

Other Major Joint Pain Does Not Affect Post-Operative Outcome Following Arthroscopy for FAI

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Disclosures

Ms. Sarah Remedios:

- Nothing to disclose.

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Speakers Bureau

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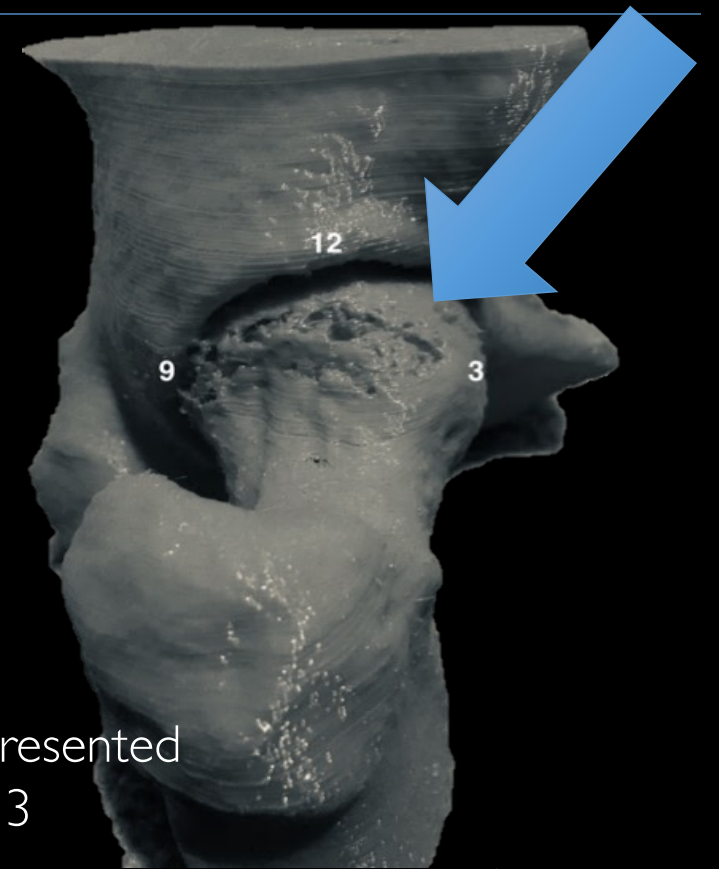
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Hip Arthroscopy for Femoroacetabular Impingement (FAI) yields favorable outcomes compared to conservative treatment¹

- FAI is a condition that is concerned with abnormalities in either or both the femoral head-neck junction, or acetabulum²
- FAI can lead to severe hip and groin pain



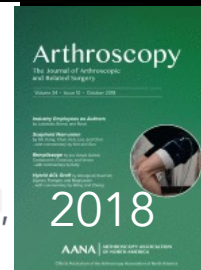
FAI, specifically CAM, presented from the 12 o'clock to 3 o'clock position

Patient reported outcomes (PROs) are used to determine the effect of hip arthroscopy on patients with FAI

- It has recently been found that pain in other major joints and the spine may negatively affect PROs, post-operatively

The Influence of Pain in Other Major Joints and the Spine on 2-Year Outcomes After Hip Arthroscopy

Natalie L Leong¹, Ian M Clapp², William H Neal², Edward Beck², Charles A Bush-Joseph², Shane J Nho²



- As an example, patients with *hip pain only* pre-operatively had higher outcome scores than patients with a combination of different sources of pain (i.e., spine and/or other major joints)³

Objective: To determine if patients with spine or other major joint pain have worse pre- and post-operative PROs than patients without additional back or joint pain

Methodology

Included if:

- underwent hip arthroscopy for FAI between 2016 and 2020
- available pre-operative pain diagram

Excluded if:

- history of ipsilateral hip surgery
- underwent additional surgery (except the contralateral hip) within 6-months

