

Contemporary Hip Arthroscopy for Femoroacetabular Impingement Syndrome: Clinical Outcomes at Minimum 10-Year Follow Up

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INTRODUCTION: Hip arthroscopy for femoroacetabular impingement syndrome (FAIS) has proven to be an effective surgical intervention with high rates of return to sport and work, and favorable outcomes at short and mid-term follow up. However, limited data exists on outcomes at long-term follow up. The purpose of this study is to evaluate patient-reported outcomes (PROs) at minimum ten-year follow up following primary hip arthroscopy including labral repair, osteochondroplasty, and capsular repair for FAIS.

METHODS: Patients who underwent primary hip arthroscopy for FAIS between June 2012 and January 2013 were identified. PROs were collected preoperatively and at 10-years, including Hip Outcome Score–Activities of Daily Living (HOS-ADL), Hip Outcome Score–Sports Subscale (HOS-SS), modified Harris Hip Score (mHHS), and Visual Analog Scale (VAS) for Pain and Satisfaction. Unique Minimal Clinically Important difference (MCID) and Patient Acceptable Symptomatic State (PASS) thresholds were calculated, and rates of achievement were analyzed. An alpha level of <0.05 was used to determine statistical significance.

RESULTS: A total of 94 patients (55 females; age: 34.3±12.4 years) were analyzed with follow up of 10.1±0.3 years (range, 10.0–10.7 years). Patients demonstrated significant 10-year improvement across all PRO measures (p<0.001). MCID and PASS thresholds were calculated as follows: HOS-ADL (MCID: 10.4; PASS: 85.3), HOS-SS (14.6; 60.2), mHHS (8.8; 76.0), VAS Pain (14.6; 27.5), and iHOT-12 (PASS: 71.4). The majority of patients achieved MCID and PASS for each PRO measure: HOS-ADL (MCID: 73.4%; PASS: 70.9%), HOS-SS (78.5%; 77.2%), mHHS (81.0%; 70.9%), VAS Pain (88.6%; 70.9%), iHOT-12 (PASS: 73.4%). Nine patients (9.6%) underwent subsequent revision hip arthroscopy at mean 58.4±40.4 months (range, 13.5–120.8 months) postoperatively and six (6.4%) underwent conversion to THA at mean 49.6±36.1 months (range, 10.8–111.7 months) postoperatively.

DISCUSSION AND CONCLUSION: Patients undergoing primary hip arthroscopy for FAIS utilizing contemporary methods of labral repair, acetabular and/or femoral osteochondroplasty, and capsular closure commonly experience sustained clinical improvement and report high levels of satisfaction at minimum 10-year follow up with low rates of reoperation.

