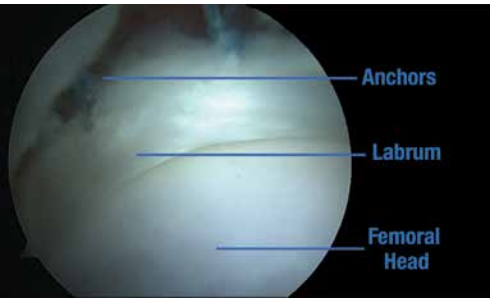
OrthoAdvice

Labral repair surgery offers less invasive technique to alleviate hip pain

By Jovan R. Laskovski, MD and Russell Mounts, PA-C

By now, most people have personal experience or know somebody who has undergone a total hip replacement. This usually affects the older population, and a hip replacement is a great option that can both alleviate pain and restore function.

Of course, hip pain doesn't affect only older people. What about younger patients who have a significant amount of hip pain, but have no signs of arthritis? In many cases, these patients are diagnosed with tendinitis, overuse syndrome, or their problem has been related to their lower back. They may have undergone various treatments including physical therapy, medications, and sometimes injections, and yet still have a significant amount of hip pain. What sometimes gets overlooked is the possibility that the pain may be caused by a labral tear.



The hip is a very large ball-and-socket joint comprised of the thigh bone, known as the femur, as well as the socket portion of the pelvis, known as the acetabulum. These joint surfaces are covered with articular cartilage, which helps the joint to move in a very easy, comfortable manner. Loss of this cartilage is known as arthritis. There is also some tissue around the socket which helps to distribute some of the forces across the hip joint when we play sports, run, or even walk. Although each of us has this basic bone structure, some patients can have extra bone around the ball of the femur, as well as some extra bone on the socket. These areas of extra bone can "bump" into each other. When this happens, the labrum, which is the tissue around the socket, can become pinched, and this can lead to a tear. These tears are not seen on regular x-rays, but require a specialized MRI. The MRI is done after a dye is injected into the hip joint which allows labral tears to be shown very easily and in detail.

Not every labral tear needs to be fixed, but those patients who fail a good course of physical therapy and still have a significant amount of hip pain may be good candidates for surgical repair. Labral repair used to require a very large incision around the hip joint. Currently, with the introduction of some new instrumentation, this can be done through two to three small incisions around the hip. A camera is used to look inside the hip joint. and specialized instruments are used to reshape the socket, and the ball to prevent tearing the labrum again. Then, small anchors are placed around the socket and stitches are passed through the labrum to reattach it.

In most cases, patients are able to go home the same day as their surgery. Pain medication may be needed for a few days afterwards. Patients go home with a machine called a continuous passive motion (CPM), which is used six to eight hours a day to move the hip. Two weeks after surgery, physical therapy is started, and patients can expect to be on crutches for a total of six weeks.

One of the main goals of this surgery is to alleviate the pain, but most importantly, the goal is to preserve the hip for the future. In fact, this may prevent the need for total hip replacements in the future or at least delay that need for many years.

Dr. Laskovski, a board-certified, fellowship-trained orthopaedic surgeon, specializes in hip arthroscopy with a focus on preservation of the native hip joint. He is a graduate of The University of Akron and Northeast Ohio Medical University (NEOMED). Dr. Laskovski belongs to numerous professional associations. Most notably, he is an Ordinary Member of the International Hip Arthroscopy Society, currently one of only two surgeons in Ohio and one of only 26 in the United States. He is also involved in teaching multiple surgical courses on arthroscopic surgery throughout the country. To learn more about Dr. Laskovski, visit crystalclinic.com/drlaskovski.

Russ Mounts received his physician assistant degree from Cuyahoga Community College and has more than 20 years of experience in orthopaedics. He specializes in sports medicine of the shoulder and knee. He is certified by the National Commission on the Certification of Physician Assistants.

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