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Outcomes for Hip Arthroscopy Based on Gender and Age: A Comparative Matched-Groups Analysis

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Summary:

While the majority of patients undergoing hip arthroscopy for FAI experience significant improvements, patients older than 45 years perform worse compared to patients in younger age groups, with females older than 45 years demonstrating the poorest outcome scores.

Abstract:

INTRODUCTION

For appropriately indicated patients, hip arthroscopy for femoroacetabular impingement (FAI) is a beneficial procedure with the majority of patients experiencing decreased pain and improved function. Factors such as age and gender are postulated to play a role in overall results following surgery, however, no data is currently available that compares outcomes based on these factors. The purpose of this study was to compare the clinical outcomes of patients undergoing hip arthroscopy for FAI based on between gender and age. The authors hypothesized improved outcomes in younger, male patients compared to older, female patients.

METHODS

Patients undergoing hip arthroscopy for FAI by a single fellowship-trained surgeon were prospectively collected and analyzed. A total of 150 patients were included, with 25 patients categorized in each of the following groups: A) females <30 years, B) females 31-45 years, C) females >45 years, D) males <30 years, E) males 31-45 years and F) males >45 years. Primary clinical outcomes were measured via the Hip Outcome Score Activity of Daily Living (HOS-ADL) and Sport-Specific Subscales (HOS-SS), the modified Harris Hip Score (mHHS), and clinical improvement at baseline and final follow-up (minimum 2 years). Statistical analysis was performed utilizing ANOVA and student's paired and unpaired T-tests, with P<0.05 considered significant.

RESULTS

All groups demonstrated significant improvements in HOS-ADL, HOS-SS, and mHHS outcomes at final follow-up compared to preoperative levels (P<0.0001). Females >45 scored significantly worse on the HOS-ADL, HOS-SS, and mHHS compared to females <30 (P<0.0001, P<0.0001, P<0.0001, respectively) and females 30-45 (P<0.0001, P<0.0001, P=0.016, respectively). Similarly, males >45 scored significantly worse on the HOS-ADL, HOS-SS, and mHHS compared to males <30 (P=0.016, P<0.0001, P=0.003, respectively) and males 30-45 (P=0.015, P=0.003, P=0.013, respectively). Comparison across genders in similar age groups showed that males >45 scored significantly better than females >45 on the HOS-SS (P=0.019) and the mHHS (P=0.029). Incorporating both genders, patients >45 scored significantly worse on the HOS-ADL, HOS-SS, and mHHS compared to patients <30 (P<0.0001, P=0.007, P<0.0001, respectively) and patients 30-45 (P<0.0001, P=0.012, P=0.007, respectively).

CONCLUSIONS

While all patients, regardless of age or gender, had significant improvements in all outcomes following hip

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arthroscopy for FAI, patients >45 performed worse compared to patients in younger age groups, with females >45 demonstrating the poorest outcome scores. Despite lower scores, patients >45 reached the patient acceptable symptomatic state (PASS) for HOS-ADL and mHHS. Overall, care must be individualized to optimize outcomes following hip arthroscopy for FAI, especially in the older population. While longer-term outcomes are needed to determine if these results are maintained over time, this data suggests that care must individualized to optimize outcomes following hip arthroscopy for FAI, especially within the older population.