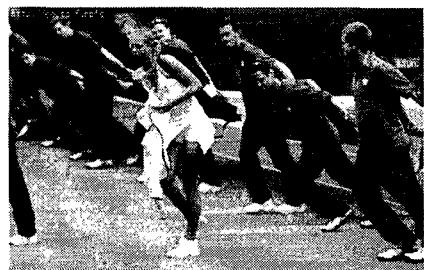


Operative Hip Arthroscopy -Technique & Indication-



Who want to see her hip?



Hidden Hip-inherent limitation to see

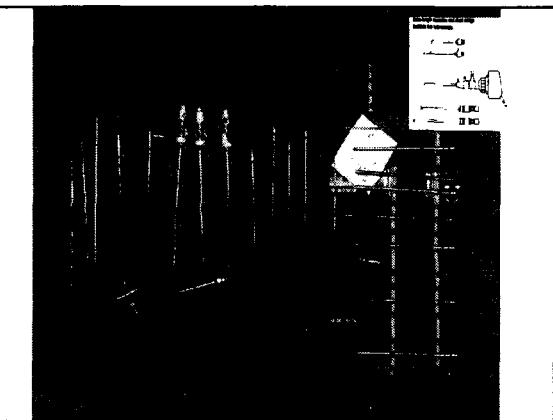


Small intra articular vol.
& sealing of deep acetabular fossa by labrum

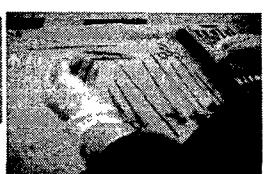
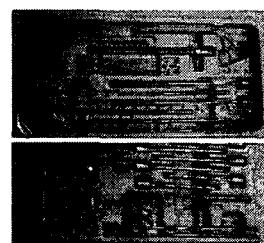
Close proximity of
major neurovascular

Hip Arthroscopy is now growing

- Still develop about indications and techniques
- Still develop a new special instrumentation



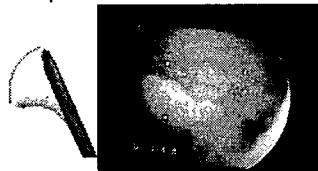
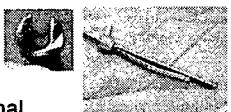
STRYKER -Dr Glick



2003

Advances in Instruments

- Slotted Cannula
- Curved Graspers
- Flexible Electrothermal probe



Indications

- acetabular labral pathologies : Dx. & Tx
- Loose bodies
- degenerative disease (FAD)
- chondral injury
- synovial disease
- avascular necrosis
- septic hip joint
- unresolved hip pain
- status post THA
- Associated with other procedures

Contraindications

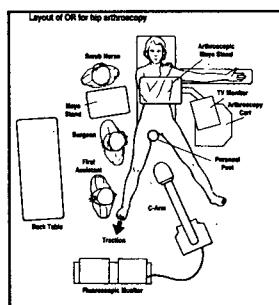
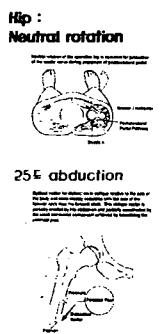
- inability to move(distract ?) the hip
: ankylosis, arthrofibrosis
- bone or surrounding soft tissue problem
- severe obesity
- advanced disease states of the hip



Patient positioning

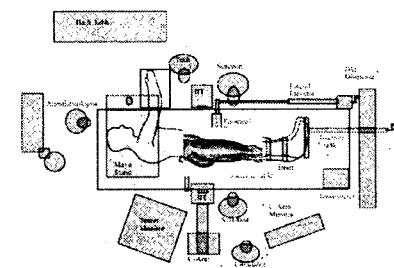
- Supine approach : *Byrd*
- Lateral approach : *Glick, Sampson*

Supine Set up (Traction)



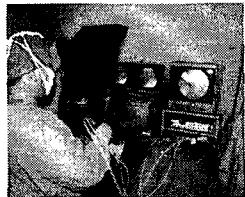
-Byrd-

Lateral Setup



Several Advantage in supine position

- Easy positioning in just a few minutes
- Standard fracture table may be used
- Convenient layout of the operating room
- Orientation of the hip is the same as that used in surgical operation of hip fracture



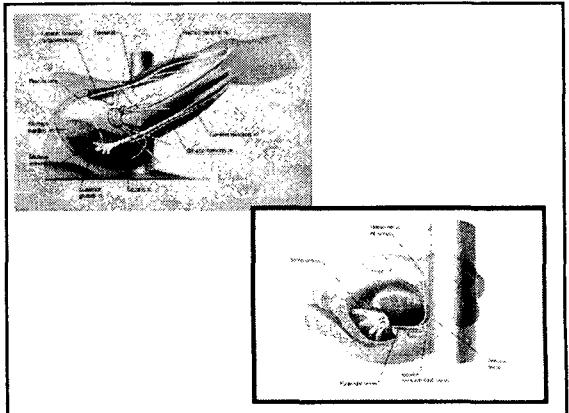
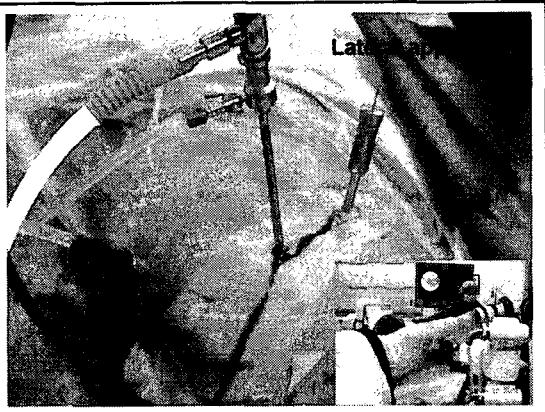
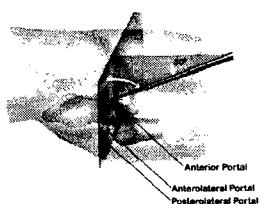
Lateral approach

