PROCEDURE

Hip arthroscopy

Hip arthroscopy is keyhole surgery used to examine and treat problems inside the hip joint.

PURPOSE
Diagnose and treat damage inside the hip joint

PROCEDURE TYPE
Both; minimally invasive surgery using a camera

WHERE IT IS DONE
Operating theatre, usually as day surgery

ANAESTHESIA
General anaesthesia

HOW LONG IT TAKES
About 1 to 2 hours

PREPARATION
Fasting and planned medicine changes, including blood thinners

RECOVERY
Same day or overnight; no driving until cleared

MAIN RISKS
Infection, blood clots, nerve injury, persistent pain

RESULTS
Surgical findings immediately; recovery assessed over several months

Overview

Hip arthroscopy is a type of keyhole surgery. A surgeon passes a small camera called an arthroscope into your hip through a small cut. Other small instruments can be inserted through nearby cuts.

The camera shows the inside of your hip on a screen. The surgeon can inspect the joint and, when appropriate, repair or remove damaged tissue.

Hip arthroscopy uses smaller cuts than open hip surgery. However, it is still an operation requiring anaesthesia, rehabilitation, and time for the joint to heal. It does not help every type of hip pain.

Why the procedure is performed

Hip arthroscopy may be offered when symptoms and examination findings suggest a problem inside the joint, particularly if physiotherapy and other non-surgical treatments have not helped enough.

Reasons include:

An abnormality on an MRI or X-ray does not automatically mean you need surgery. Imaging findings must be considered alongside your symptoms, examination, activity goals, and the condition of the joint.

- Repairing or trimming a torn labrum, the ring of cartilage around the socket
- Treating femoroacetabular impingement, where extra bone causes the hip bones to rub
- Removing loose pieces of bone or cartilage
- Treating damaged joint cartilage in selected cases
- Removing inflamed joint lining or certain abnormal tissue
- Investigating ongoing symptoms when scans have not provided a clear answer

Who should and should not have it

You may be considered for hip arthroscopy if you have a treatable problem inside the joint and symptoms such as persistent pain, catching, or restricted movement. Surgery is usually considered after suitable non-surgical options have been tried.

It may not be the right operation if advanced osteoarthritis has severely narrowed the joint space. Arthroscopy cannot replace worn-away cartilage, so improvement may be limited. Joint replacement may be more appropriate for some people with advanced arthritis.

Arthroscopy alone may also be unsuitable if hip dysplasia-a shallow hip socket-is causing instability. Some people instead need an operation that corrects the shape and position of the socket.

The procedure may be avoided or delayed if you have:

Your surgeon should explain the expected benefit in your particular situation, what the operation cannot correct, and what may happen without surgery.

- An active infection, including an infection near the planned cuts
- A medical condition that makes anaesthesia or surgery temporarily unsafe
- A blood-clotting problem that has not been assessed and managed

- A recent injury or other condition that needs treatment first
- Pregnancy, when elective surgery can often be postponed

How to prepare

Your treating facility's own instructions take priority because fasting rules, medicine plans, and arrival times differ.

You will usually need to stop eating and drinking for a set period before anaesthesia. Follow the exact instructions you receive; eating or drinking outside the permitted times may cause the operation to be postponed.

Give the surgical team a current list of prescription medicines, over-the-counter products, and supplements. Blood thinners like warfarin or apixaban require an individual plan. Do not stop them unless the clinician responsible for your procedure tells you to.

Tell the team about allergies, previous problems with anaesthesia, pregnancy or possible pregnancy, recent illness, and any infection or broken skin near the hip.

Arrange for an adult to take you home and stay with you as instructed. Prepare for limited mobility by moving trip hazards, placing essential items within reach, and learning how to use crutches if these will be needed.

What happens during the procedure

Hip arthroscopy is usually performed under general anaesthesia, meaning you are unconscious. Some centres may use regional anaesthesia, which numbs the lower body, together with sedation.

Your leg is placed in a device that applies gentle pulling force, called traction. This creates enough space between the ball and socket for the camera and instruments to enter safely.

The surgeon makes several small cuts around the hip. Sterile fluid is passed into the joint to improve visibility. The camera is inserted, and the surgeon examines the cartilage, labrum, bones, and other structures.

Depending on the planned operation, the surgeon may repair the labrum with anchors, smooth or remove damaged tissue, trim extra bone, or remove loose fragments.

The instruments are then removed and the cuts are closed with stitches, strips, or surgical glue. Dressings are applied. You are taken to a recovery area while the anaesthetic wears off.

Recovery and what to expect afterward

Pain and aching are expected around the hip and small cuts. Swelling, bruising, and temporary numbness can also occur. Take pain medicine as directed and use ice only according to your surgical team's instructions.

You can usually drink and eat once you are awake and not feeling sick. Start with light food if the anaesthetic has caused nausea.

Walking instructions depend on what was done. You may need crutches and may have limits on how much weight you place through the operated leg. Physiotherapy commonly begins early and progresses from movement and muscle control to strength and sport-specific activity.

