



Minimally Invasive Surgery for Common Hip Condition May Help Avoid Hip Replacement



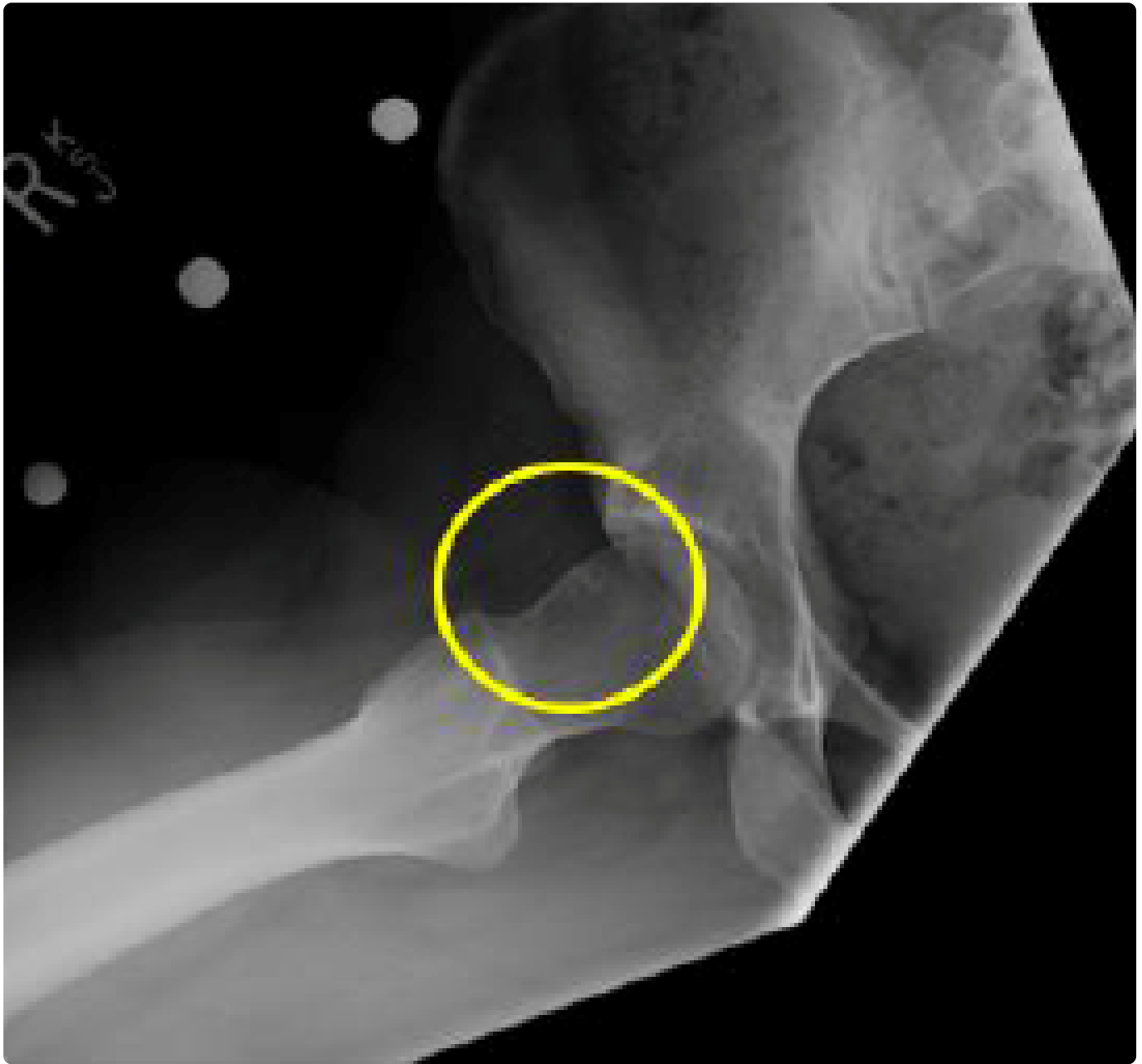
Contributor: [Richard M. Wilk, MD](#)

Dr. Richard M. Wilk is Chief of the Hip Preservation Service within the Orthopaedic Department at Brigham and Women's Hospital (BWH).

[Femoroacetabular impingement](#) (FAI), a condition where the ball and socket bones of the hip joint are abnormally shaped, can cause hip pain in 20 to 60-year-olds, even teenagers.

"Many people ignore hip pain for years, thinking it's a groin pull, or the result of tight hips," says [Dr. Richard Wilk](#), Chief of the [Hip Preservation Service](#) in the [Orthopaedic Department](#) at Brigham and Women's Hospital (BWH). "FAI results from abnormal anatomy and mechanics. It's like an oval peg in a round hole," he says.

Patients with FAI can present with a diverse array of symptoms around the hip joint, including pain in the groin, stiffness, and often a catching sensation in the hip while moving. Some patients experience limited range of motion in the hip, due to abnormal contact between the ball and socket.



A hip with Femoroacetabular Impingement (FAI). The yellow circle outlines the abnormal shape of the hip ball.

“The most common complaint is hip pain after sitting for prolonged periods. Some patients with FAI may experience pain when rising from a seated position. It might also take several steps for these patients to walk normally,” says Dr. Wilk.

The faulty mechanics may cause damage to the ring of cartilage around the hip joint, known as the labrum. Labral tears are common in patients with FAI, with symptoms including pain, clicking, instability, locking, giving way, and stiffness.

The diagnosis of femoroacetabular impingement can sometimes be challenging, because an X-ray must be taken from several different angles to demonstrate the bony abnormalities, says Dr. Wilk. If FAI is suspected, an MRI scan can help evaluate the extent of a labral tear as well as the severity of damage to the hip joint.

“ I’m a doctor, but I also have the perspective of having been a patient who has undergone hip arthroscopy. It helps me relate to the pain my patients often experience as well as understand the impact FAI has on their quality of life.”

For those with FAI, Dr. Wilk initially recommends modified activities, anti-inflammatories and physical therapy. By way of example, a sedentary job that involves prolonged sitting can lead to weak muscles around the hip and stiffness. Exercises performed in physical therapy can improve strength, mobility and flexibility of the hip joint and can sometimes lessen the symptoms of FAI.

In patients who don’t improve with these treatments, the abnormal anatomy must be corrected through “hip preservation” surgery with the goal to alleviate pain, improve function and prevent further deterioration that may lead to a hip replacement years down the line.

Over the past several decades, Dr. Wilk has acquired the expertise to perform [arthroscopic](#) (minimally invasive) techniques that allow access to the hip joint through small incisions to repair damage in the hip, and reshape the hip ball and socket.

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Following surgery, patients use crutches for six weeks to allow the joint to heal as well as perform home exercises. During a typical six-month-long recovery process, patients work with physical therapists to regain motion, strength and function. According to research, younger patients experience more favorable outcomes, since there has been less damage to the joint.

Dr. Wilk has performed over a thousand of these arthroscopic procedures. At BWH, half of his surgeries are arthroscopic procedures in patients with FAI.

He brings a unique level of empathy to patients with hip conditions, since he has undergone FAI surgery himself.

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- *By Dustin G.*



In this Grand Rounds presentation to the Orthopaedic Department at BWH, Dr. Richard Wilk discusses minimally invasive hip preservation surgery in his talk, "Hip Pain in Young Adults: It's More than Just Femoroacetabular impingement."

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