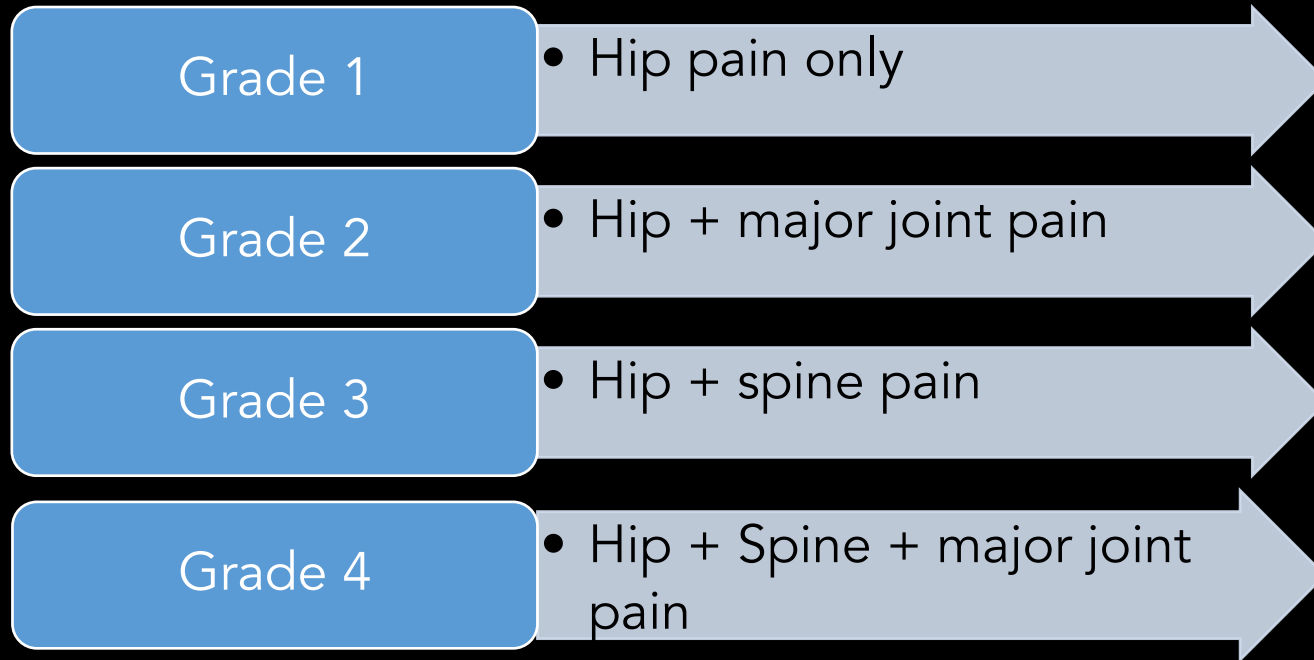
Patient Pain Grouping

- Included patients were then grouped using the musculoskeletal morbidity (MSM) grade⁴ (Figure on next slide)

The Influence of Arthritis in Other Major Joints and the Spine on the One-Year Outcome of Total Hip Replacement

A Prospective, Multicenter Cohort Study (EUROHIP)
Measuring the Influence of Musculoskeletal Morbidity

Joerg Huber, MD, Paul Dieppe, MD, Karsten Dreinhoefer, MD, Klaus-Peter Günther, MD, and Andrew Judge, BSc, MSc, PhD