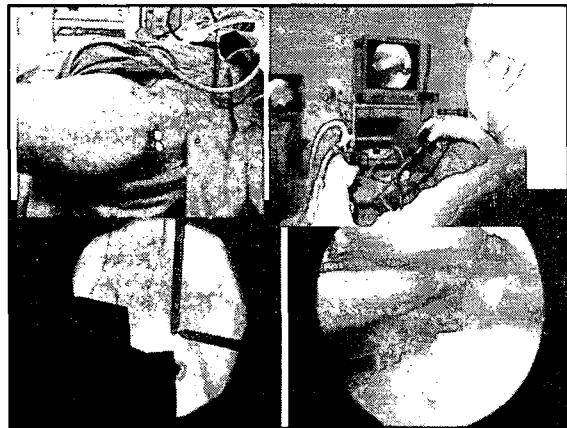
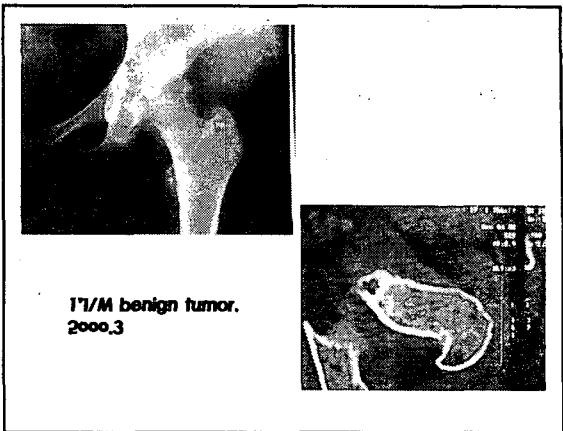
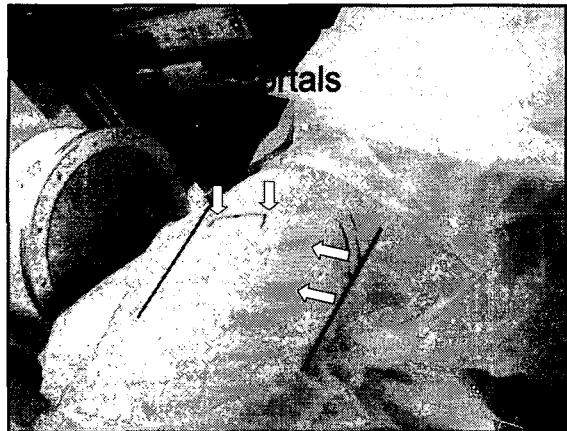
- Posterior loose bodies
- obesity



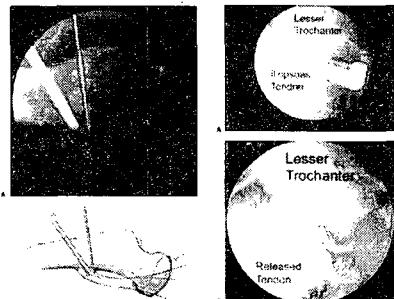
Portal

- 3 Standard portals : with traction :*Byrd* or *Glick*)
 - 1.anterior(direct anterior)
 - 2.anteralateral
(ant. paratrochanteric)
 - 3.posterolateral
(post. paratrochanteric)





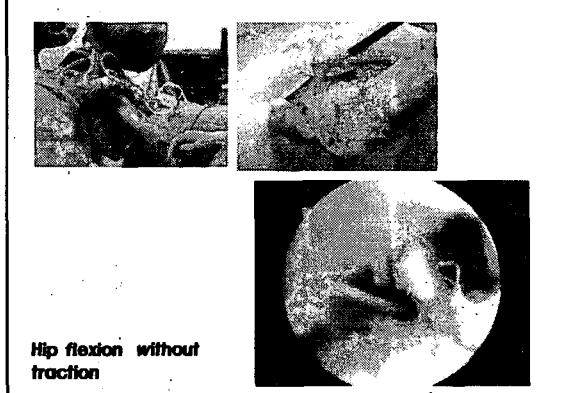
Arthroscopic Iliopsoas Release



Femoroacetabular Impingement



2003.11 Bumptectomy



Peripheral compartment without traction

- By Aaron A. Bare, MD; Carlos A. Guanche, MD
ORTHOPEDICS 2005; 28:266

