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Hip Arthroscopy within 3 Months of an Intraarticular Injection: Is it Safe?

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Summary:

There were no postoperative infections among 482 patients undergoing an ultrasound guided intra-articular corticosteroid injection within three months of hip arthroscopy; reflecting that this can be performed with minimal risk of postoperative infection.

Abstract:

Purpose

Ultrasound guided intraarticular hip injections have become a mainstay in diagnosis/treatment of hip disorders. Concern arises regarding chronological proximity of an injection to subsequent arthroscopy. Thus the purpose of this study is to report the complications associated with hip arthroscopy performed within 3 months of an intraarticular corticosteroid injection (ICI).

Methods

In-office ultrasound guided intraarticular hip injections were first performed at this center in 2011. Corticosteroid is used for therapeutic purposes in the presence of painful hip conditions to reduce joint symptoms, either to allow for more effective supervised physical therapy or simply as a last line of non-surgical management.

A retrospective review of patient records was performed to identify all patients undergoing arthroscopy that had received an ICI within 3 months of surgery.

Results

482 patients underwent an ICI within three months of hip arthroscopy. The average time between injection and arthroscopy was 59 days (range 15-92 days). There were no postop infections and no other untoward events referable to the preop injection.

Discussion/Conclusions: It can take 4-6 weeks to fully assess the efficacy of therapeutic ICI's. Thus, there is no purpose to performing such an injection and immediately proceeding with surgery. This observation is consistent with an average time between injection and surgery of 8.4 weeks in this study population. However, ICI's are often the last step in non-surgical management of symptomatic hip disorders, and following this injection, the final efforts in a conservative treatment algorithm are frequently concluded in less than 3 months. Thus, it seems arbitrary to wait longer to consider the role of arthroscopy. This study is the largest reported series on arthroscopy following an ICI; and supports that in a large tertiary referral center, arthroscopy can be safely performed within 3 months of an ICI without increased risk of infection or other complication.