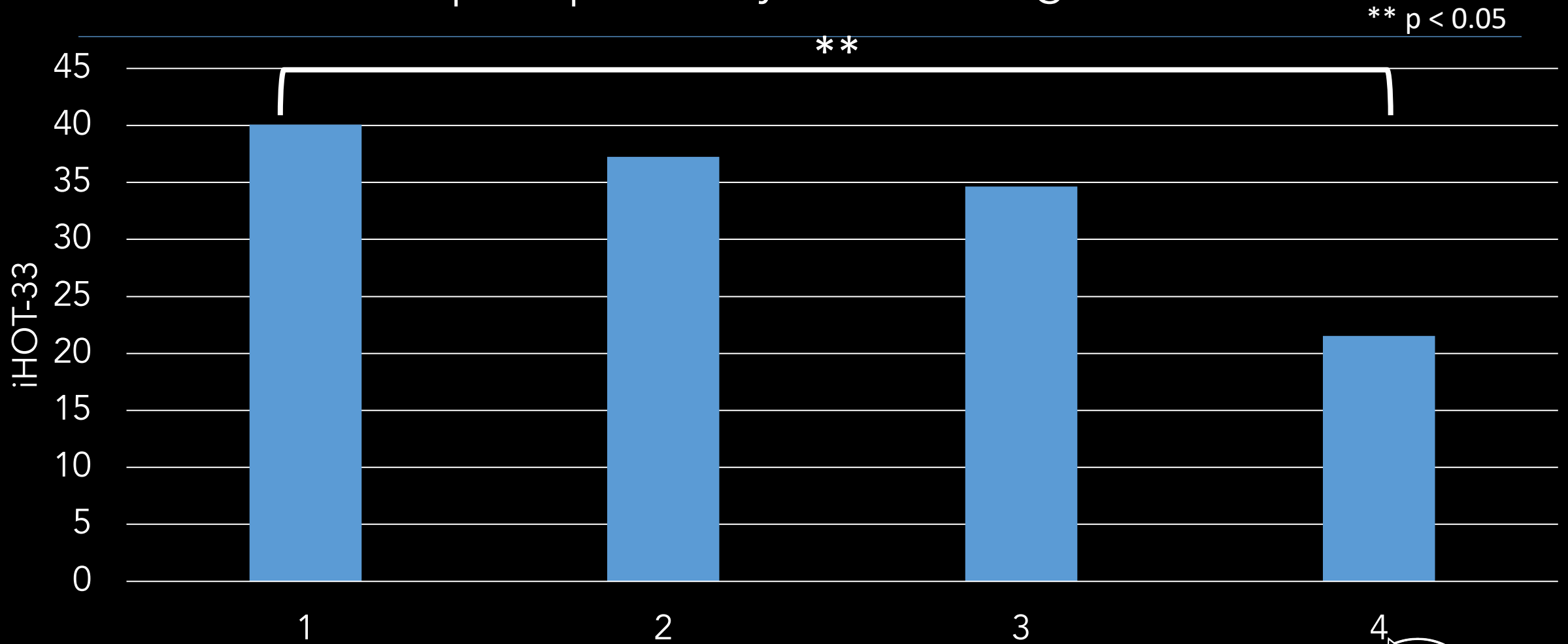


Primary Outcomes:
Pre- and post-operative iHOT-33 scores between patients categorized into different MSM groups

