

The Airlift

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A Technique for Improving Ease and Safety of Creation of the Modified Mid-Anterior Portal in Hip Arthroscopy

The Airlift is a novel technique that allows safer access to the hip joint when making the mid anterior portal (MAP) in hip arthroscopy, particularly in cases with challenging soft tissue features or restrictive boney anatomy. We demonstrate three different cases in which the anterior triangle used to establish the second viewing portal (MAP) is limited. This access can be compromised by many different factors, including synovitis, a hypertrophied labrum, difficult distraction, a CAM deformity, or when the anterior capsule is laying against the femoral head. In these difficult scenarios, there is increased risk of iatrogenic injury with needle and/or cannula placement; and therefore, we developed a way to minimize this risk. By injecting at least 60ccs of air through the arthroscope upon first accessing the hip through the initial anterolateral portal, prior to needle insertion when making the second portal (MAP), the anterior triangle window can often double in area, allowing easier, safer, and more optimal placement of the needle and subsequent wire for the cannula, greatly reducing the risk of iatrogenic injury to surrounding structures, such as cartilage, labrum, or femoral head. This technique is excellent for assisting in distending the capsule, and providing back pressure for smoother needle insertion, in patients with hyperlaxity, a CAM deformity, or who may otherwise have challenging capsular entry. In these patients, it is imperative to make the inter-portal capsulotomy far enough away from the acetabular rim to allow for an adequate capsular rim for appropriate repair at the end of the procedure, and this allows for such desirable placement. We present this technique to assist surgeons and trainees in risk reduction of iatrogenic injury when accessing the hip joint in hip arthroscopy.