

Effect of Preoperative Opioid Consumption on Hip Arthroscopy to Treat Femoroacetabular Impingement and Labral Tears Outcomes: A Minimum 2-Year Follow-Up Study



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Disclosures

I (and/or my co-authors) have something to disclose.

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Introduction

- Preoperative opioid use is associated with worse outcomes in orthopedic surgeries
 - Lower patient-reported outcomes (PROs)
 - Increased complication and revision rates
 - Prolonged recovery timelines



Introduction

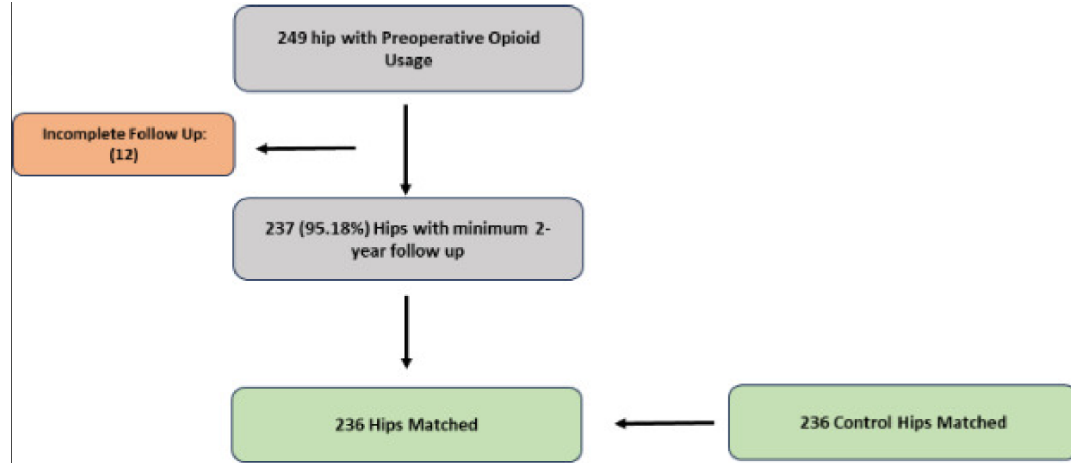
- Prior studies: up to 30% of patients on opioid-based pain control before hip arthroscopy surgery
- Limited data on the impact of **daily preoperative opioid use** in hip preservation procedures
- Small studies suggest lower baseline scores and delayed recovery
- Long-term functional outcomes in larger matched cohorts remain unclear

Purpose

- Evaluate short-term outcomes and recovery trajectory of patients undergoing hip arthroscopy for FAI and labral tears who report **daily preoperative opioid use**
- Compare outcomes to a matched control group with **no history of pre-op opioid use**
- **Hypothesis:** Both groups would improve postoperatively, but the opioid group would experience a prolonged recovery curve

Methods

- Exclusion Criteria:
 - previous ipsilateral hip pathology
 - documented spine pathology
 - Unwillingness
 - Worker's compensations claims
 - Dysplasia (LCEA < 18)
 - Tonnis osteoarthritis grade > 1
- 1:1 propensity match
 - Age at surgery
 - Sex
 - BMI
 - Acetabular Outerbridge Grade
 - Labral treatment
 - Capsular treatment



Outcomes analyzed:

- PROs: mHHS, NAHS, HOS-SSS, VAS, Satisfaction
- PRO comparisons at 3 months, 1 year, and 2 years
- MCID, PASS, revision rate, and THA conversion

Results

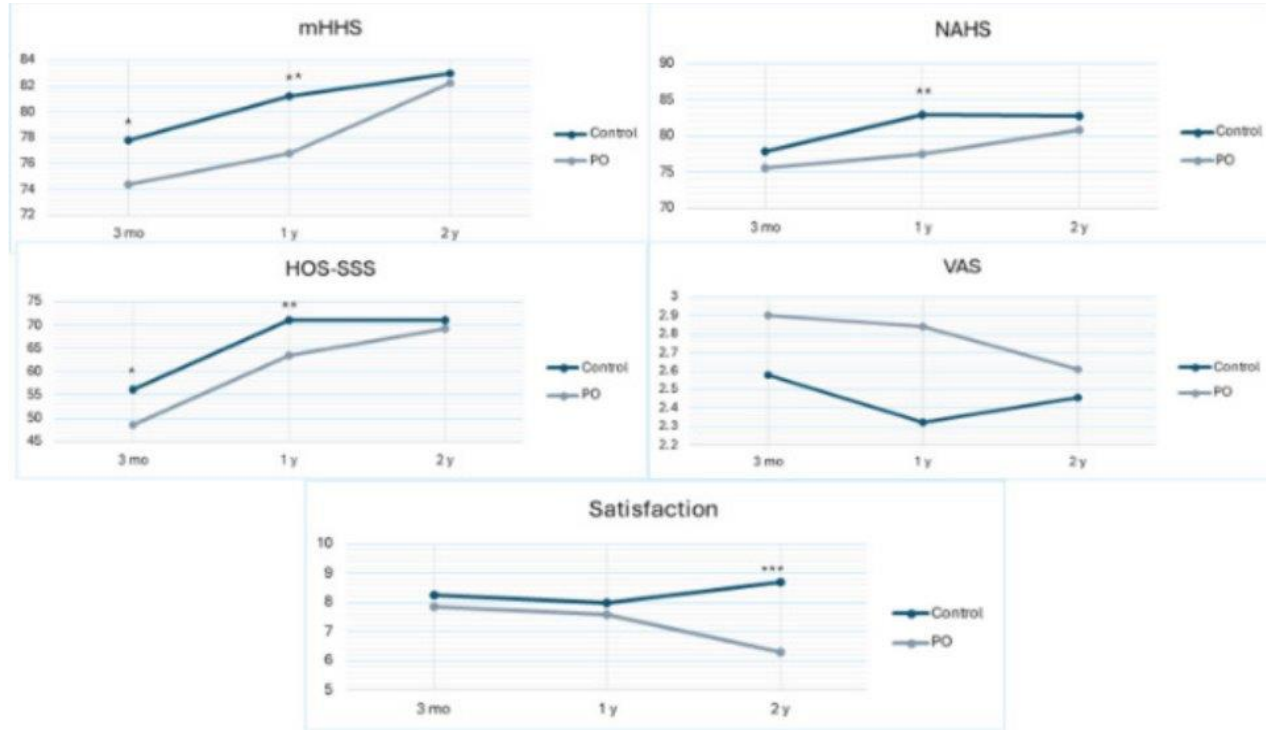
- **236 opioid patients** matched to **236 controls**
- Daily pre-op opioid users and controls both demonstrated significant improvement following hip arthroscopy.
- However, PO group had **lower baseline pre-op scores** across all PROs