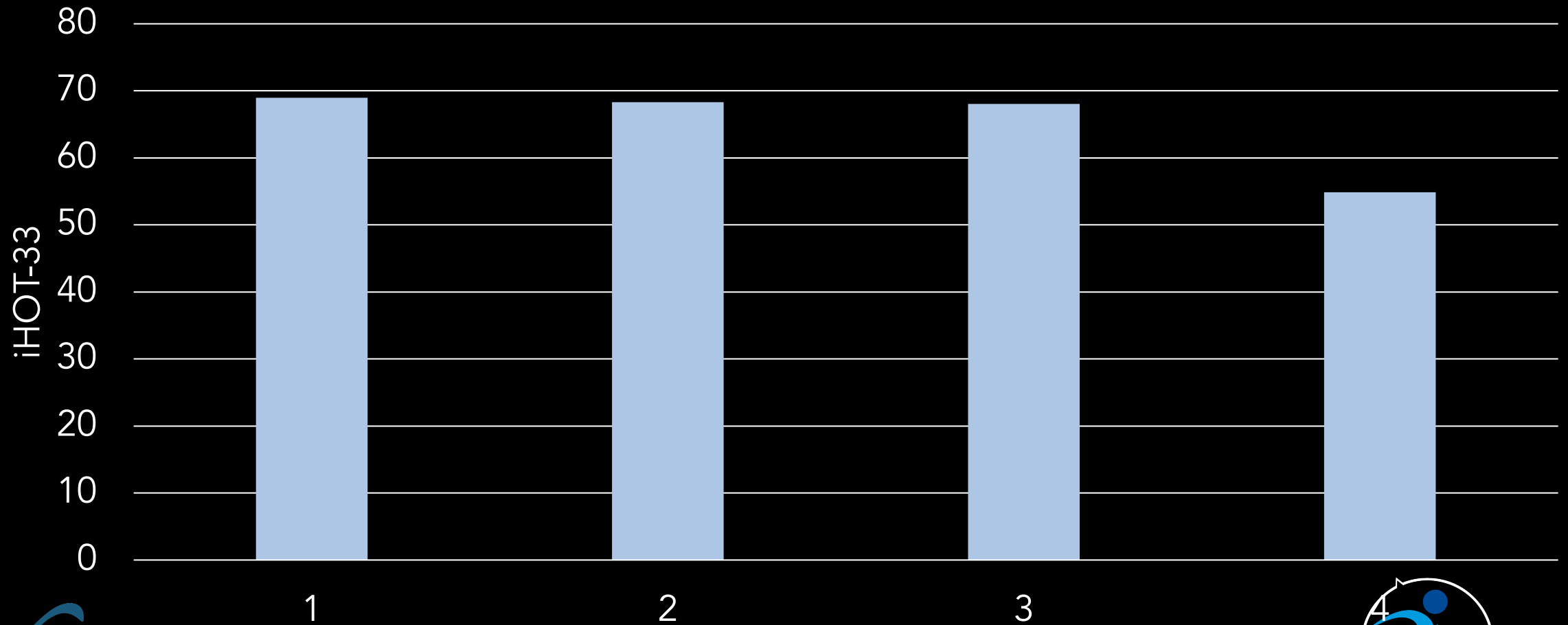
Results: After consideration of the inclusion and exclusion criteria, 122 patients were included in the final analysis with a mean age of 37.16 and mean follow up time of 31.5 months

Variables	MSM Grade 1 (n=62)	MSM Grade 2 (n=23)	MSM Grade 3 (n=22)	MSM Grade 4 (n=15)	p-value
Age at Surgery	35.76 + 11.25	40.63 + 14.00	36.62 + 9.53	38.61 + 11.88	0.363
Sex					
Male(Female)	30 (32)	8 (15)	4 (18)	3 (12)	0.033
Operative Side					
Right (Left)	38 (24)	12 (11)	13 (9)	10 (5)	0.822

