Multicenter Outcomes Of Arthroscopic Surgery For Femoroacetabular Impingement: A Prospective Study

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• We present the outcomes from arthroscopy for femoroacetabular impingement (FAI) from community-based surgeons.
A prospective design with 2 year minimum follow-up using the nonarthritic hip score (NAHS), a 100 point scale of perceived post-operative change for pain, ADLs, sports activities, and patient satisfaction was implemented at 3 community hospitals. Pre-operative clinical and radiographic findings, intra-operative findings and surgical procedures, and post-operative NAHS at 3-, 12- and 24-post-operative months were obtained. Complications, revision surgeries, and conversion hip arthroplasties were recorded. A multivariable model was created for analysis.

Methods
150 patients (159 hips), mean age 40 years (range 12-73) were enrolled.

Predicted NAHS means at preoperative was 54.9, 3-month: 66.6, 12-month: 74.9 and 24-month: 75.4. This represents a 20.5 point improvement in NAHS (p<.001).

On the 100 point scale, pain was rated +73.5, ADL’s: +76.2 and sports: +68.6.

There were no statistically significant predictors of change in NAHS. Predictors analyzed include age, gender, BMI, duration of symptoms, diagnosis, Tonnis score, surgeon, labral refixation, labral debridement, Outerbridge score, bilateral procedure, and microfracture chondroplasty.

64% of patients were satisfied with their surgical outcome.

8.8% of hips underwent conversion to total hip (12) or resurfacing (2) arthroplasties and 1.2 % of hips (2) required revision arthroscopy.

Complication rate from primary surgery was 1.9% (1 pudendal neuropraxia and 2 heterotopic ossification) and there was 1 case of osteonecrosis following revision surgery.

Results
This represents a 20.5 point improvement in NAHS (p<.001).

Results: NAHS
Results: Pain, ADL, Sports
64% of patients were satisfied with their surgical outcome.

Results: Satisfaction
• Arthroscopic surgery for FAI in the community setting led to patient-assessed improvements in pain and function. This study found no significant predictors of poorer outcomes including surgeon volume.

Discussion
• Arthroscopic FAI surgery in the community setting appears to be a safe procedure with outcomes similar to those performed by higher-volume surgeons, but with lower overall satisfaction.

Conclusion


References