Long-Term Outcomes of Primary Hip Arthroscopy: A Multicenter Analysis at Minimum 10-Year Follow Up

Alexander M Boos, Allen Wang, Abhinav Lamba¹, Xuankang (kong) Pan, Fabien Meta, Cedric J Ortiguera, Bruce A Levy¹, Aaron John Krych¹, Mario Hevesi

¹Mayo Clinic

INTRODUCTION: Hip arthroscopy is rapidly advancing, with literature increasingly reporting positive outcomes at shortand mid-term follow up; however, available long-term data remains limited. The purpose of this study is to evaluate longterm patient-reported outcomes (PROs) of primary hip arthroscopy at minimum 10-year follow up at two academic centers and determine the reoperation, revision, and arthroplasty rates.

METHODS: Primary hip arthroscopies performed between January 1988-April 2013 at two academic centers were retrospectively reviewed and evaluated for postoperative patient-reported outcomes (PROs) including Visual Analogue Scale (VAS) for pain, Tegner Activity Scale score, Hip Outcome Score Activities of Daily Living (HOS-ADL), and Sport Scale (HOS-SS), modified Harris Hip Score (mHHS), Nonarthritic Hip Score (NAHS), 12-item International Hip Outcome Tool (iHOT-12), surgery satisfaction, function ratings, and reoperations.

RESULTS: Two-hundred-ninety-four primary hip arthroscopies (age: 40 ± 14 years, range 10-75; 66% female; BMI: 27\pm6) were followed for mean 12±3 years (range: 10-24). At final follow up, patients reported a mean VAS at rest of 2±2, with use of 3±3, iHOT-12 of 68±27, NAHS of 81±18, mHHS of 79±17, HOS-ADL of 82±19, HOS-SS of 74±25. Preoperative Tegner score was significantly greater in patients who underwent capsular repair, but there were otherwise no significant differences in postoperative PROs in patients who underwent labral repair versus debridement (p≥0.171) or in those who underwent capsular repair versus non-repair (p≥0.072). Ninety-six hips (33%) underwent at least one subsequent ipsilateral hip surgery, including 65 (23%) total hip arthroplasties (THAs) at mean 3±3 years (range: 1–9). Risk factors for THA included older age at the time of surgery (p<0.001), higher BMI (p<0.001), lower LCEA (p=0.039), larger Alpha angle (p=0.001), higher Tönnis grade (p=0.011), labral debridement (p=0.004), and capsular non-repair (p=0.030). Capsular non-repair had significantly lower rates of THA-free survival than capsular repair (p=0.032).

DISCUSSION AND CONCLUSION: At minimum 10-year follow up, patients undergoing primary hip arthroscopy demonstrated high rates of satisfaction and acceptable outcomes scores. Older age and higher BMI were identified as predictors of lower outcome scores. The all-cause reoperation, revision, and THA rates were 33%, 11%, and 23%, with reduced rates of THA seen in patients undergoing labral repair and capsular closure.