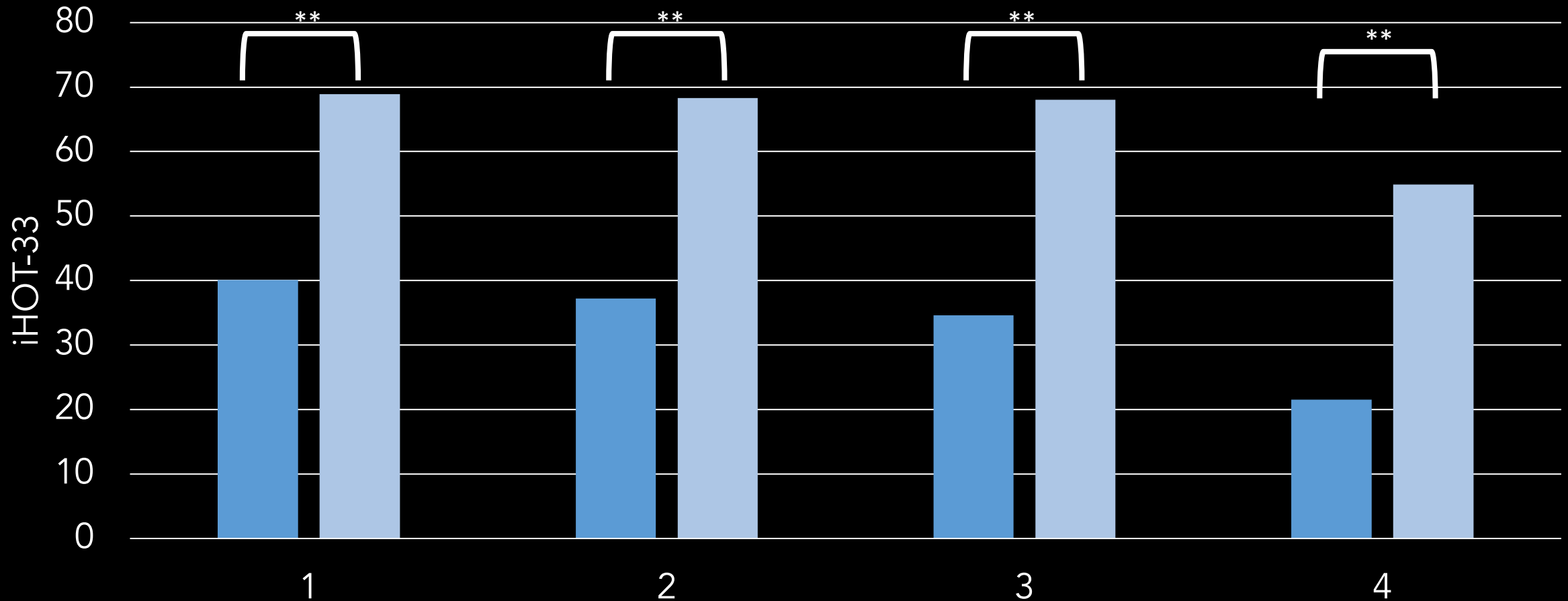
Results: MSM grade 4 showed significantly lower iHOT-33 scores pre-operatively from MSM grade 1



Results: Different pre-operative conditions among MSM groups 1 and 4 did not result in significant differences post-operatively, indicating that hip arthroscopy for FAI provides benefits to all populations, even those with worse overall pain pre-operatively

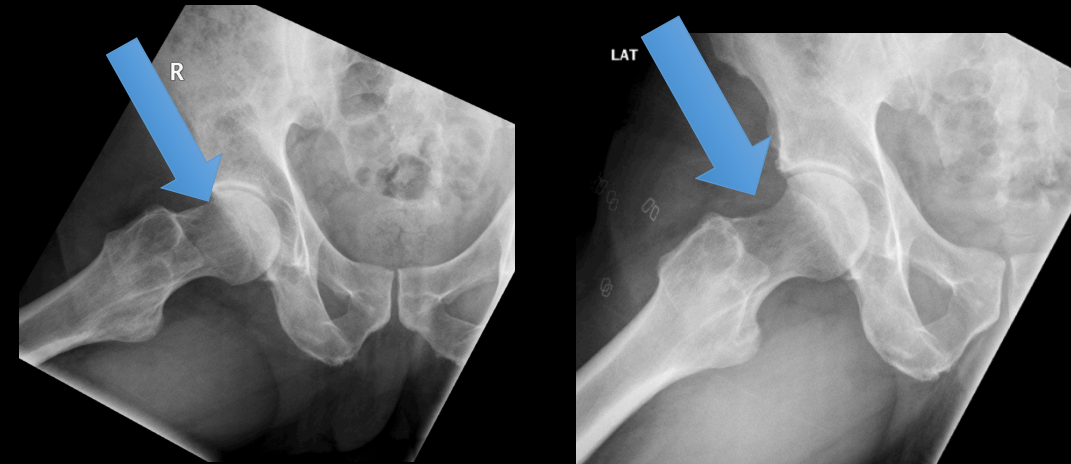


Results: All patients demonstrated significant improvement post-operatively with respect to their iHOT-33 scores



