



FREQUENTLY ASKED QUESTIONS ABOUT LABRAL TEAR SURGERY

1. How long would I be out of work?

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

2. 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

3. Would there be any rehabilitation involved?

Answer: Yes, though the amount and duration depends on what is done for your hip.

4. How long before I can exercise?

Answer: Stationary bike and elliptical trainers are a part of the recovery process and may begin as soon as a 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)

5. During surgery, would I be put under complete anesthesia?

Answer: Yes but you don't need to. Spinal anesthesia is possible but generally anesthesia is recommended as risks of complications are less with general anesthesia

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

Answer: Yes, though how long depends on what is done. If the procedure only involves removal of torn labral tissue, then you only need to be on crutches as long as you are limping (about 1 week). If bone is removed from your hip and/or your labrum is repaired you may be on crutches for 2 weeks and 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. Your rehabilitation progress will determine the weaning process as well as the extent of the tear and/or associated problems.

7. Will I need a brace after surgery?

If you have a labral repair, you will have a brace on your hip for 2 weeks. If you have a labral reconstruction (replacement of labral tissue with a graft), you will have a brace on your hip for 3-4 weeks. The brace will allow you to bend your hip to 90 degrees (though the brace is set to 70 degrees), and allows full extension. The brace prevents hyperextension of your hip as well as side to side movement.



8. 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).

9. If I don't have surgery, could I ever play soccer or other active, aggressive sports again? If I rested for a while and felt better, could I cause more damage if I go back to my normal activities?

Answer: Non-operative treatment is always an option. If you follow a conservative treatment plan of active relative rest, stretching and strengthening, the pain and swelling may go down. If however, you have a labral tear, these generally do not heal. Usually, the pain and swelling will return once you return to your chosen sporting activity.

10. 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. Recurrent tears are, however, unusual. Also, it is not known whether removing the torn cartilage will prevent further damage.

11. How much could the pain subside without surgery?

Answer: The pain may come and go, but likely would not decrease significantly or for an extended period of time, especially if you continue with sporting activity, without surgical intervention.

12. 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 increase stress to the torn labrum.

13. 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.

14. 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) 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.