reduced	rates	of	THA	seen	in patie	nts	ur	nderg	go	oing	J	la	abr	al		repair	and	capsular
		Table 1: Patient Demographics, Pathology, and Procedures Variable Value			Table 2: Patient Reported Outcome Scores				rol and Capsular Treatment p- Capsular No Capsular p-					Table 4: Clinical Endpoint				
Cares Identified in Database n = 093								PRO		Labral Repair	Laberal Debeidessest	i value	Capalar Repair	Repair	ier	Endociat		Years from Primary Surgery4
	Tailed to Next Indusion Officeria: 0 = 14	Mean /	ge at Surgerv ⁴	40.0 ± 13.8	PRO	Score	p-value	Tag	n-Op egaer et-Ou	4.4 ± 2.7	3.8 ± 2.4	0.171	5.5 ± 2.9	4.0 ± 2.5	6.628	Deceased Subsequent Surgery	10 (3.4 %) 97 (33.0 %)	
	 Concomitant Open Procedure: s = 34 	BMI ^a		27.3 ± 5.9	Tegner Activity Score ^a			Teg	rgner	3.8 ± 1.9	3.8 ± 2.2	0.739	4.0 ± 1.7	3.8 ± 2.1		Revision Arthroscopy	33 (11.2 %)	3.2 ± 2.6 (0.5 - 9.3)
	Anction Mp. Ordencopy or Report Europey a = 0 No Research Consent a = 7	Gender	5		Pre-operative	4.2 ± 2.6	0.157		Stu	21±24 26±27	23±25 27±26	0.504 0.639	19±17 15±22	2.2±2.5 2.5±2.7	8.857 8.872	PAO THA	10 (3.4 %) 65 (22.8 %)	4.4 ± 2.9 (1.1 - 9.9) 5.6 ± 5.4 (0.3 - 26.6)
Tights for indusion		Female Male Laterality ^a		195 (66.3%) 99 (33.7%) 123 (41.8%) 171 (58.2%)	Post-operative	3.8 ± 2.0	0.157			\$8.3 ± 27.6 38.9 ± 17.2	68.6 ± 27.1 78.2 ± 18.1	0.899 80.6	72.5 ± 27.7 83.6 ± 38	67.9 ± 27.4 78.5 ± 17.5 81.7 ± 19.2 73.5 ± 25.9	8,993	⁴ Values displayed as mean: ⁹ Values displayed as monbe	± standard destation or and nercent of total	5.8 2 5.4 (0.3 - 20.8)
Lagase for lactures a = 411					VAS for Pain at Rest*	2.1 ± 2.4 2.6 ± 2.6		BOS-AI BOS-S NARD Follow	S-ADL	\$3.7±17.8 34.0±34.9	79.9±20.6 74.3±26.7		56.3 ± 16.5					adpoint during the study period.
					VAS for Pain with Use ^a				AHS	80.9+17.7				80.3 + 17.9	4.533			
	Exclusion Criteria:	Left Right			iHOT-12 ^a	68.4 ± 27.2		1 Years	(ears)	11.2 = 0.9	340=3.4	-3.00	12.6 ± 12.5	12.5 = 2.7	-5.50			
	Tamor Indication: er 1				mHHS ^a	78.6 ± 17.4												
Eligible Cohert n = 409		LCEA		32.3° ± 6.5° (16-54.7)	HOS-ADL ⁴	78.0 ± 17.4 82.3 ± 18.9												
		Alpha	Angle ^c	55.0° ± 11.6° (30.3-94.5)														
	Let to Tollow-Up	Tönnis Angle ^a Tönnis Grade ^{b:}		$5.7^{\circ} \pm 4.5^{\circ}$	HOS-SS ^a	74.1 ± 25.4												
	Let to Follow Cp			$0.9 \pm 0.7 (0-2)$	NAHS ^a	80.5 ± 17.8												
		0		84 (28.6%)	Surgery Satisfaction ^a	8.4 ± 2.4	8											
Final Cohert		1		146 (49.7%)	Current State ^b													
a=294		2		45 (15.3%)	Satisfactory	110 (75.9%)												
	1		Treatment		Not Satisfactory	35 (24.1%)	8											
Figure 1: Inclusion Flowchart		Debridement		121 (41.2%)	Current Level of Function													
Pigure 1: Decasion Piowchart		Re		173 (58.8%)	Normal	38 (27.5%)												
			rtal Capsulotomy ulotomy	289 (98.3%)	Nearly Normal	61 (44.2%)												
			ar Repair ^b	5 (1.7%) 30 (10.2%)	Abnormal	31 (22.5%)												
			ar Repair" esection ^b		Severely Abnormal	8 (5.8%)												
				196 (66.7%)														
		a Values displayed as mean ± standard deviation b Values displayed as number and percent of total			Follow-up (Years) ^a 12.3 ± 2.6													
		s displayed as number and , s displayed as mean ± stanc		^a Values displayed as mean ± standard deviation														
					^b Values displayed as num	ber and percent	of total											