Table 1. Demographics

	PO	Control	P Value
Matched Cases*	236	236	NA
Sex†			
Male	87 (36.9%)	81 (34.3%)	0.63
Age at Surgery (yr) ‡	38.49 ± 13.87	39.42 ± 13.52	0.46
BMI (kg/m ²) ‡	27.31 ± 5.66	27.51 ± 6.07	0.72
Follow-up time (mo) ‡	72.26 ± 31.97	71.21 ± 37.77	0.75

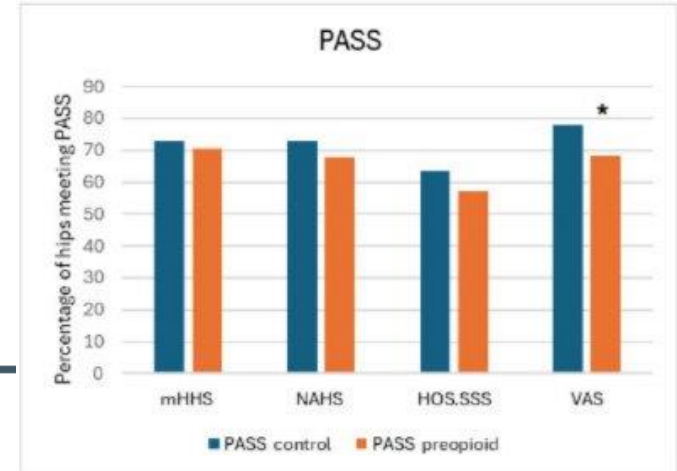
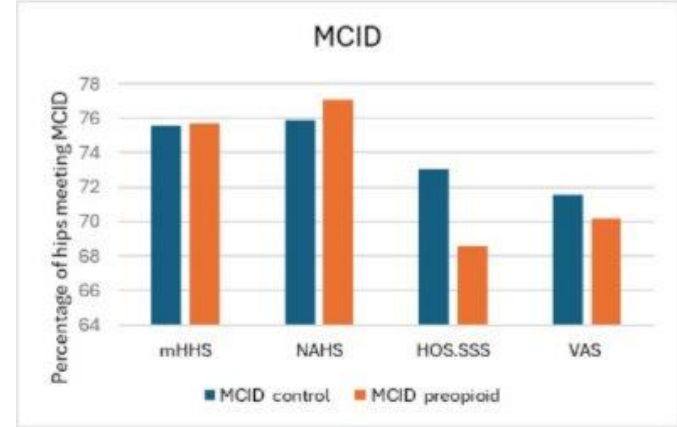
Results

- Delayed recovery:
 - PO group had significantly lower mHHS and HOS-SSS at 3 months
 - Lower mHHS, NAHS, HOS-SSS at 1 year
- At 2 years, groups had **comparable functional scores** across all PROs
- PO group reported **lower satisfaction** (6.3 vs. 8.7, $p = 0.03$)



Results

- There were no significant differences between the two groups for meeting MCID for all PROs
- The PO group reached PASS at lower rates compared to the control group for VAS ($p=0.03$).
- Revision rates, time to revision, arthroplasty-free survivorship, and complication rates were low and comparable between PO and control groups ($p > 0.05$).



Conclusions

- **Significant post-op improvements** were observed in both opioid and non-opioid groups compared to preoperative scores.
- **Recovery was prolonged** compared to non-opioid users
- By 2 years, both groups achieved **similar functional outcomes**



Conclusions

- PO patients reported **lower satisfaction** at final follow-up
- **Fewer PO patients met PASS thresholds for pain (VAS)**
- Highlights the importance of **pre-op counseling** on opioid-related risks



References

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