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Quality Of Life Assessment For Non-Operative Treatment Versus Arthroscopy For Femoroacetabular Impingement

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Summary:
We found no improvement following conservative treatment for FAI, while arthroscopic surgery offered a significant improvement in quality of life and activities of daily living.

Abstract:
Introduction: Femoroacetabular impingement (FAI) and associated pathologies can cause significant disability and decreased quality of life. The purpose of this study was to determine if quality of life and function would improve with non-operative care prior to hip arthroscopy for FAI. We hypothesized that patients would experience small improvements, but would still require surgery to return to regular activities of daily living.
Methods: From a prospective data registry, data was queried on patients who were initially evaluated for hip pain suggestive of FAI, were then referred for non-operative care, and returned later for surgical intervention. All patients prospectively completed forms which allowed for calculation of the Short Form-12 (SF-12) physical component score (PCS), SF-12 mental component score (MCS), and the modified Harris hip score (MHHS). Three sets of forms were completed: one at the initial visit, a second 3 to 9 months later immediately before surgical intervention, and a third at least one year post-operatively. All patients received arthroscopic treatment after the trial of conservative management, at which time the presence of FAI and a labral tear was confirmed.
Results: 56 patients completed the two preoperative forms, and of those, 28 completed the subjective follow-up at a minimum of one year postoperatively. The mean time between the initial evaluation and the second was 5.6 months (range: 3 to 9). After a trial of non-operative treatment, on average, the SF-12 MCS increased by 1.5 points, the SF-12 PCS increased by 1.3 points, and the MHHS increased by 2.8 points. Compared to the second evaluation, the postoperative evaluation showed that the modified Harris Hip score was 20 points higher, the SF-12 PCS was 7 points higher, and the SF-12 MCS was 4.5 points higher.
Conclusion: In this study group, we found that compared to the small improvement seen following conservative treatment for FAI, arthroscopic surgery offered a significant improvement in subjective scoring systems regarding quality of life and activities of daily living. Based on these data, we believe that although some patients may benefit from non-operative management, the only definitely treatment for FAI and associated pathologies is surgical intervention.