitals}

Scarring/Adhesions

Continued Pain

Damage to the cartilage

Need for further surgery

Hip Instability

Not removing enough bone or too much bone

What can I do to put less tension on the hip? Are there any exercises, stretches or devices to use to help me sleep better?

Answer: All activities, even rolling over in bed can cause hip stresses. The most important exercises are ones which create normal flexibility about your hip and normal, protective strength. In some situations, activities that require extremes in your range of motion of your hip, may cause the pinching of tissues, resulting in damage to the torn labrum and articular cartilage.

What is the percentage that I could feel worse after the surgery?

Answer: Feeling worse after surgery is always a possibility, however, the likelihood of that is very small.

Is there anything I can do to give me any relief now? Ice and heat seem to only do so much.

Answer: Pain medications can be ordered but are not recommended prior to surgery. Non-steroidal anti-inflammatories (Advil, Aleve, etc) and Tylenol mixed together are often better than either alone. However it is recommended that you not take anti-inflammatory medications for the 2 weeks prior to surgery.