Functional Results of Hip Arthroscopy without Capsule Closure: Three Years of Follow-Up

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INTRODUCTION

• To close the capsule after hip arthroscopy is a matter of debate.

• “T capsulotomy” allows a better visualisation of the CAM deformity and the lateral vessels in the neck; however, instability after surgery is an adverse effect related to capsular management.

To evaluate the functional outcome of patients that underwent hip arthroscopy for femoroacetabular impingement (FAI) without capsule closure at three years of follow-up.
• Cohort study.

• Included

- Patients that underwent hip arthroscopy between June 2013 and June 2014 for Femoroacetabular impingement.

- Patients with “T capsulotomy” without capsular closure

- Also: acetabuloplasty, femoral osteochondroplasty and labrum repair was perform during the same procedure.
METHODS

• Excluded:
  - Patients with Hyperlaxity
  - Borderline dysplasia
  - Pure CAM or Pincer impingement
  - Tonnis 2 or greater
METHODS

- Outcomes:
  - Harris Hip score modified
  - Oxford scale
  - Tegner scale
  - SF36
Results are presented with median and range and interquartile range.

- **Good excellent results:**
  - $\geq 40$ in *Oxford* scale
  - $\geq 80$ in *Harris Hip* scale
  - $>1$ [postsurgery – presurgery] Tegner scale

- **Stata v11.2 (StataCorp LP, College Station, Texas, USA)**
RESULTS

• 21/29 patients were recruited (72%)
  - 12 women
  - 9 men.

Median age was 33 years (18-52).

No patient required revision arthroscopy or total hip arthroplasty.
Seventeen (85%) patients obtained Good-excellent results by Oxford scale
Fifteen (75%) patients obtained Good - excellent good results by Harris-Hip scale.
Fifteen (75%) patients maintained or improved their sports level.
The median of the mental component was 78 points [66-96] and the physical component was 80 points [71-91].
• Capsular management is currently a subject of debate

• This cohort shows good mid-term functional results (No hiperlaty or mild dysplasia)
REFERENCES