Do not drive yourself home. Return to driving only when your surgeon permits it, you are no longer taking medicines that impair alertness, and you can control the vehicle and perform an emergency stop safely.

Time away from work is influenced by the operation and your job. Desk work may be possible sooner than work involving lifting, prolonged standing, or climbing. Returning to sport usually takes longer and should follow a staged rehabilitation plan.

Risks and possible complications

Most people do not experience a serious complication, but possible risks include:

Temporary numbness around the thigh, groin, or genital area can occur because traction places pressure on nearby nerves and tissues. Tell your team if numbness is worsening or does not improve.

- Infection in a wound or inside the joint
- A blood clot in the leg or, less commonly, the lungs
- Bleeding or fluid collecting around the joint
- Temporary or persistent numbness from pressure or nerve irritation
- Damage to nerves, blood vessels, cartilage, or nearby tissues
- A fracture or injury related to traction
- Extra bone forming in soft tissues, called heterotopic ossification
- Ongoing pain, stiffness, weakness, or instability

- Failure of repaired tissue to heal
- Further surgery, including another arthroscopy or hip replacement
- Reactions or complications related to anaesthesia

Results and follow up

The surgeon can usually explain what was found and treated after you are awake. Photographs from the camera may be reviewed with you. If tissue was sent to a laboratory, those results take additional time.

A follow-up visit is normally arranged to check the cuts, movement, pain control, and rehabilitation. Keep the dressings and wounds cared for as instructed, and attend physiotherapy if it is part of your plan.

The full result cannot be judged immediately. Pain and function may improve gradually over several months as tissues heal and strength returns. The outcome is influenced by the condition treated, existing cartilage damage, and participation in rehabilitation.

Alternatives

Alternatives should be considered before you consent. The realistic options depend on what is causing your symptoms.

Activity changes and physiotherapy avoid surgical risks and may improve movement, strength, and load control. They take time and cannot remove loose tissue or reshape bone.

Pain medicines may reduce symptoms but do not repair a torn labrum or change the shape of the joint. Anti-inflammatory medicines are not suitable for everyone.

An image-guided injection of local anaesthetic, sometimes with a corticosteroid like prednisone or hydrocortisone , may temporarily reduce pain and help show whether pain is coming from inside the joint. Relief may be short-lived, and an injection does not correct structural damage.

Choosing no immediate procedure avoids surgery and allows you to monitor symptoms. Pain or activity limits may continue, but not every hip abnormality progresses or needs an operation.

Open hip-preservation surgery can treat some deformities that cannot be managed adequately through keyhole surgery. It provides wider access but involves larger cuts and usually a longer recovery.

Hip replacement replaces the damaged joint rather than repairing individual tissues. It may provide better relief for advanced arthritis, but it is a larger operation and the artificial joint can wear or require revision later.

When to call your healthcare team

Contact your surgical team promptly for increasing wound redness, warmth, swelling, drainage, fever, worsening pain despite prescribed treatment, or persistent vomiting. Also seek urgent advice for new weakness, increasing numbness, difficulty passing urine, or a foot that becomes unusually pale, cold, or painful.

New one-sided calf swelling or pain requires urgent medical assessment because it may indicate a blood clot.

Call emergency services for chest pain, sudden difficulty breathing, coughing up blood, severe faintness, or loss of consciousness.

Mild bruising, swelling, and manageable soreness are commonly discussed at routine follow-up. Contact the team sooner if you are unsure whether recovery is following the plan they gave you.

Common questions

Will I be asleep?

Usually, yes. Most hip arthroscopies use general anaesthesia. If regional anaesthesia and sedation are planned, the anaesthesia team will explain what awareness to expect.

Can I drive home?

No. Arrange for someone to collect you. Do not drive again until your team clears you and you can safely control the vehicle without sedating pain medicine.

How painful is it?

Pain is expected, especially during the first few days, but it should be manageable with the treatment plan provided. Pain that becomes severe or steadily worsens needs assessment.

When will I know what the surgeon found?

The surgeon can usually discuss the findings after the operation. Laboratory results, if tissue was tested, take longer.

How long will I need crutches?

This is based on what was repaired or removed. Some procedures allow early weight-bearing, while repairs may need protection for longer.

When can I exercise again?

Gentle rehabilitation usually starts before running, heavy lifting, or sport. Your physiotherapist or surgeon should give you staged goals based on healing and strength.

Sources

- American Academy of Orthopaedic Surgeons: Hip Arthroscopy
- National Institute for Health and Care Excellence: Arthroscopic femoro-acetabular surgery for hip impingement syndrome, IPG408
- Royal National Orthopaedic Hospital: A Patient's Guide to Hip Arthroscopy
- Griffin DR, Dickenson EJ, Wall PDH, et al. Hip arthroscopy versus best conservative care for femoroacetabular impingement syndrome: the UK FASHIoN multicentre randomised controlled trial. The Lancet . 2018;391:2225-2235.
- Palmer AJR, Ayyar Gupta V, Fernquest S, et al. Arthroscopic hip surgery compared with physiotherapy and activity modification for symptomatic femoroacetabular impingement. BMJ . 2019;364:l185.