All patients improve post-operatively

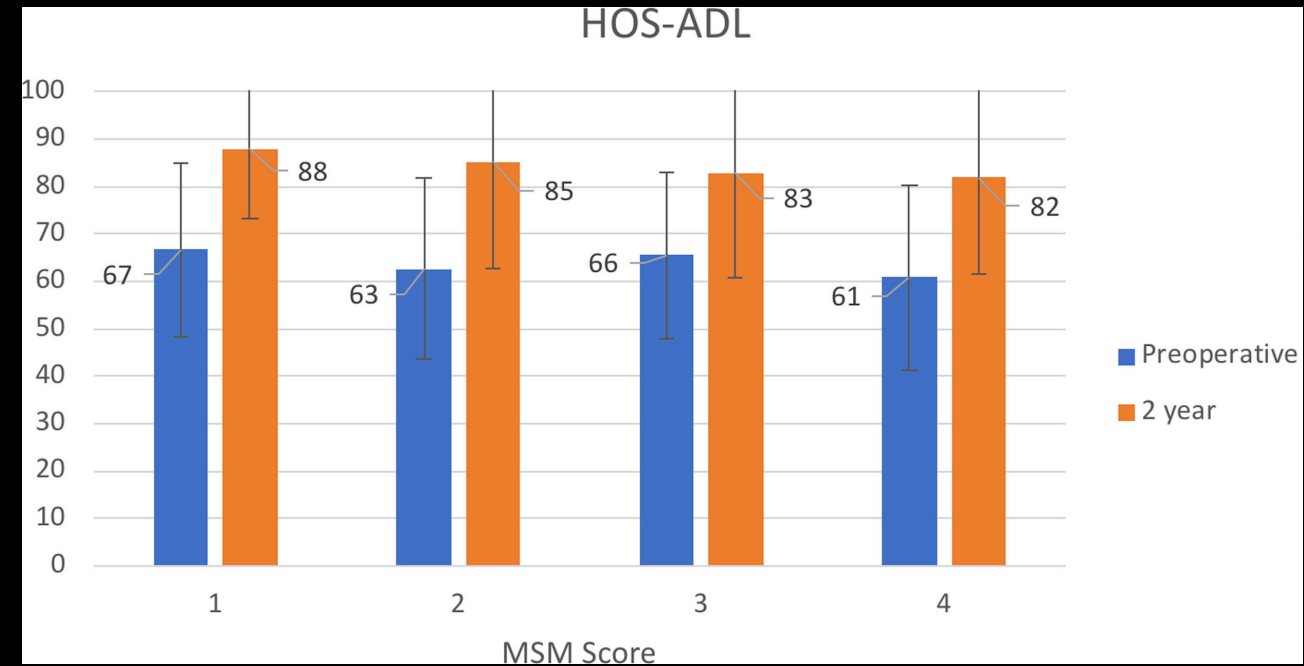
- Our study suggests all patients despite varying additional joint or back pain, significantly benefit from hip arthroscopy for FAI
- Previous research also found a significant improvement from baseline after hip arthroscopy for patients with coexisting lumbar spine pathology^{5,6}



Pre-operative (left) and post-operative (right) x-ray imaging following hip arthroscopy for FAI.

Patients with spine and other joint pain did not significantly differ

- Post-operatively, our study demonstrated a lack of iHOT-33 scores between MSM grades
- In comparison, Leong et al., (2018), did demonstrate significantly better Hip Outcome Scores (activities of daily living) for MSM grade 1 patients at 2 years post-operatively compared to patients in MSM grades 3 and 4.



Results from Leong et al., 2018

Limitations

- Subjective reporting of pain from patients
- Post-operatively, only PROMs regarding the hip was determined and analyzed, therefore, we are unaware if additional joint pain was reduced
- Small sample size for MSM groups 2, 3, and 4

Conclusion

Treatment of FAI with hip arthroscopy yields improved iHOT-33 scores post-operatively and patients associated with spine or other major joint pain have equivalent PROs to patients with isolated hip pain

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